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Principal Investigator:

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14. ABSTRACT SEVIEW Phase II, its Co-investigators and Administrative Core has completed Year 7 (NCE) of 7 community-based research and service outreach programs. The purpose of SEVIEW is to discover and deliver innovative health care and community capacity building solutions for underserved populations. An additional targeted outcome is to reduce the rejection rate as well as improve the enlistment opportunities and tenure of active duty military personnel. The Administrative Core delivered operations, infrastructure access, strategic consultation, and quality process support to ensure proper directions, logistics, financial transactions, regulatory compliance, collaborative exchange, community-capacity building, and alignments with the goals of programmatic synergies and streamlining administrative processes and to foster strategic partnerships and programs to address the burden of health disparities. SEVIEW's community-based research and service initiatives are aligned under three program categories addressing (1) Education, (2) Preventive Medicine, Health and Wellness, and (3) Community Partnerships and Outreach. Over 20,000 participants took part in the various activities and services offered by the projects. Synergies and relationships were developed between co-investigators, staff, and community leaders resulting in sustainability of research and healthcare activities. A thorough evaluation process was completed, inclusive of an evaluation logic model to identify SEVIEW success objectives, using qualitative and quantitative methods to provide a comprehensive assessment of the program implementation and outcomes. The projects overwhelmingly report that stated goals were achieved and any goals that were not achieved were due to minor issues.					
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Introduction

South Carolina and other Southeastern states share a disproportionate burden of chronic diseases, including diabetes, hypertension, cancers, metabolic syndrome and periodontal disease. The rural nature of the region compounds issues of healthcare access and delivery, while racial, ethnic and socioeconomic disparities amplify the prevalence and complications associated with chronic illness. The Medical University of South Carolina (MUSC) endeavored to address these burdens through the formation of the Southeastern Virtual Institute for Health Equity and Wellness (SE VIEW). Launched in 2010, this five-year cooperative agreement was awarded and administered by the U.S. Army Medical Research and Materiel Command (USAMRMC) and the Telemedicine and Advanced Technology Research Center (TATRC), Fort Detrick, Maryland, under contract number W81XWH-11-2-0164. An additional 3-year No Cost Extension was approved through August 2018.

SE VIEW's ambitious intent aimed to mobilize a nationally recognized, multidisciplinary, team of researchers, educators, outreach professionals and laypersons equipped with the tools and information to actively reduce health disparities. SE VIEW aimed to discover and deliver innovative health care and community capacity building solutions for underserved populations. The grant targeted the I-95 Corridor and the Coastal Carolina communities, with specific focus on the Sea Island Gullah population and Williamsburg County. These communities represent the racial, ethnic and socio-demographic populations most affected by health disparities.

Under the direction of Principal Investigator Sabra C. Slaughter, PhD., who also serves as Director of the SE VIEW Administrative Core (SEVAC), SE VIEW funded 14 community-based research and service outreach programs designed to reduce health disparities in its first year of implementation (Phase 1). Then, to strengthen and expand its scope, SE VIEW funded seven additional projects (Phase II, awarded in September 2011 under Contract Number: W81XWH-11-2-0164). All Phase I and Phase II SE VIEW projects held to these overarching goals:

- Increase awareness of the underlying causes of chronic diseases in the region.
- Develop novel methods to engage communities in the prevention and treatment of chronic diseases.
- Develop community-based services and research initiatives focused on chronic diseases and socioeconomic factors.
- Develop a range of youth-based, active and interactive, electronic modalities to increase the prevention, detection and treatment of chronic diseases.
- Ultimately, to reduce the rejection rate and improve enlistment opportunities and tenure of active duty military personnel.

Evaluation Reports

The outcomes of the 14 programs in Phase I were evaluated over the 2010–2015 grant period by Dr. Jennifer Friday, President of The Friday Consulting Group, LLC. Findings on the efficacy and successes of SE VIEW's Phase I programs were detailed in Dr. Friday's report published on June 30, 2015.¹ A second evaluation report, by research analyst Rachel Ross, highlighted the outcomes of the seven programs in SE VIEW Phase II over the 2011–2016 grant period. The latter report, published on September 27, 2016, employed a case study approach to deliver a nuanced assessment of the challenges faced by SE VIEW's research and community-based programs and to disseminate lessons learned.

For the third and final report, the Principal Investigator selected four SE VIEW Phase 1 programs and two programs from Phase II for additional evaluation. The aim of this final report is to identify positive, long-term impacts attributable to the grant that have rippled outward through the targeted communities, even after funding for the programs ended.

