



simply  
**because**

a 2014 community benefit report



**Penn Medicine**

Perelman School of Medicine  
University of Pennsylvania Health System



# community

“HIV prevention and clinical research require close connections to the communities most heavily impacted by the AIDS epidemic.”

personal community

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connections

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Just as the wings of brightly colored paper birds fan out to soar from the sanctuary ceiling at the Broad Street Ministry – one of dozens of organizations across Philadelphia where Penn Medicine faculty, students and staff volunteer their time each year – we hope to help the members of our community of all ages take flight. When barriers of poverty, hunger, and scarce access to educational opportunities and medical care stand in the way, we step forward. Creating opportunity is a cornerstone of our work. From a class that helps people living with Parkinson’s disease learn to move and dance freely despite their physical limitations, to providing comfort at a camp for children grieving the loss of a loved one; from innovative programs that keep the elderly in their homes and out of the hospital, to community outreach efforts that spark a love of science in young people, Penn Medicine cares ... **simply because.**

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# Light a pathway ...

First, take 100 kids, a small army of volunteers, and the traditional camp activities like arts and crafts, a ropes course, and GaGa ball – and don't forget the S'mores. Then add the not-so-traditional components: counseling and grieving rituals like banging on "the angry drum." The result? **Camp Erin**, a profoundly moving, life-changing weekend for children and teens who have lost a relative or close friend.

The camp is part of a nationwide effort by the Moyer Foundation, a creation of former Phillies pitcher Jamie Moyer and his wife, Karen, to offer emotional support to grieving children ages 6 to 17. The Moyers provide the framework and vision. Then, local partners – in Southeast Pennsylvania, it's Penn Wissahickon Hospice – create the safe space where children can share their grief, come to terms with it, and move forward. Along the way, they also have the type of conventional kid fun that has often proved elusive for those who have coped with an ill and dying parent or other relative.

"There are so few opportunities for kids to really be able to communicate about a profound loss," said Michelle Brooks, associate director of Psychosocial Services at Wissahickon Hospice, which started the local Camp Erin in 2007. "They end up isolated and believing that life is unfair, or it'll never be the same again, or they'll never have fun again."

At camp, as in life, fun and sadness live side by side. Here, the kids are truly among their peers. "They can be sad, but they learn that they can tolerate sadness, and get relief from it, by sharing with the kid in the next bunk, who gets it. They comfort each other, and then go out and play football."

The experience is offered to about 100 children and teens a year – for free. "They need only pack a bag and, hopefully, an open heart," said Susan Foster, associate director of Wissahickon Hospice. The Moyer Foundation provides some funding, and Hospice and other Penn employees fill in the gaps, often through the University's Penn's Way campaign. Many of these donors then become camp volunteers, who bear witness to the healing process Camp Erin offers.

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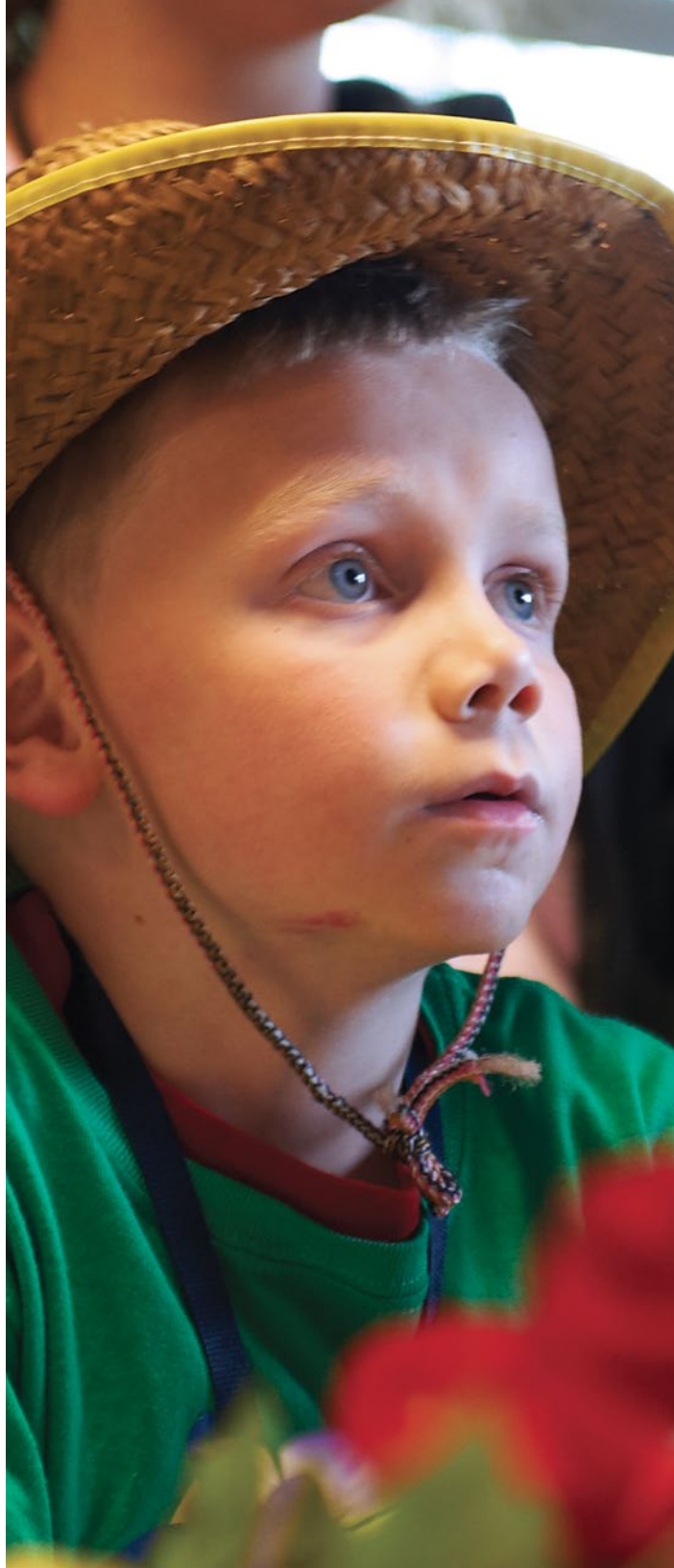
"They need only pack a bag and, hopefully,  
an open heart ..."

