

NHC SF Member Blog: Called to Serve - A Conversation With Second-Year NHC Members

Interview Transcription

Alan Arroyo-Chavez

Alright. Good afternoon returning and NHC SF members. So, I'm really happy to have the three of us here, I guess for recording purposes since I mean, we already know each other, but just to make sure that any audience members and listeners know who you are, could we go around maybe share name pronouns, your host site? And yeah, we'll start there. Who wants to go first? I can start.

Angela Zhang

Hi, everyone. My name is Angela. My I use the pronouns she her hers. And I am currently with the host site of food as medicine collaborative, as a food access coordinator and COVID Responder.

Alan Arroyo-Chavez

Thank you, Angela.

Saadhana Deshpande

Hi, everybody. I'm Saadhana. I use they/them pronouns. And I am also like Angela serving in the Food as Medicine Collaborative and SFDPH as a COVID-19 Responder and Food Access Coordinator.

Alan Arroyo-Chavez

Thank you, Saadhana.

Paola Vidal-Espinoza

Hey everybody, my name is Paola. I'm the Perinatal Coordinator serving at SFDPH. And I use she her pronouns.

Alan Arroyo-Chavez

Thank you to the three of you, I know that we see each other very often. So I really just wanted to do the intros for recording sake and purposes. Um, so I guess to kind of kick us off and to kind of give an intro for anyone who ends up listening to this. These three folks that I'm sitting with today are all returner NHC members either from NHC San Francisco and Angela from NHC Chicago previously. So it's very unique for any operating site to have multiple returners at one given point. And it's something that we call ourselves lucky for having this year. So I guess the purpose of this interview or little chat is just to see why they chose to come back what was different this time around what was similar, and to kind of share their experience with people who are considering coming back. **So I guess to get started with our first question, how did the previous service term that you served on, that was the most recent year or previous year? How did that wrap up for you? And what were some of the reasons for why you chose to come back to NHC? Or if you chose to come to NHC SF?** I'll just leave the question out there. So, anyone who wants to join in please chime in. Angela, I saw you raise your finger.

Angela Zhang

Okay, as Alan had mentioned, I had previously served at NHC Chicago. So I'm new to NHC San Francisco, but not so new to NHC itself. For my service term, honestly, it was one that looked like no other year, given that that was when COVID was at its peak. So my position had actually gone fully virtual, which was, in a way really, I was initially really sad about it, I think it wrapped up well, in terms of like, I was able to still make an impact, and I was still able to kind of reach out and help the community. However, I think it kind of left a bad taste in my mouth. Because I think it's difficult to kind of really understand your community when you aren't able to meet them in person. And everything was through phone calls, and, and everything virtual and whatnot. And so in a way it kind of felt like I didn't get the full experience that I was looking for. But it was like a really meaningful, it was really

challenging. And I think like, the biggest thing that I experienced that year, besides of course, like being able to make an impact was compassion fatigue, it's really hard to sit behind a screen and talk to patients all day and to, you know, hear all those intimate stories and those struggles, but not being able to see their face or anything like that.

So, I guess that kind of segues me into what were some of my reasons for returning. So, for one returning to NHC, in general was like I said, I kind of ended that service term really, really exhausted, mentally and emotionally hence why I took a little bit of a break as well. But it just in a way I really wanted to come back and actually be able to serve in person to actually make an impact and get my hands and feet dirty and actually be able to talk and see patients physically. That was like a super, super big thing for me that I wanted to do that I didn't really get and felt kind of robbed of in my last Service Term when everything kind of changed and all the positions were amended. On top of that, I also felt called to come back, you know, this position and for those that know know about NHC, especially all us returners, we know of like a lot of hardships that comes with being an NHC member, how the stipend is so difficult to live on. And we honestly, in our position, we wear so many different hats. We're like expected to do and, to know many things and, and to kind of just be open and available to whatever is out there, and whatever the need is.

And so, I think that's the unique part and the silver lining of NHC is the fact that, you know, being flexible, but also being given kind of the silver lining of being able to jump on so many different projects, and to be able to learn so many different things that nothing really, you know, it's there's no stale moment. And so, that kind of wraps up for the most part, for NHC, in general of, you know, feeling called back and wanting to kind of write the wrongs of my last service term in a way but also I felt called to come back despite all the hardships like do you think that like this, it's worth it and with like, the adversities with the stipend, and, and feeling like, you know, sometimes over, I don't want to say overworked because we don't use that term, but over, over-served out. That makes sense. But, you know, in with like a lot of adversity, and with a lot of you know, push and struggle comes a lot of growth. And in that year, I feel like I never learned so much and grew so much in terms of public health. And, you know, for those looking to go into health sectors and health fields, or even public health and everything kind of related when you're dealing with people you like, this year is so full of opportunities of you to actually get to know people, whether that will be the local community you serve or not.

And so, with that being said, coming to San Francisco, I have always been intrigued by a community that is perhaps like, I'm able to honestly see more "yellow faces", if that makes sense. I've always wanted to kind of get to know like an Asian community, which San Francisco has a huge amount of on top of the communities that are really in need with the Latine and the Black/African American communities. And so I felt that San Francisco had a unique kind of community that it offers, as well as, of course, a ton of need, with the city that is so full populated, and although full of money full of disparities, and income gaps, and all these crazy things. So that's kind of why I decided to come to San Francisco. And it is very, very different from Chicago, both like the local population. And like in a way the needs of the population are, although some general parts the same other parts, like very nuanced and different. And so I think that's the beauty of, of each city. But yeah, sorry for the long answer. But yeah, that's my answer.

Alan Arroyo-Chavez

No, thank you for sharing that, Angela. And I'm glad that you're able to dip your feet into a different service experience this year, too. I know that a lot of us at NHC really had to adapt to COVID-19, San Francisco included with everything. So I'm glad that now we're in a place where you're able to explore that service experience that you were looking forward to. Saadhana and Paola, I'm going to turn it over to the both of you.