SE VIEW Programs Evaluated in This Report

¹ http://academicdepartments.musc.edu/seview/resources/SEVIEW_FinalReport_W81XWH-10-2-0057pdf

Phase I

- Lean Team Initiative
- Junior Faculty Development Program
- MOVENUP Initiative (Mobile Outreach Van, Educational & Navigational Health Services for Underserved Populations)
- Healthy People in Healthy Communities – Health Information Exchange (HIE)

Phase II

- Community-based Participatory Research to Improve Oral Health (CBPR)
- Patient Risk Assessment & Health Ed. with Computer Kiosks in Community Health Centers

Each of the programs above was actively aligned under the SE VIEW domains of 1) Educational programs 2) Preventative medicine, health and wellness programs and 3) Community partnerships and outreach programs.

Methodology and Format

This report uses a similar case study approach to explore the grant's enduring impacts in a real-life context over time. Data was gathered through interviews with stakeholders and review of published articles and annual reports. Findings are presented in narrative format to convey the continuing effects of the grant on individuals, communities, and policies. Each program is briefly summarized, then followed by an updated narrative derived from interviews with stakeholders and/or the supporting documentation they provided. The protocol used for stakeholder interviews aimed to identify short- and long-term impacts of program activities and how these impacts have contributed, over time, to subtle but no less important outcomes.

SE VIEW Organizational Structure and Overarching Goals

SE VIEW operated collaboratively to advance community-based research and service outreach initiatives designed to improve health conditions that negatively impact the recruitment, enlistment and tenure of military personnel. Two intrinsic goals formed the basis of the SE VIEW model: 1) identify programmatic synergies and streamline processes through a single Administrative & Coordinating Core to monitor program activities, give feedback, and improve program quality 2) develop and fund strategic partnerships that reduce health disparities through outreach, educational, health and wellness programs, preventive medicine, and community alliances.

CASE STUDY - Phase I Programs

Lean Team Initiative

Summary: Under the direction of Dr. Janice Key, Professor and Director of Adolescent Medicine, the Lean Team Initiative launched as a partnership between MUSC's Department of Adolescent Medicine and the Charleston County School District (CCSD). The Lean Team Initiative aimed to improve the health and fitness of children, families, and teachers in the CCSD through a combination of individual body composition assessment, nutrition counseling, social networking, classroom education, school wellness councils, web-based resources, and community activities. The Lean Team initially provided nutrition education and skills training to students at Burke High School, a Title 1 school with more than 95% African-American students. SE VIEW funding enabled the Lean Team to extend its reach to multiple schools and produced important findings through the research project, "Understanding and Improving Health and Fitness Knowledge, Attitudes and Behaviors of JROTC Students in Charleston County." The non-research component established a school-based wellness initiative that increased access to healthy foods and got more students, teachers, and families involved in physical activity. The SE VIEW-funded project had four primary objectives:

- Identify and improve nutrition and physical activity habits of JROTC students in 11 high schools in the Charleston County School District (CCSD)
- Establish infrastructure to support improvements in school health environment through school wellness committees that make policy, systems and environmental (PSE) changes

- Develop a School Wellness Checklist (SWC) tool to monitor the PSE changes
- Engage physicians in school health efforts through the establishment of the Docs Adopt School Health Initiative (DASHI).

Project Design

The limited intervention study investigated the nutrition and physical activity habits of 800 teens enrolled in JROTC programs in 11 high schools in Charleston County. The team's approach included individual assessment of Body Mass Index (BMI) and percent Body Fat (%BF), a modified Youth Risk Behavior Surveillance System (YRBSS) survey to capture data on physical activity and eating behaviors, individualized diet and exercise counseling with a registered dietician or dietetic intern, classroom instruction, structured exit interviews, survey of instructors, and evaluation of JROTC curriculum materials and instructor training. Focus groups conducted with students and instructors identified the challenges teens face in practicing healthy behaviors and ways to engage JROTC instructors in promoting health and wellness. The Lean Team website also offered resources for teachers and families to help them achieve these goals.

Project Implementation

The team collected baseline data on 788 students and 18 JROTC instructors from 11 high schools and second assessment data on 489 students and 17 instructors from four of the high schools. As part of this project, each participating school received a digital scale, a stadiometer used to measure height, and hand-held bioelectrical impedance analyzer to enable school staff to conduct future weight status assessments. The team conducted exit interviews with all of the JROTC instructors; 89% completed written surveys. During site visits and interviews, the team shared summaries of the project's results and trained instructors and a school wellness committee lead on the collection of BMI measurements.

