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A HUB for improving COMMUNITY HEALTH

BY KELLEY BRUSS

ELI HESTERMANN, executive director of IACH, identified partnerships and helped Furman shape its role in improving health outcomes in the Greenville community.
Madison Ritter '17 has put in the class time. She’s shadowed doctors in multiple specialties. She’s spent two summers doing laboratory research. But as she completes her senior year at Furman, she’s adding a unique piece to her undergraduate experiences—she’s working directly with patients in the emergency room at North Greenville Hospital in Travelers Rest.

“A huge part of medicine is unspoken and is hard to teach,” Ritter says.

That’s the part she’s learning now in the ER, one patient at a time.

“It expands your own idea of what a person’s health is and what exactly that means,” she says.

Ritter is part of a team of about a dozen Furman students working with the Greenville Health System (GHS) on a project to boost participation in MyChart, an online portal where patients can access their records and communicate with physicians.

The team is one of the first new partnerships to be supported by Furman’s Institute for the Advancement of Community Health, or IACH, which launched this past October. The institute creates a hub for work that simultaneously involves the healthcare system, community organizations and the academic world—work centered on improving the health of the entire community.

It’s not that the groups haven’t cooperated before now, but the partnerships have been scattered and sometimes isolated from each other. The institute will help focus the work, streamline communication and identify new potential partnerships, all with a goal of benefiting the community while also meeting needs within the healthcare system and the academic world.

IACH is a next step in a partnership that dates back about three years when Furman joined the University of South Carolina and Clemson University as formal partners with GHS. Clemson was designated the research partner, USC the graduate/professional partner and Furman the undergraduate partner.

“My first job was going to be to figure out what that meant, practically,” says Eli Hestermann, executive director of IACH and of preprofessional studies at GHS.

Furman explored possibilities such as a physical therapy or physician’s assistant programs. But those ultimately didn’t seem a good match for the school’s focus on liberal arts and sciences. At the same time, GHS was asking for better organization of the connections that already existed between institutions.

As Hestermann considered partnerships, and the notion that the overall health of a community depends on more than a strong medical presence, Furman’s role became clear.

“Here’s where we have our opportunity,” he says.

The institute’s mission to improve health outcomes for people throughout Greenville County will play out both in research and work on the ground. It will involve the healthcare system as well as numerous community organizations working toward the same goals.
University students and faculty will be hands on with research that both identifies needs and evaluates solutions.

When the data uncover poor outcomes or racial disparities, "you drill down and you say, 'What causes those?''' Hestermann says.

For example, people with diabetes who live in poverty can manage their health better with improved access to more nutritious food. Medical care is only one piece of keeping these patients out of the doctor's office. While GHS might not be able to have a direct hand in a person's diet, a local organization focused on food access could.

"We know prevention works, and prevention doesn't happen in the four walls of the hospital," says Kerry Sease, medical director of the Bradshaw Institute for Community Child Health & Advocacy at GHS and senior medical director of pediatric academics.

As her Bradshaw Institute develops initiatives that focus on the health of children in the community, staff will look for ways for Furman students to assist in the design, implementation and evaluation of programs.

"We'll create opportunities for these students," Sease says. "If we're going to do a community-based intervention, why wouldn't we?"

**KEY TRAINING**

These opportunities aren't simply rounding out students' education. They're often a necessary piece of experience leading into graduate work. To get into a physician's assistant program, for example, it isn't enough to have volunteering or shadowing hours in a clinic or hospital.

"They have to have actual patient contact hours," says Susan Ybarra, associate director of IACH, whose work revolves around creating these types of opportunities.

The number of students requesting or needing these types of experiences has doubled in the past eight years. In 2008-09, 509 Furman students were interested in healthcare careers. This academic year, that number is 1,107—with representatives from every major on campus.

"We're becoming more visible as one of the premier institutions for providing students a pathway to healthcare," says TJ Banisaukas, chief health careers advisor and an assistant professor of chemistry.

He says the partnership with GHS has contributed to the reputation, and he expects it to continue to grow with the formation of IACH. The timing couldn't be better. According to a late-2015 report by the U.S. Bureau of Labor Statistics, 13 of the 20 fastest-growing occupations in the nation are in the healthcare industry.

With a full third of Furman's student body planning to pursue some type of healthcare-related career, there will be plenty of people to fill the internship and shadowing slots that are being developed through IACH, whether in research or direct interaction with patients. Many students count on their school to connect them to this kind of experience.

"I come from a family background having nothing to do with medicine,"
Ritter says, “The only way I've had a connection to the medical field is through Furman.”

Talking with patients face-to-face and learning the barriers to their health can be a radical experience for students.

“It ingrains something in you so different than sitting in a classroom and theorizing what poverty looks like,” Sease says.

She hopes the work will ignite a fire in some students for less traditional healthcare career paths that involve community-based work. In an industry where the demand for workers is endless and new jobs are continuing to be created with developing technologies, the more students can experience as undergraduates, the better prepared they are to make the best choices for their next steps.

“Because our students have the opportunity to get these immersive, self-reflective experiences in the clinical world, they are at a higher maturity level” as they start to make choices about graduate school and medical programs, Banisaukas says.

**COMMUNITY CONNECTIONS**

While many of these partnerships will take place within the GHS structure, IACH also will be the link to community organizations working toward the same goals. These smaller groups often have a mission directed toward a specific issue, such as food access or housing, but they typically don’t have the research base to measure the impact of their work. And they may be working in isolation when a partnership with the healthcare system could streamline work for both sides.