Saadhana Deshpande

Okay, I think I think I; I think I could put together some sort of answer. Um, so the last service term I was, you know, I had just finished my undergrad and, you know, being from the Bay Area, having gone to school in the Bay, I didn't really know what sort of practical way I could use the the knowledge I had gained during my undergraduate years and how I could really utilize my skills and all of this experience to actually better the conditions that my community was living in. And also, being from the Bay. I think there's a lot of, there are a lot of misconceptions about what happens in the Bay Area who you know, who lives here, how people are living, I think

there people have a lot of ideas, but I really wanted to know that the truth behind it, which is that there are a lot of disparities here and there is there are a lot of issues here that are not being addressed or swept under the rug because of many reasons. But I specifically applied to this right after graduating my undergrad I applied to the NHC position that I'm still currently in and studying Nutritional Science with Food Systems and Public Policy being my minors. I wanted to better understand how policy Eat, can connect our food system to our health system. And this position was one of the few where I saw that being a possibility. It was a really like on the ground, and practical way to actually do something about all those things I had learned, because it's all just, what's the word, it's all just rhetorical, unless you're doing it in real life, you know, in the real world.

And so, when I first started serving, there were a lot of difficulties for sure, like Angela touched upon, there was the peak of the COVID-19 pandemic, which we're still going through, but the Omicron variant had created a huge surge in the number of cases. And so having to deal with that, and still be working on the ground and clinics was actually hard. And, and Angela, definitely, I totally see your point about wanting to be in person. But the challenges of doing that and actually being in person during the pandemic was that we didn't know when we'd be kicked out. So there's that flip side of like that, that anxiety and stress of being like, you know, at any point in time, the clinics can say, we don't want you here anymore, because it's just too much of a risk on our patients for you to be doing this program, Food Pharmacy, in the midst of a public health crisis. And, you know, it sucks to be thinking like that, because food insecurity is also a public health crisis. And with the COVID-19 pandemic, it just worsened because a lot of the food access programs were getting overburdened by the fact that people were going unemployed, people were being evicted, people needed more food for their families, because people are going hungry.

And so, to have to struggle between those two crises, at the same time, with my position, doing COVID-19 Response half the week and the other half of the week connecting families with food. It was like a; it was a lot of work. And yeah, there were there was a lot of struggle with that. A lot of anxiety. And, with all of those problems, the fact that I was an outsider, because I am a non-Black person, and working with the Black community in San Francisco, I was really concerned about how much space I was taking up doing this work. And I think that as time went by, and I started to get to know folks in the community better, I felt more compelled to come back. Because people in the community were saying, you know, we don't like the fact that people, that there's a lot of turnover in this position, and that we keep seeing new people, "we do want some continuity in the way that this program is run because you know, you've spent a whole year getting to know us our struggles, our problems, getting to know us as people and for you to leave essentially, and have somebody else be like a visitor to the community isn't right by us either." And so that's part of the reason why I came back because the community had basically asked for me to come back. Which I felt really honored to be sort of welcomed back.

But at the same time, I think there's a question there of like the sustainability of this type of work, right of like, of like, who gets to do it, and how we can empower folks in the community to be caring for themselves. And also the balance of like, not being from the community and still wanting to help wanting to close healthcare disparities, wanting to understand the historical context of these public health problems. So um, yeah, that's pretty much when I finished the to go back to the actual question, I finished the year of feeling really feeling very honored, like I said, to be asked to come back. And also feeling a bittersweet emotion because I, I realized that I wouldn't be seeing my patients for a couple of months, and I really grew fond of my patients, I've developed really close relationships with them, and also with the other folks on the NHC team, and just with a lot of people and I, you know, I wanted to keep listening to their stories and seeing them every week and building such a joyful and wonderful program with them. So, it was definitely bittersweet, but I felt really honored, privileged, lucky and fulfilled by the work I had done.

Alan Arroyo-Chavez

Thank you for sharing that. And I'm sure that the patients are really happy to have you back as our week. And now I'm going to pass it on to Powell that surrounds us up for this question.

Paola Vidal-Espinoza

Thank you, Alan. I'm, I felt really grateful for my service term and the kind of role I was able to play and the responsibilities I had, but when, by the time that my term ended, I honestly felt like I was stopping in the middle of

it. The transition period and this, in this program, like, it takes a while for you to get comfortable and to know the impact you can have. And so I had just gotten really comfortable and used to being really deeply involved in these projects and the community. And then three months later, it's time for me to leave. And that was really hard for me. Um, I know, I don't owe anyone anything, but I felt I was disrupting, like, I felt like they had just trained me, they had given me all the resources, like, all like, all of this, and I just like wash my hands and like, would have left after that. And that was really unsettling. And which is like, why I wanted to come back, there is so much more that I need to learn, there's so much more that I need to do. Um, and I felt like it would be just stopping in the middle of a project. Um, so that is, like, why I felt like I had, I wanted to come back. Um, and then another like, reason, like, why I joined NHC is the fact that like, the aspect of what Saadhana talks about the practical, like, as an undergrad, I took public health courses, and my major was Global Disease Biology. And so you hear like about social determinants of how health equity health inequity policies, but like, how does that actually play in the real world? And what can you do about it? And so, like, I got to really like learn and how to navigate these systems while like, like engaging with the patients who go through that, because it is one thing to study it, but it's a whole thing when you hear that perspective, people who are going through it. And yeah, I was sorry, I had a brain fart.

Alan Arroyo-Chavez

No worries.

Paola Vidal-Espinoza

So Okay. Um, so I came back, because I wanted to continue this, I wanted to continue learning. Um, and now I feel like I can, like, have a more meaningful impact this year, given the fact I went through all that transition period the first year, and now I can go straight through with serving, showing up and helping out with the community.