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During the weekend, campers decorate bags, which will become luminarias, in honor of the person for whom they are grieving. On Saturday night, campers follow a walkway lined with luminaria to the lake, where a handcarved raft awaits. Campers take turns saying the name of their loved one – or observe a moment of silence – and then their luminaria is lit and placed on the raft. After each child has had a turn, kayakers escort the raft to the middle of the lake, in a symbolic release of their grief. As the kids watch from the shoreline, a poem is read.

And later, after that assembly, there's roasting of S'mores – one more reminder that while there is a time for sorrow, there is also a time for joy.







# Unexpected journey

Technically, **PARS** simply stands for Penn Academy for Reproductive Sciences, but the lessons imparted within the educational outreach program take the dozens of young women participants on some unexpected paths. Science lab experiences, career and college counseling, lessons in reproductive health, and talks about body image and self-esteem are just a few.

PARS takes Philadelphia high school girls out of the traditional classroom where science might be an abstract concept and offers them a chance to get to know their way around labs at Penn, where they interact with doctors, nurses, professors, embryologists, and other science and medical professionals.

“We show them all sorts of career options,” says Monica A. Mainigi, MD, an assistant professor of Obstetrics and Gynecology who runs the program with Jamie Shuda, EdD, director of life science outreach at Penn’s Institute for Regenerative Medicine (IRM). “Young girls don’t always realize how many paths are available to them in science.”

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“Young girls don’t always realize how many paths are available to them in **science.**”

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There are three PARS sessions a year – fall, spring, and summer – with about a dozen students in each class. They come to campus for about four hours on six consecutive Saturdays. One week they study DNA or bioethics. Other weeks might be devoted to college counseling and applications. Another lesson focuses on in vitro fertilization: The students mix mouse eggs and sperm and observe that the many wiggling sperm that attach to one egg are so plentiful that the eggs literally spin on the microscope slides. Then, they even get a look at an early mouse embryo. These vivid lab demonstrations foster impromptu talks about the ethics and reasons for egg freezing and IVF and the science behind birth control pills.

The sessions are not lectures but hands-on learning experiences where students are encouraged to join the discussion. And they do, because reproductive sciences means talking about themselves as well – opening up in ways that traditional high school science classes usually don’t allow them to broach.

“This is designed for girls,” Mainigi says. “They learn about science as well as their bodies and how to be comfortable and in control of them.”

PARS is funded by the National Institutes of Health and made possible by a wealth of volunteers and departments at Penn, including IRM, the department of Cell and Developmental Biology, Penn Fertility Care, and the Center for Research on Reproduction and Women’s Health. So far, 100 girls have graduated from the program.

More recently, PARS has been able to extend the program, taking some of these hands-on experiences into the public schools so they can light that science spark well beyond Penn’s campus.









## SPARKING THE LOVE OF SCIENCE

Each year, Penn Medicine faculty, staff, and students share their love and knowledge of biomedical science with members of the public – from infants to senior citizens – during the **Philadelphia Science Festival**. During the 2013 festival, volunteers took part dozens of activities across the city, from teaching budding young scientists about DNA coding during the enormous Science Carnival for 25,000 people on the Ben Franklin Parkway, to holding a day of exploration and hands-on adventures in West Philadelphia's Clark Park, where families experimented with models of the brain and spinal cord and an inflatable CPR teaching mannequin.



## MEALS & MEDICINE

One evening a week inside the St. Agatha-St. James Church in West Philadelphia, the **University City Hospitality Coalition's medical clinic** – staffed by Penn Medicine students, physicians, and pharmacists – takes shape, tending to more than 400 patients each year. In the same spot where clients can get a hot dinner, they can also get care for routine and chronic conditions, including obtaining certain types of medication for free.