Project Findings

Many of the JROTC student participants had unhealthy weights and lifestyles and were not becoming more fit as they advanced through high school or the JROTC program. The incidence of overweight/obese was high in both students (44%) and the JROTC instructors (67%) in the study. There was no significant difference in mean BMI between 9th and 12th grade JROTC students, suggesting that school environment is a key factor in student health.

Students

- The majority of students in the study did not meet recommended guidelines for fruit and vegetable intake (93%) and more than half did not meet daily physical activity recommendations (64%); most exceeded screen viewing time limits (83%) and almost all consumed too many sugared beverages (96%).
- In focus group sessions, students expressed the desire for meaningful nutrition education they can relate to, gender-specific physical training and activities, fitness evaluation and counseling by qualified health professionals (not their JROTC instructors) and for their schools to offer healthier food choices. Reportedly, healthy food was not always available nor affordable at school.

JROTC Instructors

- In focus groups with the 18 JROTC instructors (mean age 53 years), many revealed that they struggled with chronic health issues. They also affirmed their strong commitment to promoting healthier lifestyle behaviors among students.
- Some JROTC service branches update textbooks or provide supplemental curriculum but few offer actual training. The instructors expressed the desire to attend professional development training in nutrition and health and physical education. Like students, they wanted schools to offer healthier food options. Ironically, during site visits, the team observed JROTC staff selling unhealthy foods as part of

fundraising endeavors to support their program.

Project Outcomes

The “Understanding and Improving Health and Fitness Knowledge, Attitudes and Behaviors of JROTC Students in Charleston County” research project yielded valuable data concerning teen weight, health practices, challenges, and needs. The Lean Team Initiative published two abstracts detailing these findings:

Doctor, it's all muscle! Comparison of body fat vs. BMI in assessment of obesity in teens,” JD. Key, et al., Pediatric Academic Society (May 2013)

Evaluation of weight status, % body fat and lifestyle behaviors in JROTC students, JD Key, et al., The Obesity Society (September 2012).

Exit surveys documented overall satisfaction with the project. The instructors considered the sharing of results with them informative and worthwhile. They appreciated the inclusive nature of the project and its goal of improved wellness for all students (not just obese students). Both instructors and students affirmed that individual assessments and counseling were effective ways to motivate students to engage in healthier behaviors.

As a result of what they learned through the project, the instructors reported they were more likely to encourage students to make changes in their eating and exercise habits, lead more by example and incorporate more nutrition education into their instruction.

In response to discovering that some female students lacked supportive bras, which hindered their ability to engage in vigorous physical activity, the Lean Team initiated a partnership between MUSC, Boeing Center for Children’s Wellness and Fleet Feet of Mount Pleasant to start “Support the Girls,” a sustainable bra donation campaign. This effort resulted in fitting 159 girls in three of the high schools with high quality sports bras. After a brief suspension of the effort, due to logistical and staff issues, Fleet Feet is planning to revive the project in fall 2018 in partnership with “Communities in Schools,” a Charleston County School District program. They aim to reach even more girls, not just those enrolled in JROTC.

Outcomes for the Docs Adopt School Health Initiative (DASHI)

Under the direction of Dr. Janice Key, the Docs Adopt School Health Initiative helped schools implement healthy practices to decrease childhood obesity. Participating physicians “adopted” a school and worked with that school’s committee to set short- and long-term goals based on the School Wellness Checklist (SWC) created by MUSC with the help of school focus groups. Each physician (or health care professional) provided hands-on guidance and education in nutrition, physical activity, and stress management to achieve the goals outlined in the checklist. Knowing that schools rarely have the time or resources to innovate without funding, the program embedded a monetary incentive in the SWC point system. At the end of the school year, each school tallied the points earned for implementing checklist items in the areas of wellness culture, nutrition, physical activity, stress relief, and sustainability.

- In the 2016-2017 school year, under the Docs Adopt School Health Initiative, 109 physicians and 46 health professionals adopted schools. A total of 229 schools were participating in the initiative, and 217 schools received monetary awards. All the schools that received awards had been adopted by a doctor.

Enduring Impacts

The SE VIEW funded, non-research, school-based components of the Lean Team Initiative have had impacts beyond the term of the grant.

- Partnerships and collaboration with private businesses and government agencies resulted in increased capacity and sustainability of the team’s obesity prevention efforts. For example, a partnership with the Boeing Company led to the establishment of the MUSC Boeing Center for Children’s Wellness, with SE VIEW co-investigator Dr. Janice Key at the helm. This enabled the team to build an effective, replicable,

school-based model and expand the health initiative to South Carolina’s Berkeley and Dorchester counties.