Alan Arroyo-Chavez

For sure, thank you for sharing that. And I mean, as one of the coordinators that manages this program, I do know how intensive the training can be both for new members and for returning members. So that kind of segues me into the second question. I mean, the three of you have already done Pre-Service Orientation once. For listeners, Pre-Service Orientation is the training that members go through at the beginning of the year, it usually lasts about a week. After that they're engaged by their Host Site Supervisors in Host Site Training. So that might look like Epic trainings on site. Learning how food pharmacy might be managed, COVID-19 outreach, call trainings, and contact tracing trainings as well. **So given that a lot of the trainings that y'all have done this year, are either similar or familiar to ones that you might have done in the past. What new lessons did you take away from engaging with these trainings this time around compared to ones that you might have seen before?** Go ahead.

Saadhana Deshpande

For sure. Thanks, Alan for that question. That was a good question. I think once you go through, as Paola and Angela mentioned, the practical aspects of being in the Public Health sector, you're able to apply these trainings in a whole new different way. Because I think that not having any sort of experience on the ground with the community in a community facing position, like the one that like the ones that NHC has. You go into these trainings with a mindset that's like, "Okay, well, this is all rhetorical. This is all you know, what we're supposed to be applying this is all applicable, but how do I apply it yet?" And that is something that was in the first year you have to figure out with the work you're doing. So you kind of have that side-by-side in your head. Okay, I have this training about Anti-bias. I have this training about Health Inequity. I have this training about, you know, so many topics that we cover in PSO. We have this training about Self-Care, you know, like we have all these things that are all rhetoric it in our heads, and then we go and actually do the work. And at first, it's initially, I would say, for me, at least from my experience, it was really hard to apply a lot of that material because I was so immersed in simply trying to better understand how to execute my job, my position description, that I wasn't really focusing on those other nuances. And I also didn't make the connections, I didn't make the connections, that's another big thing. I didn't make the connections between so many of the things we talked about in our in PSO and in a lot of our trainings to the actual work I was doing, the actual service. So this year, especially when we did PSO to this year, and we were talking about self-care, I started to look, think about the training, and then I reflected on my past year and remembered, you know, I didn't take care of myself a lot last year, well, how do I change that this year? So that gave me a new frame, to better understand how to apply a lot of these, a lot of these really important questions

and strategies to my next service term to have a more successful and better service, more balanced and more effective Service Term overall this year.

Alan Arroyo-Chavez

Thank you for sharing that, Saadhana. I know that a lot of the time, and this happens to me, too, as staff like we also go through these trainings together with you all, we're also learning or relearning a lot of the skills that we see year to year, and oftentimes kind of in the same vein, it's always been like a reflection of how have we worked? How are the members doing? How did they do last year? How are they faring this year? So it's always that like constant re-application, and reflection as well, which is, as you all know, a really important component of this program, too. I'm going to leave space for Angela and Paola for whenever you feel ready to share.

Angela Zhang

Yeah, definitely want to echo kind of some of Saadhana's statements and thoughts. Because I kind of closely aligned where a lot of the trainings, especially adding onto the fact that in our trainings there, it's not just kind of superficial information, right, a lot of this is like very meaningful to our Service Terms. But because of that, on top of that, because we're dealing with topics and issues and skills that are very, very difficult to somehow like to develop, I suppose, or to kind of play out with patients and other things like that, these can, a lot of these trainings are really, really dense. And so it's hard to kind of sit down and walk away and be able to kind of integrate it into daily play and practice.

Like what Saadhana was mentioning, where I also find that a lot of the time, there is somewhat of a disconnect, I do feel that I've learned a lot from the trainings, but sometimes it's a little bit hard to play it into practice. But however, I think with like this additional year, where some of the trainings were really similar, right and PSO, especially since I'm new to San Francisco itself or NHC SF, but like some of the niche like the nationwide NHC trainings, such as with like the motivational interviewing with Liz and stuff like that. They were reiterations. And they were like kind of reminders and refreshers for me since I've already gone through those previously. And I think because of that it was actually really helpful because although I have heard of that previously, it actually really solidified a lot of things for me, and became much more tangible for me to actually put them into play in my daily service, service days and whatnot, and the activities that I do, because otherwise it's very, very hard to kind of go through a full day of training, like once and then immediately put it in. It just doesn't work like that.

But yeah, so I do think in terms of you know, whether they're new or old lessons, I think both have kind of slowly been a refresher for me or a learning experience, but slowly integrating it into what I've been doing. But yeah, echoing also Saadhana, I loved the Self-Care training. That one was one that I, I definitely had self-care trainings at NHC Chicago, although they didn't have like the same level of impact nor the same, like kind of the same, what do you call it, the same structure like in the training, I think the way that they organize it, and how with like time, NHC has gotten better and better with trainings and being more interactive, and a little bit more hands-on and less like just information thrown at you. Because I feel like during my Service Term, a lot of trainings felt like just a ton of PowerPoints and just you just sit there, and you just get talked out for hours and hours. And it was like the whole entire day. So, I think that the trainings, the lessons have become much more easier to integrate, are much easier to integrate and put into play because there's so much more like hands-on with the breakout rooms and the activities and, and kind of the thoughts and you guys trying to receive, like our feedback and whatnot so, NHC has always been very like open to feedback, which I appreciate. But yeah, I can't honestly, I wish I could pick out like, certain lessons and details within but like, you know the topics of self-care and motivational interviewing and talking to others.

And oh, one huge lesson that I learned that I think is becoming much more like talked about, which is great, is the idea that the golden rule is no longer "treating other people the way you want to, or like the way you want to be treated." But it's instead to "treat others the way they want to be treated." I think this was something that was like, has been huge with this Service Term and something I've been constantly turning in my head as I interact with patients and even staff as well. But yeah, that's kind of my response to that.

Alan Arroyo-Chavez

Thank you for sharing that, Angela, and yeah, again, reiterating Laura Hinds' session is always, always great reset for us, I think this is maybe the third time that I've gone through some of Laura's trainings now. And each and every time I'm finding new things about myself. Paola, I'm going to turn it over to you, do you have anything else to add as well?

