

LINDA – Fieldnotes – June 1, 2007

Subject: Interview with Guedy Arniella, LCSW
Director, Depart. of Community Outreach and Health Education
Location: North General Hospital
Office at Park Ave (120th and 121st)
Time: approx 11:20-12:05

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I spoke with Guedy once on the phone and have been emailing her to set up an appointment.

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I am wearing a brown blouse and a light green skirt with a pattern of grey and brown hinting at flowering branches. I wear my bronze flower shoes and carry my red leather bag. On the way there I felt overdressed and conspicuous, mostly because the area seems “rougher” than other areas of Harlem. There was a lot of trash on Park Ave between 125th and 121st, and construction diverted a sidewalk to the street, demarcated by a wooden frame/fence. This area seems to be more “Latino,” with reggaeton playing out of a bar. There also seem to be a higher proportion of older men wearing shabby clothing, some with collapsed mouths. A woman walks in front of me in tight light blue pedal pushers, tank top, and sneakers. A man yells at her from the construction site. She recognizes him and goes to speak with him, but continues walking when he asks for her number. She is walking faster than me, so I step aside to let her pass. She smiles and says something to me about him. I smile back.

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I am running late, again, and don’t arrive at the building until after 11:15. When I arrive the door is locked, and I see a buzzer that I press. I get ready to grab the door open, but a security guard arrives to open the door. She is wearing a burgundy jacket, dark slacks, and a white shirt. She asks for my business and I tell her I’m here to see Guedy Arniella on the second floor. She asks me something and I respond, Teachers College. She asks for ID and I give her my California Driver’s License. She calls Guedy, reading my name off of my driver’s license. She tells me to go up the stairs and turn left.

When I go upstairs I see a door labeled, Community Outreach. I open the door, and a thin black woman greets me. She and several people are crammed into an office, which turns out to be Guedy’s office. There is a large room with several desks with several rooms/offices with closable doors.

Guedy Arniella is wearing a black sleeveless linen top with embroidery around the hem and neckline, and down the front, with black linen cropped pants. She wears green suede hiking or trail running shoes. She has bracelets and rings on both hands, with a silver watch and black bracelet on her left wrist, an orange bracelet and a silver bracelet on her right wrist, and thick silver rings on both hands. She wears a thin gold chain around her neck, and it looks like a pendant hangs inside her shirt. She also wears a badge around her neck. A black spring/fall coat is draped over her blue office chair, along with a small black leather purse. She is plump.

Her office has cubicle furniture in it, dreary gray. It includes a desk with small drawers on the left, and a compartment above it. There is a three-shelf gray bookcase behind her, with books, papers, and binders stuffed, some stacked in piles. A very small file cabinet has two shallow drawers and one drawer for files, with a key in the lock. Attached to the key is a ring from which several other keys dangle. This ring is attached to a purple caribeaner, which holds another ring and key. Next to the desk is a Mets stadium seat cushion and a green full-sized umbrella.

Guedy greets me and tells me that she has an appointment at noon. I apologize for being late. She waits, so I tell her I took the bus instead of walking, and walking would have been faster. I ask her if traffic is always bad on Fridays, and she talks about people leaving the city. In the middle of the day? I ask. She tells me some people take Friday off and leave in the morning. She mentions that in her area people have second homes. [I can't remember the name, but she said it was one hour north of the city.]

I ask if she commutes, and she says she takes Metro North. "It's not so bad," she says. She takes a laptop and works. I say something about public transportation being better in New York than California, and she says not on the other end. I ask if she needs a car on the other end, and she confirms that she drives to the station. I talk about commuting in California for a bit, and she asks where I am from. I say I've lived in Los Angeles and in San Francisco.

She somehow signals that we need to get down to business, and I pull out the consent forms and tape recorder. As I am talking she says she is familiar with studies. She asks what Mr. Burroughs talked about. I turn on the tape recorder, stumbling over her name.

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Rough outline (not transcript)

LL: He was telling me that patients don't always understand the instructions doctors give, doctors don't always take the time. People getting to the hospital, preventative vs. emergency care, people waiting until an emergency [I think I made this last part up]. Health disparities, higher rates of heart disease,

GA: Everything

LL: Also his work as a board member doing outreach of trying to educate the public, not thinking in terms of systemic disparities between Central Harlem and other areas. Education within the hospital, residency, new staff members.

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GA: Yeah. I think you know for us? The biggest challenge? is, establishing trust? Because there is such a mistrust of the health profession. So before you do any kind of education, you know, you have to get people to trust you. And that's a really big challenge, because, you know, all of the experiences that minorities have had with research, and you know, with, feeling like they're just objects to be studied, and you

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know, with all the Tuskegee. It's really really hard. We spend a lot of time just going out into the community and getting to know people, and just initially having exposure, being at the same place, at the same time, for a period of time.

L: What does that look like?