# Road to recovery

The half dozen community health workers of the **IMPACT program**, part of the Penn Center for Community Health Workers, are an ever-present source of guidance for patients during crucial points in their health care journey. They first make a connection not long after a patient arrives at the hospital or doctor's office, and are there when he or she checks out. They check in with the patient during their stay, and show up at the door once the patient goes home.

The corps fans out across West and Southwest Philadelphia to seamlessly bridge the gulf between a hospital or clinic visit and getting acclimated – and staying well – back at home. That's a time when real-world problems can put potholes on the road to recovery – especially among socioeconomically vulnerable patients who are low income, uninsured, or on Medicare or Medicaid. Is there an issue with prescriptions, doctor appointments, or insurance? The community health workers (CHWs) are there. Need help with transportation, child care, shelter, even signing up for an exercise class? CHWs connect patients with the right community resource – and may even join clients in that first class.

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“They're the kind of people who, if a neighbor is sick, **will show up** with chicken soup.”

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“IMPACT's community health workers address health and life issues on the ground, and do so much better and at a much lower cost than clinically trained personnel,” said Shreya Kangovi, MD, director of the Penn Center for Community Health Workers, and an assistant professor of Medicine in the Perelman School of Medicine. All of Penn's community health workers have lived and worked in the West and Southwest Philadelphia neighborhoods they now serve. These are areas with poor health outcomes and high hospital readmission rates, something the program hopes to change.

If CHWs seem like a friend and neighbor, that's no accident. “The people we hire, they are already doing volunteer work in the community,” says social worker Casey Chanton, IMPACT project manager. “They're the kind of people who, if a neighbor is sick, will show up with chicken soup.”

There are two programs serving about 500 patients. The inpatient program begins at admittance, when the CHW becomes part of a patient's medical team, as advocate, trouble-shooter, and coach. And the health worker stays on board through those first weeks at home. In the outpatient program at two primary-care clinics, IMPACT partners are with clients for about six months, helping to plan and manage longer-term health goals.

IMPACT may be among the newer programs at Penn, but the benefits of CHWs are well established. The Centers for Disease Control and Prevention reports that CHWs are useful in promoting the use of primary and follow-up care to both prevent and manage a variety of health care concerns. Chronic conditions including asthma, hypertension and HIV/AIDS, and diabetes all benefit from this type of help, and it also helps keep patients on track for preventive care like immunizations, maternal and child health, and nutrition.







### FILLING THE KNOWLEDGE GAP

Nurses, pharmacists, and social workers from Pennsylvania Hospital step into the **Broad Street Ministry** once a month to provide free health education talks to men and women who are homeless or living in poverty. Focusing on topics including addiction, hypertension, cancer, sexually transmitted infections, and sleep disorders, these experts arm clients with information and tools they can use to stay healthier.



## IN THE BAG

At Pennsylvania Hospital, pharmacists are committed to ensuring that patients and residents in the surrounding community have all the knowledge they need to take their prescription medications safely. Several times a year, they hold a “**pharmacy brown bag**” where the hospital opens its doors to those toting a bag of their medications, vitamins and supplements. Each patient receives a detailed review of their drugs and simple tips to help take them properly and with minimal side effects.







# Battling for our community

A healthy community takes a lot more than the good works of doctors and nurses. That's the observation Steven Larson, MD, an associate professor Penn Medicine's department of Emergency Medicine in the Perelman School of Medicine, used to inspire **Puentes de Salud** ("Bridges of Health"), a comprehensive, multidisciplinary effort that brings health care and so much more to the Latino community of South Philadelphia.

"By the time a patient ends up in the ER, whether from a gunshot wound or a pregnancy that's unwanted or unanticipated, the cat's out of the bag," he says. "You have to take the battle out of the ER and into the community."

Among Puentes' allies in the trenches since the vision for the program began to take shape in 2003: state and local governments, the Mexican consulate, the Archdiocese of Philadelphia, and numerous nonprofit and educational institutions, including Penn Medicine. This year, Puentes received grants from the Garces Family Foundation, the Barra Foundation, the Claneil Foundation, and the Independence Blue Cross Foundation.

"This isn't just a clinic where we roll up, see patients, and leave," says Larson, Puentes' executive director and the assistant dean for Global Health Programs for Penn's Perelman School of Medicine, who co-founded Puentes along with Jack Ludmir, MD, chair of Obstetrics and Gynecology at Pennsylvania Hospital. "We have a long-term commitment to leverage resources to improve the lives of people in the community."

That commitment has meant adding programs as opportunities arise, including an afterschool tutoring, mentoring, and wellness program in cooperation with Southwark Elementary School: Puentes Hacia el Futuro, run by third-year Penn Medicine student Daphne Owen.

"On my very first day of volunteering at the Puentes clinic, Dr. Larson told me about his goal to do more than just provide health care, but to truly address the root causes of illness in the community: poverty, lack of representation, language, and education," Owen says. "That spoke to me."

The program started in 2010 with 12 students and has grown rapidly, as has the waiting list. Now, 60 children receive eight additional hours of instruction and individualized academic attention per week – a significant investment in a community where many students are not native English speakers.