Paola Vidal-Espinoza

Yeah, um, I feel really grateful. The fact that NHC, like puts in front of us, like topics, and trainings that are kind of like, people don't want to talk about or like put, like, you know, shoved under the rug. But we talk about systematic racism, how, like, housing US healthcare, food insecurity. And it is not something like, like, in the past, it is something that is very prevalent, alive and affects the people around us, in our communities that we serve. Um, and, like, these are very heavy topics. And so, the first time around hearing it, you always hear, like you hear it passively in classes, and you learn case studies, but it's different when you're, when you're doing the work and seeing it and seeing it, like how it actively affects your patients. And you can't just like take it all at, like, it is too hard to take that training for what it is that day and apply it that same afternoon to your patients like it has to simmer, it has to let it process in your mind and actually process like what each word meant. And like what is actually like, how does it actively play out in your patients' lives. When you have these trainings for the second time, you can come at it with more knowledge and more experience, and you can still learn and like continue to grow and that sense and how you can do better and cause no harm. Um, and I think that's different from last year when you're getting educated and how it's like actively being played out in your patients' lives and not just through this curriculum that you're learning. And I know this year I will be exposed to new topics. But it will be the same learning process, but at least it will be with directly working closely with the community.

Alan Arroyo-Chavez

Thank you for sharing that, Paola. Definitely. I feel like a lot of the topics are always difficult to implement immediately, right systemic racism, ableism, homophobia, assessing how those concepts in, I guess theoretical bodies and concepts, impact patients' lives and our lives as either first responders or staff or so on and so forth. It's always challenging to kind of see where we might either be replicating some of those systems themselves, or where we can do our best to make an impact and make those systems move a little bit. A lot of the times it's scary daunting, but I feel like, one, during the service term, you're always kind of assessing what you're doing what you've learned seeing where things might fit, even though it's very complicated to kind of see it any moment. Now that you've moved on into your second term, you're carrying in a lot of lessons that you've learned previously, a lot of experiences that you've already had. **So, I guess the following question is, what or which of those experiences from your previous service term have you carried with you now? Which ones do you think are most informing your NHC experience this time around as opposed to previous years?** Just take a moment, no need to—

Saadhana Deshpande

Wait, sorry, could you repeat that, so you said compared to previous years that were not NHC?

Alan Arroyo-Chavez

So, this previous year of NHC yes, so of NHC. Take a moment, no rush (31:04)

Saadhana Deshpande

So, the question was what experience from last year affected your going into this service term?

Alan Arroyo-Chavez

Either that, Saadhana, or if there was an experience that is maybe informing the way that you're approaching your service this time around. Or any experiences that are informing the steps you're taking with your Host Sites, or anything really, so your relationship with staff, the interaction with members of your cohort. It could be anything to do with your Host Site Service directly or with the NHC program itself and its components. (32:40) and if nothing we can move onto the next question, no worries.

Saadhana Deshpande

Angela were you going to say something?

Angela Zhang

I was also going to ask a question, but your question answered my question.

Saadhana Deshpande

Okay, cool, I think I have a response, but also I always go first, so I want to wait for yall

Alan Arroyo-Chavez

No worries about that either, Saadhana, so you could go ahead and jump in if you want!

Saadhana Deshpande

Okay, just want to be mindful. Please jump in y'all! So, one experience from last year that I think about all the time is the way that we wrote our blogs for NHC SF last year. And, hahaha, Paola, so, I think about this all the time, I think about the way we frame the people who we are supposedly serving. And I think about service and the power dynamics behind service all the time. And I think about how it is possible to do harm by perpetuating the power dynamics, but it is possible to mitigate that harm and recognize it and understand how we want our, our community-based service means more than just one person handing or distributing something and another person being the recipient. So, thinking about those power dynamics and thinking about who has resources to give and who doesn't, thinking about how we frame service and trying to avoid these things in our service like white supremacy, poverty porn, and objectifying the communities and people who NHC aims to serve. That's something that I think about all the time and that's something I want to prevent doing with the service I'm engaging in. So that has really been, just the experience of having to think about that, being in the Communications Committee last year and like, thinking about how that could do harm with the way that we're wording things on the website, or the way that we're speaking about our service, like, when we're trying to recruit folks to do NHC. Just, going through those experiences framed the way that I approach this service term and the goals I have to prevent that from happening this year because, like I said before, we all have the intentions of not wanting to do harm to the community, but sometimes harm can be done even if our intentions are not to do harm, even if our intentions are good. So how do we have these intentions and intentionally impact and represent the communities we serve in a meaningful and respectful manner.

Alan Arroyo-Chavez

Thank you for sharing that, Saadhana, and I remember when CommComm and you specifically started creating our Blog Guide too, so that's something that we at the staff level and I'm sure staff across the nation too really appreciate having on-hand. So, we're really excited to note that that's something at the forefront of our members minds, that no matter how you try to frame the service that you're doing, making sure that it's centering the patients' experience in a respectful, thoughtful, and ethical way. So that is something that comes into play this coming year and in future years, long after you're done with NHC. I'm going to open the space for Angela and Paola if you want to join in, and if not that's totally fine, too! (36:42)

Angela Zhang

Something I, now that I think about it that I have carried over because it's been, for one my two service terms are already looking extremely different, so it's hard to find a common line I suppose. I really feel like I'm much more being kept on my toes this time around. But one thing I remember starkly from my last service term that I've noticed I'm also incorporating in the food pharmacy that I run, as well as other things with that in interactions with patients is the kind of, the constant challenge to meet patients where they are. Or to meet those that are receiving our service, meeting them where they are in their walk of life and whatever situation that might be in and kind of,