GA: We might go to the supermarket, the bank, and ask permission to set up a table. Literature, blood pressure screening, glucose screening. Basically just be present at the same place, repeatedly? Three months, every Tuesday at 10 for 3 months. Initially people just look at you, and after a while, they'll feel more comfortable and approach you. Sort of like that theory with the ducks...

L: Imprint.

GA: familiarity makes people feel more accepting, more open. As they approach us, or we might approach them, we establish a rapport, connection, relationship. Cornerstone for what we do. We use ourselves to create, this environment where people will be more open to hearing information about education. (Okay) So that's basically the premise of this department.

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L: So you send the same person out to a location, (yep) for like, every week for three months. (Right, right) Sit there, or?

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GA: It depends on the place. You have to *feel*. If you sense some hostility then we may just sit there the first few times. As people become real familiar with us, you [], hey, how you doin', you wanna come here, lemme your blood pressure. Some places people embrace us. [] I think the key really is to make that connection with people. If there's no trust then how do you expect people to be open to accepting the educational info that you're gonna share with them?

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L: []

GA: as they get to know us then they see that we're not just there to shove stuff down their throat, that we are genuinely interested in them, we have simple information for them, concrete information to share, bc we do take their blood pressure/sugar. Numbers to show them. Look this is your result and this is where it should be.

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LL: Do you find... people are not hooked into medical care at the time?

GA: A lot of people aren't. Haven't been [to the doctor] in years. Have hypertension but not taking pills. .. Oh I don't need it everyday. It's accepting that they have an illness and that they understand the ramifications of not taking care of that illness. Sometimes it's denial. Not just take [medication] once in a while, but same time, every day, ongoing. Just b/c BP good, doesn't mean you stop taking it. But again, if they don't trust you, they're gonna say, Who the hell is this person?

LL: Material on patient compliance and resistance, people are scared. They don't know what really works and what doesn't, everything is so mysterious.

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GA: partly because of health literacy. Don't know statistics off hand, this area not on high educational level. Doctors are rushed and pressured, patient with fifth grade reading level, third grade reading level... lot of misunderstanding and miscommunication.

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[ack! I steered her into deficit!]

LL: And are you going to trust somebody..

GA: awe, fear, time constraints, average visit 15 minutes?

L: and pushing that smaller!

GA: lot of factors that impede somebody taking good care of themselves, not just lack of health insurance, resources, a lot of other things as well. We basically, we schmooze with people. That's our key resource, you know, ourselves. And my staff, if you'd like to talk with them, you'll see that they'll all really caring, that their heart is in helping others. That's the kind of people we have working here.

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L: I got that sense at North General too

GA: the whole place, great place to work

L: that they want to be there.

GA: I used to work at Mt. Sinai, it's *very* different. Just more down-to-earth. Mt. Sinai very proper, stiff and professional. So much more real.

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L: You put yourselves out there and you get to know people, and I don't know if you can say that about other hospitals. Part of it is your office is designed to do that.

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GA: we're the face of North General

L: You get people into the hospital, into care

GA: Well you know, I don't know if I should say this, because Dr. Burroughs. Basically, our primary focus is helping the community. And then, obviously, we work for North General, so we'd like people to come in to North General. But our primary, you know, first and foremost is to do something about health disparities, the mistrust, help the community be healthier.

L: Yeah you're not saying anything that, contradicts Dr. Burroughs. That's part of what he talked about, this is a community health hospital. He's more hospital focused, of course, but what were the words? Sort of the more everyday health concerns vs. {} vs. the more sophisticated ones you'd send to another hospital.

GA: yea we don't have the facilities. Great thing about relationship with Sinai.

Phone rings I ask if she needs to get it, she says no it's ok, phone keeps ringing, I pause to collect thoughts

LL: medication, screenings, basic things you guys do?

GA: screening is one piece, presentations on health topics, provide Stanford Univ chronic disease management, www.stanford.edu, patient education, a model that they developed and it's a six week course that we offer, it's 2.5 hours per week? And it's basically a self-efficacy program, so we offer that. We also create programs, using the tenets of this chronic disease program. Nutrition and exercise, Project Heal, [Train goes by, car alarm] Collaborate with other orgs, food environment in the community,

LL: what is the food environemtn?

GA: E Harlem has the highest rates of diabetes, and a lot of bodegas, that don't carry healthy food.

Cell phone rings with song, brown eyed girl
Says, somebody is trying to reach me

"Hi, Digi." [About 7 minutes of talk. Mouths Sorry to me.]
Talk sounds like bra store, bra size.
Something about somebody who "didn't really want to have it off," but it was "an aggressive form of cancer"

When GA gets off phone, says it was a trustee, so she didn't want to cut her off.

LL: food environment, food available

GA: food for life festival, trying to bring about policy changes, all kinds of stuff. I'm on the board of a lot of different organizations, food and fitness consortium, Department of health, to address the lack of healthy available food, lack of exersize, start to bring about some change. .. festival in park across the street, dairy council donated lowfat milk, it was just amazing. We've been doing a lot of work in the last few years. The community is coming together.