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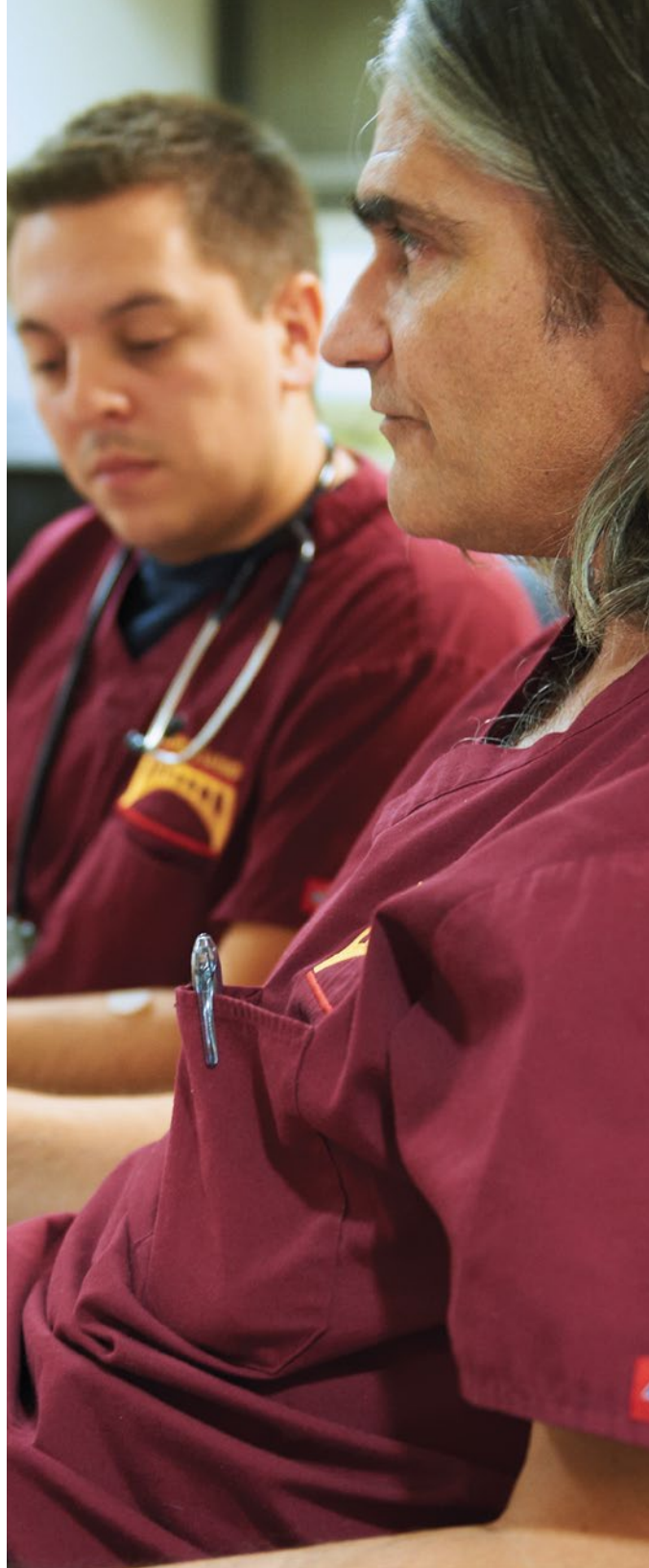
"One of our first participants began as a kindergartner," Owen recalls. "She was not fluent in English and was still struggling to learn the alphabet. I remember her getting frustrated and telling me, 'I am stupid. I can't read,' with tears welling up in her eyes. Now this little girl is in third grade and reading chapter books, proud of her reading ability and confident at school. I think we have contributed, not just in her English and math success, but also in her sense of possibility and confidence."

The battle in and for the community continues. The organization is currently raising funds for a new 7,000-square-foot facility located at Penn Medicine Rittenhouse, and the afterschool programs are seeking ways to expand, from college-prep efforts to a Spanish-English Head Start program.

"There's no gain in this but the satisfaction of doing what needs to be done," Larson says.

"The community knows we're here no matter what. We're not going to pull up stakes and leave."





# Prevention on the go

The idea behind Penn Medicine's **HIV/AIDS Prevention Research Division mobile unit** is simple: To make it easy for people to take charge of their health and get potentially lifesaving information – with no hesitation and no hassles, in their own neighborhood. “We’re on their turf, on their time,” says Robert Frederick, the project’s coordinator.

This traveling health clinic, which contains two private testing spaces, a bathroom, and a small waiting area, travels year-round to neighborhoods throughout Philadelphia and parks in the middle of community festivals. At the 2013 Outfest, for instance, the white panel truck with blue Penn Medicine lettering was as much a part of the tableau as a stage full of Lady Gaga impersonators and thunderous drumming performances by the Philadelphia Freedom Band.

It’s a highly visible testing tactic, and one that’s in great demand, with bookings scheduled three or four months in advance. The project has also proven successful in enlisting and maintaining relationships with participants for both testing and research projects. Retention rates, crucial for completing studies with rigor and precision, exceed 80 to 90 percent.