approaching it with a humility that you don't know everything. Even if you think you might do, and yes they're coming in for whatever is being offered and whatnot, but especially thinking that this was a huge lesson with the pandemic, which has, as Saadhana previously mentioned, has aggravated all of these previous disparities that have only gotten worse because of it. And I think one thing that is kind of included in that mix of things is the fact that many people are struggling with a lot more things than they were previously before the pandemic. And realizing that, you know, you can, you can try your best to help them but the best way to help them is to meet them where they are at and to ask questions, to be curious, and to be, yeah, to approach the situation with humility as said previously. To understand what the patients need and what they're kind of looking for. And some patients are, especially some of those that are perhaps more wary or other things like that, trying to understand and avoiding judgement and jumping to conclusions or making assumptions, or making decisions on their behalf. I think these things can be extremely disruptive and silencing for those who need help the most. And so that's what I've noticed the most with this service term is that, like, kind of although I had a gap year between my service terms, it just, that has been one kind of thing that has come right back pretty quickly with this service term of meeting patients and some patients will also treat you in a certain way that, you know, might not make you happy as well either, but it's about understanding and hearing where they are coming from, and you know, why they might be saying or acting the way that they do, and trying to be there for them in the best way that you can. But yeah, that's one huge thing I can remember that I've pulled from my last service term that's very applicable this year.

Alan Arroyo-Chavez

Thank you for sharing that, Angela, and I know a lot of it has definitely changed in your case. Having a gap year between your first service term is definitely enough time for the world to change significantly, and it has! And I'm really glad to hear that, too, that that's also one of the biggest things that all of you have in mind. Coming in knowing that, we're never going to know what another person is fully experiencing or facing, either in their own walks of life, even within this program! We can't assume that we know what each of us is going through fully and completely! And what we really can just do is ask and be curious and be patient. I'm going to turn it over to Paola for any last comments around this.

Paola Vidal-Espinoza

Saadhana gave me the beautiful idea, so thank you, I think that in this position, we are able to challenge certain systems and challenge the things around us. One thing that I'm carrying with me is that I'm not going to be afraid to challenge other AmeriCorps members, and to do nothing. And to say nothing is also causing harm to our patients. And, kind of like, we focus so much on our intentions that we forget the impact of our words, our actions, and that matters. And, we need a more rigorous process in like, how we do these, we are future healthcare professionals and we're, you know, our lessons now that we learn right now will be taken on to our future careers. When we host these specific trainings, and we bring on people from the community to talk about real experiences, and we say things that we didn't mean to hurt the community, but they did. And not, like, not saying anything in that moment, and I feel like I was, I feel like I felt like, I debriefed it with my other AmeriCorps members, and with you Alan about this thing that really upset me, but then I didn't do that one step further where I requested for something else to happen, like an intervention because, in that, that didn't sit well with me, the fact that I didn't do anything last year. And so this year, I really, I want to be able to challenge, like I don't want to be the person to fix everything because, you know, it's not up to me to always be the one educating about why this certain topic was harmful, but I can put pressure on other people to be like "this wasn't okay, but I need you to educate yourself on why that wasn't okay to say." And, yeah.

Alan

No, for sure, thank you for sharing that Paola. And, I think something that we really try to foster during the year and we hope shows and we hope that folks take with, if not during the service term, obviously, I like to think of this time as a "trial run" for a lot of the skills that you're going to implement either in medical school, public health school, or a public health career, future job, etc. As a space to practice call in folks to reflect about something that they did do that was harmful. We really want to create a space for brave conversations to happen, not just safe conversations, too. I think a lot that really has to do with, kind of practicing that skill and that's I think what we are here for as well is for folks to kind of, trial run, troubleshoot how to approach these difficult conversations with people that you're serving with throughout the entire year. People that you're going to be working with in the

future as well, because it will definitely be something that might happen again. So, I think, for sure having those skills is something that is indispensable, extremely valuable, and it's something that all of you are practicing on a day-to-day basis as well. I guess to move us a little more quickly because I know that we're coming up on time.

The next question has nothing to do with the previous, what were you nervous about coming back for a second term? What were you excited about? And feel free to jump in when you're ready!

Angela Zhang

Okay, so, I think, okay, for one, I think majority of what I was feeling was excitement. Of being refreshed because I really needed that gap between, and with feeling super called to come back to NHC, I think I was really, really excited for, for one, my position. Especially I think it helped to, when, whenever you do have the supervisor, which is usually the one interviewing you that is super, super stoked about their mission and what they have to do, I think the more that I kind of talked about it and what my service term was going to be full of in terms of my position and the things I would be called to do and such like that, it became even more and more exciting to actually meet these people and to meet those that I would be serving and to be able to actually enact parts of my position description, which include, you know empowering people through food being used as medicine, which is something also closely aligned with my culture, coming from a Chinese background where a lot of the time where food is very much medicine. And it's very embedded deeply in our culture and even in my household, so I was super excited about that especially on top of knowing that there would be more in-person interactions, I was really, really excited about that and still am of being able to actually meet those that I actually serve with. That was a huge one for me, wanting to get to know my cohort and the staff, but also most of all, to be able to interact with my patients in real-time, in-person. I think that was something I was super looking forward to, and as I said previously, I never got to do in my previous service term. So there was a lot of anticipation, I feel that there was so much unknown within all of this realm that would be new to me, and so I was super, super excited.

However, with more responsibility and in-person interactions, and other things like that comes with more responsibility, and I am honestly still, I was very nervous about how I would navigate that especially after COVID I felt like, after feeling very isolated for a long period of time and other things like that, social anxiety has really gotten worse! I was nervous about that and not knowing how to act, and to kind of, how do I say it, how do I, I was nervous about how to kind of showcase myself. God that's put so poorly, but basically how I would interact with others!

Saadhana Deshpande

That's not poor phrasing! I think it's a very universal sentiment!