“That’s where the institute is really going to play a role,” Hestermann says. The hospital system could identify a problem, create an office, hire staff and address the need.

“The other option would be to find a community organization that’s already doing that and partner with them,” Hestermann says.

Melissa Fair, community action program director with IACH, will spend much of her time connecting with these organizations and helping to identify places where Furman and GHS can be supportive. She describes her role as a “community matchmaker for health.”

Assisting small, community-based groups with research will help them evaluate their programs and approaches.

“Sometimes to get a federal grant, you need to show how the work you’re doing impacts the community,” Fair says.

Handling the research piece allows these groups to focus on what they do best while also creating sustainability through scientific evidence that can be used for writing grants or pursuing funding from foundations.

This kind of work blends perfectly with the renewed commitment of The Furman Advantage—the university’s strategic vision to build meaning and mentorship into each student’s education. Fair wants to take the theories students are exposed to in the classroom and put them to work in real life.

“It’s not just the experience,” Fair says. “It’s how you reflect on it, internalize it, and reframe your interaction with the community.”

**NOT JUST MEDICINE**

Hestermann envisions learning experiences for students that extend far beyond the typical medical roles. Students in information technology or economics or business and management might find places to connect and learn at GHS.

“When you’ve got a $2.3 billion system, there are very few career paths that you don’t use somewhere,” he says.

The same is true for community organizations. While many will focus specifically on health, they may come at it from a variety of directions.

**Kirby Mitchell ’90** is a senior litigation attorney with South Carolina Legal Services. He recently was designated full-time to the new medical legal partnership (MLP) between Furman and GHS. Mitchell says IACH should help clarify the ways the three worlds—medical, academic and community services—can work together.

“You’re trying to get them to row at the same time, and where our purposes and values intersect; that’s good,” he says.

Mitchell says the MLP is already working in this direction by identifying when a health problem may have roots in, or be exacerbated by, a civil legal barrier.

“It’s thinking beyond the old, ‘You go to the hospital,’” he says. “Actual health involves so much more.”

A recent GHS referral to Mitchell’s office led him to investigate the housing situation of a young mother whose 1-year-old daughter has cystic fibrosis. The child was experiencing bronchial infections that doctors had been unable to control with medication.

Mitchell found what looked like mold in the home and sent a letter threatening to sue the landlord if the situation wasn’t rectified. It wasn’t long before the owner moved the two into another apartment with new tile flooring. The girl’s condition improved to the point that her mother was able to cancel an appointment with a pulmonologist.

“What presented as a medical problem turned out to have an environmental cause that could be addressed through a legal remedy. . . I’ve got a client who is breathing better because of something I did last week,” Mitchell says. “My goal is to bring Furman students along for the ride for that.”

Hestermann is already fielding creative proposals: music therapy and cancer patients, art history and how people process...
**KIRBY MITCHELL ’90,** an attorney with the new medical legal partnership, speaks at the Nurturing Developing Minds Conference held earlier this year at Greenville’s Kroc Center.

**MARY FRANCES DENNIS ’18,** the first intern assigned to the new South Carolina Medical Legal Partnership (MLP), gathers information from a family at the Center for Developmental Services in Greenville.

visual information. At the same time, the institute’s staff will strategically seek out opportunities to match specific learning needs.

“But a lot of it still is matchmaking, based on these sorts of opportunities,” he says.

Some of the matchmaking has already begun. Last fall, Ybarra secured slots with hospital chaplains for five juniors each semester in a shadowing program studying vocation and ministry.

**UNIQUE ACCESS**

**Will Stevens ’18** came to Furman because of its reputation for placing pre-med students. He started as a biology major but soon shifted his focus to religion, business, and pre-med.

He took advantage of Furman’s shadowing program to follow multiple doctors.

“I have seen what doctors do,” Stevens says. “I understand what it takes.”

Then he participated in the newly defined chaplain shadowing program, which gave depth and shape to his understanding.

“I’m concerned with more than how does the body work,” he says. “It’s how do people work.”

He’s discovered that his access to hospital experiences is more unique than he knew. His friends at bigger schools are “incredulous at how easy it is for me to get into the hospital, shadowing doctors.”

In fact, Stevens says there are more opportunities than he even has time to take advantage of.

“I’ll see the fruit of a lot of these opportunities down the road,” says Stevens, who’s considering both medical school and seminary as future paths. “It’s a great problem to have.”

Ritter, the MyChart team member, already is seeing the fruit of her experiences beyond the classroom. Most recently, her work in the ER has helped her practice approaching and communicating with patients.

“I think that’s a huge part of medicine that kind of goes overlooked, the social aspect,” she says.

The team members sit down with patients while they’re waiting and help them sign up for MyChart.

At the same time, they’re gathering data—why haven’t people signed up so far? And if they don’t want to sign up, even with help and a screen right in front of them, why not? The research will help GHS identify barriers to patients using the portal and, hopefully, ways to work around those barriers.

“They’re getting to talk to patients; they have to problem-solve,” Ybarra says.

Hestermann says there’s no other program in place now that gives students such in-depth access to a medical records system or such concentrated face time with patients.

It’s the kind of meaningful partnership he hopes to soon see across the hospital system and the community.

“These actually can all work together,” Mitchell says. The Institute “is the place that makes it all make sense.”

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