“HIV prevention and clinical research require close connections to the communities most heavily impacted by the AIDS epidemic,” says David S. Metzger, PhD, director of the Prevention Research division and a research professor in the department of Psychiatry in the Perelman School of Medicine. “Our mobile research and HIV testing infrastructure allows Penn researchers and clinicians to have a presence in places where the virus is most prevalent and new infections most common, and provide a highly visible bridge between Penn and affected communities throughout Philadelphia.”

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A typical week for the staff of the mobile testing unit can include HIV and infectious disease work with a community group like YO-ACAP (Youth Outreach Adolescent Community Awareness Program); a project with researchers from other institutions; and information collection and HIV testing with the city’s Health Department. Sometimes the work runs only during ordinary business hours; other times the van is out until 2 or 3 a.m., depending on where the need is greatest.

Though the image of HIV as a deadly disease has largely slipped from public view in the past decade, the mobile unit rolls on against a backdrop of grim statistics: The Center for Disease Control and Prevention reports that there are still about 50,000 new cases of HIV each year across the nation. Despite progress with drug therapies that enable people living with HIV to thrive into old age, the virus is still prevalent, and education and empowerment remain the most powerful tools for combating its spread.





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**MATERNAL INSTINCTS**

**Latina Community Health Services and Pennsylvania Hospital's Women & Children's Health Services** aim to give pregnant women – especially those beset by poverty, problems accessing care, and often, language barriers – and their babies the healthiest start together. Women who sail through their own care experiences often become “promotoras” for Latina Community Health Services, which operates in tandem with Puentes de Salud, teaching health and wellness to their own communities. More than 200 babies have been brought into the world as part of that program since 2008.



### HEAD OF THE CLASS

Skills that light the way to a career in medicine are the cornerstone of the **Sayre High School's Sayre Health Initiative for Education and Leadership Development Program (SHIELD)**. The school's location adjacent to the community health clinic known as the Dr. Bernett L. Johnson Jr. Sayre Health Center, staffed in part by Penn Medicine physicians, makes the program a natural fit, setting students on a path to become medical assistants and more.



# Face to face

Sometimes the greatest lessons for Penn Medicine students come not in a classroom, but in real-world opportunities to serve. Two key examples are the **Homeless Health Initiative (HHI)** and **Covenant House**, which put students face to face with young people in need, in unconventional settings.

The Homeless Health Initiative rotates medical teams to three shelters for women and children in Philadelphia. Penn's student volunteers work primarily in the clinic for pediatric patients, alongside residents from the Children's Hospital of Philadelphia. Students can shadow these young doctors, or participate more actively by, for instance, taking medical histories of the patients receiving care.

Covenant House is a 50-bed shelter for young people aged 18 to 21, where first-year medical students shadow doctors in the clinic each Friday. The interactions can go beyond strictly medical, giving students a glimpse of the importance of psychosocial support and care for the whole person.

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At Covenant House, the students sponsor activity nights on Wednesdays, with programs ranging from simple board games to cardio workouts to spoken-word workshops. The residents themselves help set the agenda. Through the HHI, students have also participated in Health and Fitness Days for residents.

These clinical and social settings offer the students a closer look at the daily realities of homelessness and how those challenges affect health care delivery and compliance with recommended therapies and prevention habits.

For example, patients may not know – or be able to obtain – their own medical histories because they're not in touch with their families. The transient nature of shelters not only means that medical professionals must operate with little background information, but also that there may be no follow-up session.

“For many, providers can only meet them once so they have to make the most of what may be a person's first and only medical visit for a long time,” says Courtney Gallagher, one of the volunteer coordinators, a second-year student in the Perelman School of Medicine.

These living circumstances can easily thwart standard treatment options, too. Follow a certain diet to keep blood pressure or diabetes in check? Compliance with that depends what foods the shelter has available. Breastfeed a crying baby on demand, around the clock? That's taxing even for mothers in the privacy of their own homes.

These patients' narratives set the stage for some of the most important lessons of medical school, and in the discussions in these unconventional settings, students and patients can build trust and perhaps, find solutions.









## ON THE PATH

**Penn Medicine's Pipeline Program** – a mentorship and health care career-experience program that also awards college credit to promising West Philadelphia high schoolers – is paving a new path for the 200 students who've participated since the program began in 2007. One hundred percent of pipeline students in 2012 graduated from high school, compared to 59 percent in the city of Philadelphia as a whole, and 100 percent of the program's graduates were accepted into college.



## HELPING HANDS

In the two years since the **West Philadelphia Colorectal Cancer Screening Program** began, 225 local residents have undergone colonoscopies with the help of a patient navigator who provides them with information about the test and free preparation materials and transportation to and from the procedure. About a third of the patients screened had at least one pre-cancerous polyp that was removed during the test – hopefully preventing them from developing colorectal cancer, which is both more common and more deadly in African Americans than in Caucasians. Three patients were diagnosed with colorectal cancer and have undergone treatment.



# Joy of dance

Keila Cordova has a mission: to bring the greater community closer to dance. Everyone. No excuses. No exceptions. With that attitude, it's no surprise that she was so inspired by the **Dance for Parkinson's Disease** program she first witnessed in Brooklyn. There, students and teachers share the joy of dance and an appreciation for what goes into each movement.