Angela Zhang

Yeah, thank you guys! Yeah, I think I was really nervous about that, and also, I mean Chicago is a very progressive city, and I think that NHC as a whole is very progressive in which you know, we're really talking about things that people don't talk about, and we're really pushing society and pushing our leaders and things like that to push for growth in areas that are very uncomfortable, more uncomfortable than others. So I was really nervous about that and the growth that comes with it especially as someone who comes from a very conservative background. Pretty much majority of my life, I grew up in a conservative state, in a conservative household, even went to a college that was fairly conservative. So I knew that the dialogue and everything would be very, very different in NHC San Francisco, especially in comparison to Chicago, where, you know things weren't in-person and the interaction was very limited and I felt very isolated. I just come from a conservative place and so a lot of like, a lot of things are uncomfortable for me, and there's a lot of growth and a lot of challenge, like with my own biases, I think everyone probably also can resonate with this, too, is that we all have our own internal biases and internal pasts and trauma and things like that that have shaped us into who we are today, and I think that that's something I'm really conscious about. And I feel that coming to NHC San Francisco that these things would be very much challenged, and they have been. And so, these were things that I was really nervous for because growth is always hard, and it's uncomfortable and difficult. And so, these were things that I was nervous about, and at the same time welcoming it with open arms and with as much humility as possible, yeah, and trying not to kind of be defensive or be up in arms about these things. Because I think that those things are always very self-sabotaging, yeah. Sorry!

Alan Arroyo-Chavez

No! No, no, no apology necessary, and for sure. I think a lot of the time, when you're starting a position in a different program, in a different location than where you grew up, I mean even for me! San Francisco is very different than the Central Valley, and I grew up in the Central Valley, not the Bay Area. So, a lot of the times one really has to think about one's own experiences and how that kind of, not compares necessarily because there is no comparison! They're very different experiences! But just being open to that learning, for sure, Angela, so thank you so much for sharing that, and I'm going to open it back up to our other folks, Saadhana, Paola! What were you nervous about or what were you excited about? (51:41 – 51:52).

Saadhana Deshpande

So, I would say I was really excited about coming back to see all of the awesome staff, of course you, Alan. You're okay, but I'm just kidding!

Alan Arroyo-Chavez

I'm offended!

Saadhana Deshpande

You, Nick, and Nadia obviously, of course, Paola, and also, just, everybody in my clinics, everybody is so amazing, so supportive, and just incredibly loving, compassionate, gentle, everything I aspire to be, you know, when I grow up, so. I mean I'm already a grown-up, but like, later. So like, I don't know, I just found myself being really excited to learn again from those folks, and to, sort of, take my previous experiences and expand on them. Deepen the relationships and connections that I had made through my previous service term, and notice how that might affect my growth. And also, just learn more about the community and the history of the Bay. I think that, going into this, it was really interesting for me, because I grew up in the East Bay, so I didn't grow up in San Francisco. But I would always go to San Francisco with my family for fun trips, to go see the Exploratorium, Pier 39, all these touristy places in the city. And I never really understood the problems that San Francisco had, too. At many levels, and I never connected being from the Bay and experiencing the problems that the Bay has with also recognizing that this happens in the City as well, because I think that people have a really romanticized view of San Francisco. And so going into this, I grew in that way. I learned, I did a lot of learning and I found that out that all of our problems are connected in so many ways, and I could apply my background and experience with being from the Bay with those other issues happening in the City. So, that was exciting for me to go back into the work, but also, really nervous about future issues that I could encounter. You know, initially, when we first started our last AmeriCorps term, last year, the COVID case rates were also lowering, and so, you know, during the Omicron surge, they really went up, and we really had to show up for the community. Like really. We had to work, put in the hard blood sweat and tears into, you know, calling folks, making sure that they were taken care of. Connecting folks with resources and hotlines, and there's always that anticipation that the next surge could happen for COVID-19, or any other public health crisis. And that anticipation is what keeps me on my toes and keeps me kind of, worried as we head into the Fall and Winter, that there could be another COVID-19 surge and we'd have to show up in that way again. But otherwise, yeah, just, a mix of emotions coming back, but I'm really happy to be back.

Alan Arroyo-Chavez

And we're happy to have you back, Saadhana. I know for sure that that was one of the biggest things, especially for staff, I mean we know how much you had to put into COVID response, especially during the Winter months. So as the months get closer, I hope you and as well as our listeners know that Staff is here to support you during that time as well. That is what we're here for, it's what we're here to do. Paola, I don't know if you want to add in a little bit more?

Paola Vidal-Espinoza

Yeah, I was really excited to deepen my relationships with others around me and continue to build new relationships and, like, I felt like I had grown a new confidence in how I carry myself in this program because I've been through the ropes. And I can take on initiatives, and I feel really excited about the service, the work that I'm going to be able to do because I don't have to go through that learning curve. I think that it's challenging, or I'm nervous about, I guess it's kind of hard to describe, but I feel like an example is that there was something I didn't learn last year that, it felt like, it really bothered me, where, like I would see a lot of Latino and Black patients not have an assigned patient clinic. And all I could do was assign a phone number to them. But with, but we recognize that calling up that number, going through that black hole of being unable to speak to someone is really overwhelming when you have a bunch of other stressors in your life. And you're sick, but I didn't know how I could go one step further because I wasn't trained on how to get a patient assigned a PCP. But then now, in my current outreach, I'm learning with patient navigation, I had to actually call the patient and get the patient assigned a clinic and being able to start a relationship with a PCP, get their children involved, and assign post-pregnancy components and get their child also with a PCP. All assigned this year, and I went through this whole "why didn't I know this last year?" And I think it makes me really sad because I saw all of this community that I identify with didn't have that, and this whole time I didn't know what I could do then. But now I do, but now it's hard because I don't have to feel that again where there was something I could have done, but didn't. Again, I'm really grateful for this role, but I feel like partially I let part of my community down because I didn't do that extra measure, like bring this up to someone like, "hey, I feel unsettled with this pattern that I'm seeing. Is there anything more I can do?" Even though I'm fulfilling all of my responsibilities and my position description, but in this role, I feel like you should do one step further for your patient, because, I see those patients and I see them, it's just that we don't have the stressors that they do. And we don't, we can have a new perspective and take this even though it could be stressful momentarily, it will help out the patient long-term. So that is the thing I'm nervous about, I hope I don't go through something that I find something else that I could have done, but didn't do last year, and beat myself up for it. Because that feeling's happening.