LL: work with a lot of different organizations?

GA: few different groups. Human services consortium. A lot of it is in East Harlem. Central Harlem, um, Rev. Butts' wife, Patricia Butts, last year brought people together to start to do some of the same things we've been doing in East Harlem. Harlem Renaissance, trying to bring the churches together. East Harlem seems to be more

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organized. But East Harlem also has worse rates than central and west Harlem. Of everything, diabetes, cardiac disease, cancer. Maybe it has to do with New York City housing buildings? projects.

LL: Do you focus on East Harlem?

GA: We go everywhere. We go everywhere. We even go into the South Bronx, because it's right across the bridge. (mm hm) We try to stay in northern Manhattan, Washington Heights. Upper East Side. We've gone down to Chinatown, glaucoma screenings, got a grant, have the equipment. We work a lot with the New York City Housing authority, so a group in Chinatown asked if we can go.

LL: This is your target area

GA: Yeah, this is our hood.

LL: do you get funding from North General?

GA: North general supports this department, but we're always writing grants, we work closely with the Department of Health Policy at Mt. Sinai. So for example two years ago we had this \$3 million grant to do community-based participatory research? (okay) So we've been working on that. They decided to focus on preventing diabetes? So, you know, we're in the process of identifying people that have pre-diabetes. (yes) We're going to randomize them, and do the class that I told you about? Project heal? And we're gonna see see if people who participate in the class have better outcomes than people who don't. So we're always writing for grants, cuz we're a little community hospital? And we have so many financial constraints? So the more money I can bring in, the more solid we'll be.

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LL: and everything you do is so labor intensive, you're sending people out

GA: it's slow, we think this approach works best. Relationship, connection with people. Labor-intensive, it takes more time, we're working with individuals vs. group kinds of things.

LL: sounds like you're pulling in people one at a time and not just setting up shop and saying, come here.

GA: Right. I'm a clinical social worker? That's my background? And so I just find that that really makes a difference. The human connection, the contact with the individual. Helping them feel that you know, they're important, that you care, that that really makes a big difference in terms of people bringing about change. I pretty much created this department when I came here.

LL: were they looking to build a community outreach center?

GA: women's resource center. Three people working on women's issues. Got some funding from UMEZ, Upper Manhattan Empowerment Zone, to create some outreach. Dept has grown we used to have six staff members now, used to have seven. Job cut. Quite a journey.

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LL: I'm really interested in seeing some of this stuff you're doing
Taking the time to build the trust. Go to the kids, the kids are saveable

GA: I have to tell you, we do some stuff with kids, we mostly focus on adults.

LL: you've already given up on the adults?

GA: that is an approach, but you can't ignore the adults already living with bad habits. Partnered with Apollo theater. Now they have what they call SummerStage, it starts July 5th, and we'll be there, before the musical event. So we try to find places where people are gonna go, and partner with other organizations. If you'd like to go. Probably every Thursday. We have a lot of things on the calendar.

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LL: do you have a calendar?

GA: here on the wall

LL: Anything I might have missed

GA: I think we pretty much covered it, establishing connections. For example the tenant association presidents, they're kind of like an, established, respected leader, in their community, and so, they, they would help to, you know, allow access? And churches, if we work with a pastor, you know, their congregation respects them, and so, that's sometimes a way to get access and, you know, establish trust. You have to look at all different avenues.

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LL: Do you find that people tend to bring family members and friends once they get in?

GA: yeah they do, they actually do. They ask, you gonna be here again? Oh yeah. And we give out our cards. We check people, you know, we take their blood pressure, glucose. If we have abnormal findings, we ask if they have a doctor. Then we call them like a week later to see if they follow up with whatever we agreed to do. It's useless to give somebody a negative result and they go on their way and nothing gets done about it. So we do follow up. We follow up.

LL: letting them know you care

GA: And we ask their permission, cuz, you know, we don't want to be intrusive
Release form, government requires.

LL: helps to have somebody you're accountable to

GA: Let me give you my card.

LL: it's great to hear your perspective, since you're on the ground.

GA: nice to have somebody interested in our experiences.
Let me know if you're interested in talking with other people.

LL: Yeah

GA: other orgs

LL: exactly

GA: what kinds of orgs, I'd be happy to

LL: probably everyone you work with
How people get caught in the first place
Not quite as interested in formal programs
Once you're already signed up

GA: There's the lupus group, they have support groups and stuff, Ralph Lauren cancer center, they have an outreach program too. Let me think about it, send me a few tips.

Corello Senior Center
100th (1st and 2nd)

Victory One, 1-3pm
Tues 26th (every 2 Tuesdays)
Senior center
1468 5th ave

How to recruit? Flyers, meeting people