"It got me interested in the possibilities of dance making a difference therapeutically," she says. She decided to start the classes in Philadelphia when she set up the 954 Dance Movement Collective in 2009.

When Cordova approached the national Dance for PD group and the Penn Medicine Neuroscience Center, both were happy to help. Along with Nabilia Dahodwala, MD, an assistant professor of Neurology, they teamed with the Parkinson's Council to train about 25 dance instructors, schooling them on the disorder's motor and psychiatric components.

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**"Number one, the social capital grows. Their quality of life is affected. They share stories and experiences."**

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When Penn's Parkinson's Disease and Movement Disorders Center sent e-mails to prospective patient-dancers, there was some concern that there wouldn't be enough interest. Those fears were quickly allayed. The session filled quickly; the waiting list grew. So great was the enthusiasm that some ignored their "waiting list" status and showed up anyway. Three classes were begun in 2011, two in Philadelphia and one in Chester County. A fourth was added this year in Montgomery County.

The feedback has been overwhelmingly positive, says Candace Syres, an outreach coordinator who facilitates Parkinson's support groups at Penn.

"There are so many different benefits," Syres says. "Number one, the social capital grows. Their quality of life is affected. They share stories and experiences. The physical, mental, and emotional gratification is wonderful. I hear it all the time when we have support groups."

Movement is important to Parkinson's patients, Syres notes, because it can slow the progression of the disease. But patients don't usually know that at the start. "Part of the challenge is they say, 'You expect me to do what? I couldn't do that before I had Parkinson's,'" Cordova says. "But we always say, 'Every day you get a new body, whether you have Parkinson's disease or not.' So the class really helps to set aside their barriers."

Beyond the physical benefits, the dance classes change attitudes, and lives. Many come away no longer feeling defined by their illness and limitations.

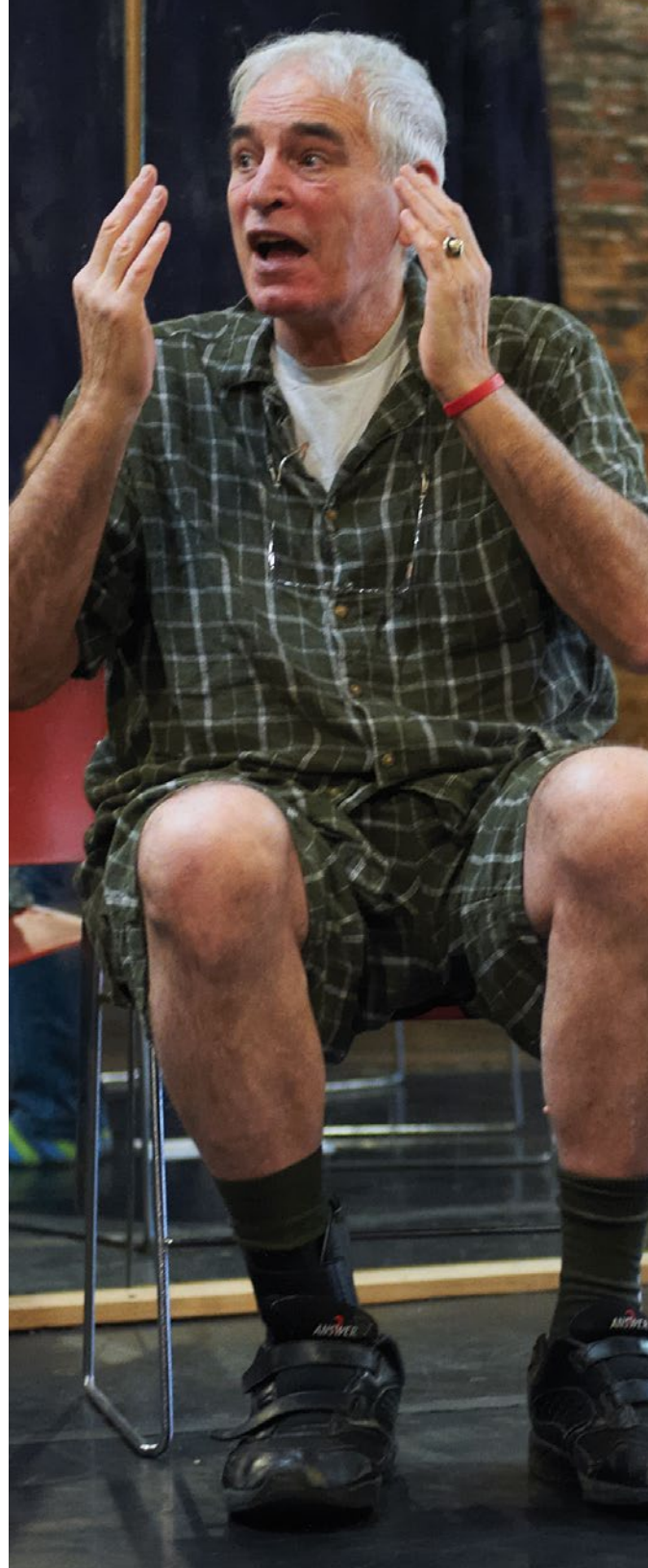
"Our patients always talk about how they used to love to dance, they used to love to sing," Syres says. "This class presents them with options. They can embrace their new life, their new self, without those limitations they put on themselves because of their diagnosis."