Saadhana Deshpande

Well, Paola, don't beat yourself up because I feel like you – first of all, you are one of the few Spanish-speaking COVID-19 Responders during the Omicron surge which was actually mainly happening in the mission district where there are a lot of Spanish speakers that you had to show up for. And, it was exhausting, like we were reaching burnout, we burnt out. We're tired! And I don't think you should be hard on yourself, be gentle on yourself because you can say that now retrospectively, but back then, when you were doing it, I'm sure that you were putting in your all. So, like, you know what I mean? So if you think about that, it's like, you can't really go the extra mile when you're already giving 200,000%, which like, I know you were doing, and so like, now you can think about that as the next thing, but I just hope you remember that the amount of work that you did and how much you showed up and how much of a difference that already made.

Paola Vidal-Espinoza

Thank you, Saadhana.

Alan Arroyo-Chavez

Thank you, Saadhana for sharing that, and thank you Paola for sharing that, too. And I think another thing that I might want to add here is that we're working in burnt out systems, we're working with burnt out organizations, there's a lot of tiredness I will say, that is a result of not just the pandemic, although the pandemic has exacerbated it tremendously, but also previous fighting against systems that directly impact the patients, directly impact the services that the clinic can provide, any clinic can provide. So, I think a good reminder in this moment is to know that it is always going to be a long-term battle, a long-term effort, and I always laugh and kind of don't like this analogy, "it's not a race, it's a marathon." So a lot of that change might not happen overnight, but the impact that you're having in the moment will have some impact on that person in that moment as well. And long-term, leaving those bits of feedback for either supervisors, or us, might be something that draws their intention to that action, or to that need. And it might help address that need in the future as well, so, as Saadhana said, you're already putting in 200,000% of yourself, so, always remember that, and remember that some of this stuff might not happen overnight, but people are working towards it, yourself included.

Alan Arroyo-Chavez

Alrighty, y'all, thank you so much for your responses to the previous question. I guess to kind of start wrapping us up, too, **would you have any words of wisdom or words of consideration for either incoming applicants that might try to do NHC for the first time, or for folks who might be considering doing a second term?**

Saadhana Deshpande

Okay, so, I do have quite a few pieces of advice. For people who want to come back for a second time – don't get jaded. It's really easy to get jaded in this work because you are working with communities that have very little resources and you're working in very under-resourced areas, you know. It's very difficult to make ends meet, it's very difficult to solve problems practically when you don't have the resources to do that. But being jaded doesn't help. You know, any way that you can prevent that, whether it's taking a break, taking care of yourself, and then doing the work, that's all you can do because the moment you start to get jaded and do this work is the moment you start to inflict harm. And, you know, that's not what we want to be doing in this work and in public health in general. So, that's, and it's hard not to be jaded like I said, but again, try to do what you can to prevent that from happening.

The other thing is that for other people doing NHC for the first time, I would say go into this work with your heart on your sleeve and have an open heart and an open mind. And be ready to make a mistake. Making a mistake is not the end of the world, but the, what you should be taking away from that is how to bounce back, how to be resilient, how to make sure that that mistake doesn't happen again moving forward. Those are like, that's really important – building up that mindset and building up that resilience is a key part of having a successful service term, so that's huge. And what, what did I say at first again?

Alan Arroyo-Chavez

The first one was, around not being jaded.

Saadhana Deshpande

That was for people coming back, but for newcomers, it was don't be afraid to mess up, but it was, open-heart

Angela Zhang

Open heart, open mind

Saadhana Deshpande

Open heart, open mind! Thank you, yes. Thank you. Having an open heart – people in these clinics are really kind. They are amazing, especially if you're working on the ground. Even if you're going to be serving remotely, people in your Host Site are also really amazing people. The main thing is just starting that conversation and connecting with people will really help advance your service and really allow you to have a more meaningful impact because having those connections is key to, you know, having sustainability in the projects that you're doing, and I think that, like, initially when I started serving with my clinic, I was really shy, and I was really concerned about, you know, how people in the clinic perceived me because they had been working there for 20 plus years, and here I am, this newcomer, not even from San Francisco, stepping into the clinic and trying to run a program on my own. That was, that wasn't working, so I had to really lean on the staff around me and I had to lean on the people at my Host Site to uplift me to continue this work, and to lean on the community to uplift me and to continue this work. And by doing that, I gained stronger connections to the folks that I was serving alongside, and I felt more compelled to come back and continue this, so, yeah, try not to be so closed off emotionally. Being emotionally vulnerable takes courage and strength and doing that with people at your Host Site and with people in your community is meaningful and will allow people to connect with you at a deeper level.

Alan Arroyo-Chavez

Thank you so much for sharing that, Saadhana.

Paola Vidal-Espinoza

My advice for people considering NHC is like, also, the same line of wear your heart on your sleeve. Be open and vulnerable, you will gain so much from this program. If you don't have a closed mind. What you have learned in your classes, like, doesn't match to what the community will teach you when you have these interactions in-person, they'll run in such a deeper level. And then, but also like alongside with it, this program does demand a lot from you to make sure that you have a really great support system and identify those early on. I don't think I, I didn't think about how certain things could get to me, and I thought I could process things alone, but the program is super supportive and super open and receptive to talking about these uncomfortable things, and so, being able to go to them when you've had this really deep talk with the patient and debrief with others and making sure that it goes, you will learn and grow from that because then you're able to take apart that conversation, like what are things that I can take away from this, and how can I apply it in my future conversations, but you need some guidance because I, like, real world interactions are superior to what textbooks, videos, educational materials, campaigns can describe. And it's not to say that it's not meaningful, it is so important for those materials to exist to allow us to educate ourselves and gain exposure to those topics, but it's up to us to make that due diligence to make that connection to why people are saying these things. But you can't do it alone. You have to do it with your experts, with your supervisors, with your Host Sites, and there are people that are so passionate about these topics, and are willing to talk about them with you, so just be super open, be open to learning, taking feedback. Our heart's in the right place when we decide to do this program. I know our intentions are so pure, but it is also, I think it is also that when you make a mistake it is truly where you learn the most because if you don't make mistakes, what do you really gain? Then you don't know how to apply new skills because then you come in having all of these skills built in, but, being able to come and learn from those mistakes and apply them and making sure you don't do them again, that is so much more meaningful than to not have made a mistake, and then, for those who are considering a second term, first I want to congratulate them for completing one term! That's an accomplishment in itself to be able to survive the first year – all the responsibilities you have, and I think, like, your, your, what you, if you're like, if you feel, you can still gain a lot. And you can still learn so much from doing a second term. There can be a lot of pressure because you're a second term, that you might know the space, but I would honestly still consider yourself a newbie because every year things are different, things are shifting, be flexible, be kind to yourself. But, this, you can learn so much, and if your heart's in the right place, and you want to keep learning from the community, I know they will teach you, and you can gain so much from that.

Alan Arroyo-Chavez

Thank you for sharing that Paola.

Angela Zhang

So, for advice for incoming members or prospective NHC members, some pieces of advice, I mean the biggest one that you should go into on top of what has already been said, is to, like, your service term is what you make out of it. So, I think because of the uniqueness of the program where you can either choose to put in like 100%, or you can choose to put in 2000%, that is up to you, and that's not something that the program holds you to in a sense, right? So, kind of what you put out of it is kind of a, it somewhat determines what you get out of it in terms of impact, or personal fulfilment and other things like that. Or, as well as on top of the impact that you make in the community, I think that you know, just doing the bare necessities and stuff like that in hindsight, if you walk out of your program and let's say you did the bare necessity of everything, versus in comparison let's say you walked into your service term and at the end of it, you put in 2000%, you kind of were trailblazing through everything that you were asked to do and more, I think that it would look very wildly different at the very end of it. And I think that most people that walk into this program feel a sense of duty, or a sense of purpose and passion to make a difference. And to kind of stir things up and to make things better. So, with that being said, yeah, like, you are, the service term is what you make out of it, and what you think and your approach and your attitude and your reaction in being very careful with all those things. Kind of similar to what someone had already previously said in not being jaded and realizing that there are some things like emotions and reactions, it's only natural that we have those things, but definitely would recommend challenging yourself to kind of process the way you're reacting and the way that you have the attitude that you take towards what you are doing and things like that. And with that

being said, you know, if you do end up stepping into a service term, one piece of advice that, you know, this is something that Saadhana had told me this year that's been huge for me, which was at your Host Site, and with the people you interact with, whether it's staff at the Host Site, or the sites that you go to or even with your cohort in NHC, names are super important! I think that it's huge with connection, and with NHC and the program, and what is set out for you, everything is about connections, whether it's with the patients or with the staff that you're serving with. Everything is about serving and interacting with people, so the biggest thing is getting to know those that you are serving with. It's a huge, huge help if you get to know the staff at your host site, because I know that a lot of these positions lack support, especially, if they're very isolated. I know that my program in one of my clinics feels extremely isolated, I feel like I'm just in the corner of the clinic being ignored, but once you talk to the staff and get to know them, you remember their names and they're like "wow they remembered my name" and you talk with these people and get to know these people that have been serving in these places for years and have been working there, you will realize that there is so much support and you can't do it alone, so, I think that was huge.

But besides that, for those repeating, or not repeating, that sounds terrible! For those deciding on a second term, for those deciding on doing a second term, for one, I urge you that before you commit to a second term, that you kind of write down both your personal and your professional goals, and whether it is something that, and as well as going through your previous service term, whether this is something that really aligns with what you want to keep doing or if you feel like your efforts and times are better suited elsewhere, because I think that this is something that with an NHC term, like what was said previously already, even completing one term is a huge achievement! It takes so much of you, both emotionally, mentally, and physically to make it through one intact. And so, I think taking your time in analyzing your previous service term, as well as your personal and professional goals and how well NHC aligns with that, whether that's something that lies in the cards with you in the future, because you don't want to enter another service term reluctantly or in a questioning attitude, or even unsure. I feel like you should only really enter into a second term if you are really feeling called and passionate and willing to kind of accept, because with a service term you see the baggage and the downside of the program, and so asking yourself if you're willing to accept these things and deal with them, and as well as you're going to see more downsides with the ops in another term. So asking yourself if you're going to be willing to do that because your next term will ask for just as much, if not more, and so being ready to kind of do that, because otherwise, I think that's the worst thing you can do is to step into another term and realizing that you're not in it, then you really can't give your all which is unfair to you, unfair to patients, unfair to everyone in the system involved, and so, that is probably my biggest piece of advice.

And for those as well who are looking to serve another term, I think there is beauty in re-serving at the same site, in which I think Saadhana had talked about this previously how, or I had talked to Saadhana about previously, that these patients and the people that you serve in your position in your host site, I think there's beauty in continuing another term and deepening those connections because for a lot of them, it's so difficult for them that each year they see a new person, and they have to re-form new connections, and they're wary, and it's hard for them. And I think with continuity, there's so much in it that would help out the community so much, but with that being said, with that having a lot of upsides, I also strongly urge you to look into other NHC sites in the different cities. With Philly, Pittsburgh, San Francisco, Florida, I'm sure I might be forgetting one, but I urge you to look into the other NHC branches, too, because with each different NHC branch lies a different community and a different type of need in the details, and so I strongly recommend that you consider all of your options and where you think that your strengths can lead you and, you know, what kind of community you feel like you could be very passionate to serve, because it really is about what you feel passionate about and where you feel called to. So that is my advice.

Alan Arroyo-Chavez

Thank you so much for sharing that Angela, thanks to the three of you for sharing this advice, and I really appreciate your candidness and everything else as well around it too. So, with that being said, that was our last question of the day, and once again, I want to thank the three of you for sitting with me for however long this was, and sharing your experiences, your thoughts, your reflections with not just me, but with each other and with whoever might listen to this pseudo-podcast!