Cordova points to a couple that came together in the first year of the program. The wife was the caregiver, the husband the dancer. "I have no patients," Cordova stresses. "I have dancers." At first, Cordova says, the husband talked about how he "used to be a swimmer." He was an athlete, someone who once swam competitively, but no longer. After a few dance classes, though, his confidence in his abilities grew. He decided to get back in the pool. He liked it and started going weekly.

"He dropped our class because he couldn't do both," Cordova says. "For me, this was a triumph."







# It takes a village

Home care 50 years ago probably meant a lone doctor and his little black bag. Today, home care takes a village, or at least an integrated interdisciplinary team. That means physicians, nurse practitioners, and social workers are there 24/7 for patients, their families, and each other.

This proven model of success drives the **ElderPAC program**, Penn Medicine's 20-year-old home-care effort led by a team of geriatricians and geriatric nurse practitioners.

"We take primary care into the home," says nurse practitioner Jean Yudin, "working with very frail elderly people who can no longer access an office-type practice. The unique and very cool part of our program is that we have teamed with community-based agencies in order to provide the integrated care that these patients really need."

For ElderPAC's roughly 220 patients, Yudin explains, Penn Medicine provides the medical piece of the equation, visiting nurses coordinate the care, and case workers with the Philadelphia Corporation on Aging (PCA) handle the nonmedical services needed to keep people in their homes. All are working under a unified care plan for each patient.

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"They felt they were **part of the team**, that they were helping make decisions ..."

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Team members are in touch daily by phone, texts, and e-mails. If patients or caregivers have an issue, they make one call – and they get a response quickly. But that model is, increasingly, a rarity in the health care system, which is often bound in red-tape tangles over insurance coverage, referrals for specialists, and a lack of coordination between disparate specialty physicians.

"The fee-for-service system doesn't pay very well for this type of model," says Bruce Kinosian, MD, an associate professor of General Internal Medicine. "It doesn't pay for all the cement that holds the bricks together. It just pays for the bricks."

Yet the investment in ElderPAC's model pays economic, medical, and emotional dividends. By providing quality care for patients in their homes, ElderPAC helps limit emergency room visits, keeps hospital readmission rates down, and can eliminate the need for nursing home stays. In its own evaluations, ElderPAC estimates that it has reduced Medicare costs per beneficiary by nearly 50 percent and Medicaid costs by 24 percent. Even more significant, patients in ElderPAC have greater survival rates than their peers in nursing homes.

Families benefit, too. "When we looked at caregiver support, we found that people were more satisfied in our program," Yudin says. "They felt they were part of the team, that they were helping make decisions, versus people who receive the same services but not in any coordinated fashion. So the people who are in our program felt much less stress, and they felt more empowered and better able to care for their loved ones."









#### SPREADING THE WORD

Every year, nurses and other professionals from the Hospital of the University of Pennsylvania, Pennsylvania Hospital, and Penn Presbyterian Medical Center head into the community to offer health information and free screenings at community events like the **Hispanic Fiesta** at Penn's Landing. Offerings there included BMI testing and education about Parkinson's disease, which led to Penn Medicine's first Spanish-speaking support group for patients living with Parkinson's.



### COMFORT & JOY

For 15 years, **Penn Presbyterian Medical Center (PPMC)** and the West Powelton Concerned Community Council have joined to bring holiday cheer to families in the West Philadelphia neighborhoods that surround the hospital by hosting an annual Christmas celebration. During this season of joy and giving, PPMC invites over 100 local children and their parents to enjoy a full breakfast, children's entertainment, face painters, and special presents for each child, delivered by Santa himself.





# The **right** direction

Feet tend to take a beating no matter whose shoes they're walking in. For homeless men, an opportunity to show them some extra attention – through a simple foot soaking and podiatric examination – is a vital step in the right direction.

About 35 homeless men, along with residents of the Sunday Breakfast Rescue Mission shelter in Center City Philadelphia at **Best Foot Forward Philly (BFFP)**, come together for a free biweekly clinic that goes well beyond a foot examination.

The year-and-a-half-old program invites those living at the shelter and visitors for a foot soak, nail care, foot examination, powder, lotion, new socks, flip flops, and a referral to a primary care physician or nearby free clinic – and much-needed interaction with someone who cares.

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**“To have someone call you by your name and care about how you’re doing, just that alone makes people feel better about themselves.”**

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“The homeless experience can be very isolating and anonymous,” said Kara Cohen, a nurse for Penn Care at Home and founder of the initiative, who is a graduate of Penn Nursing’s Adult Gerontology Nurse Practitioner program. “To have someone call you by name and care about how you’re doing, just that alone makes people feel better about themselves.”

The all-volunteer staff encounters a lot of blisters, plantar warts, wounds, calluses, and pressure ulcers often created by ill-fitting shoes, but every case – and every encounter between client and clinic volunteer – is unique.

One recent visitor came to the clinic experiencing immersion foot, a condition similar to frostbite that can be caused by cold and wet conditions. Soon after he sat down, dropping his feet into a container of warm soapy water, he struck up an easy conversation with the nursing caring for him.

“I have no job, girlfriend, and little contact with any of my family right now,” he said. “I need to love me right now, and this care gives me a chance to do that.”

Since Cohen’s corps of volunteers – mostly nurses, with support from physicians, wound specialists, physical therapists, and medical and nursing students – started offering services in August 2012, they have provided more than 1,000 individual foot clinic sessions to about 700 different individuals, mostly men. This year, Cohen received a Penn Medicine CAREs grant to pay for foot supplies and increase the services provided to clients.

“The holistic aspect of treating the whole person – emotional, psychological, and physical – is a restorative experience,” said Cohen. “The guys say they feel so much better than when they came in.”

# Up close & personal

The latest tool in Penn Medicine's effort to provide specialty health care to patients across Philadelphia is small in size – it's the same smartphone that is a ubiquitous part of 21st century living – but its impact is vast, and potentially lifesaving. Patients at Philadelphia community health clinics who are worried about rashes and skin bumps and lumps can now get specialized help from Penn Medicine physicians, without ever leaving their neighborhood health clinic.

It's possible through an app that allows Penn Medicine dermatologists miles away to get up close and personal with what ails these patients. Is their skin itching? Bleeding? Has something about that strange little mark changed since the patient last noticed it? A glimpse through the camera phone provides essential context to the patient's narrative about his or her symptoms.

After several years of providing dermatology care to patients across the globe, in African and South American countries, and a pilot using the app with local Penn-affiliated health centers, the program known as **AccessDerm** launched at 13 different community health centers in Philadelphia last year. Since then, more than 400 patients throughout the city have been evaluated and treated. Many are uninsured and would otherwise have gone without care from a skin specialist, or waited until their condition became severe enough to warrant an emergency room visit. Instead, after a smartphone-aided exam, health clinic physicians can arrange for the patient to be seen at Penn Medicine quickly, if necessary.

This "telederm" effort is run by Penn's Carrie Kovarik, MD, an assistant professor of Dermatology, and the program's founder, William D. James, MD, the Paul R. Gross professor of Dermatology and vice chair of the Department of Dermatology, and conducted in conjunction with the American Academy of Dermatology (AAD). Only a year after expanding the program to include Philadelphia Department of Health clinics, patients with an array of skin conditions have been cared for, and a case of invasive melanoma – a cancer that often goes undetected until it has spread to organs throughout the body – has already been identified through the AccessDerm program.

Although there are more skin specialists practicing today than there were ten years ago, geographic distribution of these doctors doesn't match with the health needs of the population. Kovarik notes, for example, there are many dermatologists in Philadelphia, but not many are in the underserved areas of West or North Philly.

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**"There are so many underserved patients ... many hospitals have no dermatologist on staff."**

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"There are so many underserved patients," she says. "Not just those who aren't able to afford care, but those who were geographically underserved. Many hospitals have no dermatologists on staff."

The work in Philadelphia has cast an even wider net: The AAD threw its full support behind the idea to finance the program and train personnel at clinics across the nation. Today, there are active programs in 20 states, and James believes that it can be nationwide in two or three years.



# By the numbers

## Committed to community

### Support in FY13

Charity and underfunded care for Medicaid families:	\$121 million
Physician training support:	\$85 million
Research support:	\$608 million
<b>Total:</b>	<b>\$814 million</b>

### Emergency Department Visits

Hospital of the University of Pennsylvania:	65,875
Penn Presbyterian Medical Center:	38,820
Pennsylvania Hospital:	33,292

## Strengthening the local economy

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

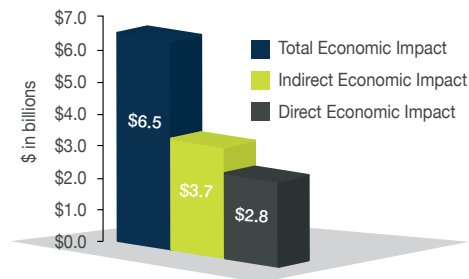
Each year we report nearly \$6.5 billion in economic impact on the Commonwealth of Pennsylvania, including:

- \$2.8 billion in local wages and the purchase of goods and services.
- \$3.7 billion in economic activity generated by other organizations and businesses supported by Penn Medicine.

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



Annual Pennsylvania Economic Impact of Penn Medicine





Penn Medicine is where the missions of research, education, clinical care, and community service combine to improve health and well being. We are proud of our commitment to service and strive to use discovery and rigorous research to benefit our neighborhoods, our city, and our world. We embrace the opportunity to teach others, to learn from our partners, and to care for patients with skill and dignity.

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

To learn more about Penn Medicine's commitment to the community, visit **[PennMedicine.org/community](http://PennMedicine.org/community)**



**Penn Medicine**

Perelman School of Medicine  
University of Pennsylvania Health System