- As a result of the Lean Team, school administrators and committees instituted major policy changes that continue to impact the health environment of 113 schools serving approximately 80,000 students in three counties.
- Those schools in the Docs Adopt School Health Initiative (DASHI) made greater strides toward health and wellness than schools without an adopting physician, as shown by the following data:
 - ✓ Charleston County School District DASHI schools had a 25% reduction in obesity (to 21% for 2017-18)
 - ✓ Statewide the attendance rate of students increased 0.05% with every year of participation of DASHI after 4 years
 - ✓ The higher the SWC scores of the DASHI schools, the lower the absolute BMI’s of students in those schools.
- The success of DASHI generated interest from other counties and school districts along the I-95 Corridor which laid the groundwork for this model to be replicated statewide, as the table below reflects:

SC County / District	Number of Schools
Bamberg-1	3
Bamberg-2	3
Clarendon-2	5
Colleton	8
Berkeley	44- 48
Charleston	82 - 85
Dorchester	25
Richland (in partnership with Palmetto Health Children’s Hospital)	31
Cherokee	20
Greenwood	16
Spartanburg	10

- 2017 – 2018 benchmarks for DASHI and the School Wellness Checklist contest document the broad, continuing impacts of these endeavors on South Carolina school, and consequently the state’s children:
 - ✓ Participating schools in the 11 DASHI districts: 193 of 247 (78%)
 - ✓ Schools earning SWC Wellness Achievement Awards: 171 (89%)
 - ✓ Total physicians and other healthcare providers adopting schools: 99

- Since 2014-15, the Lean Team has worked with the [Pottstown Area Health & Wellness Foundation](#) to implement DASHI in 20 schools per year. In 2017-18, 23 schools participated and 23 were awarded incentive grants via the SWC contest.

Junior Faculty Development Initiative

Summary: SE VIEW's Junior Faculty Development (JFD) initiative was designed to accelerate the professional development of underrepresented minorities (URM) in the area of health disparities and health services research. The grant provided career mentoring, time management assistance, protected time for research into health disparities, and regulatory training to four meritorious MUSC junior faculty:

- **Debbie Chatman Bryant, DNP, RN (College of Nursing Faculty)**
- **Tiffany Williams, DNP, PNP**
- **Monique Hill, MSW, Dr.PH, Dept. of Library and Science Informatics**
- **Ida Spruill, PhD, RN (College of Nursing Faculty)**

The four award recipients engaged in career development activities to help them become funded, independent investigators, capable of developing innovative interventions that promote positive health and social outcomes for individuals and populations burdened with health disparities. To support them in becoming recognized leaders in community-based interventions, the award allowed the recipients to use the funds for advanced training, books, protected research time, research supplies and equipment, laboratory expenses, and research-related travel, food and lodging. The recipients focused on gaining experience in these specific domains:

- Conducting community-based health promotion, intervention research, and practice with individuals in South Carolina
- Identifying resources, facilitating skills to enhance intrinsic community capacity
- Training in intervention delivery and evaluation
- Regulatory training and maintaining quality control of study implementation
- Ensuring scientific and ethical integrity of study/service
- Reporting results of study/service outcomes

The JFD award was typically \$20,000 in each of Years 1 and 2, and \$10,000 in Year 3.

How each JFD Scholar utilized the award to accomplish these goals and the impact the award had on each Scholar's professional and personal growth is explored below.

Debbie Chatman Bryant, DNP, RN (College of Nursing Faculty Member)

Background and Award

Debbie Bryant was recommended for the JFD award by Deborah Williamson, SE VIEW Co-investigator, who led the Health Empowerment Zone in fostering community-coalition building. She had also collaborated with David Rivers in developing the Community Leaders Institutes. Prior to the SE VIEW grant, Dr. Slaughter had known and worked with Dr. Bryant on increasing the enrollment of African American and other underrepresented minority students in MUSC's health professions programs.

Debbie Bryant used most of her JDF funding to support her research in the classroom setting and then to complete her doctorate in MUSC's Doctor of Nursing Practice (DNP) program. In the DNP program, Dr. Bryant immersed herself in contemporary aspects of clinical practice and acquired knowledge and experience in leadership, health systems design and evaluation, evidence-based practice, health policy, and applied research. She also gained practical experience conducting community-based health promotion research through her work with the Avon Foundation, the Robert Wood Johnson Foundation (RWJF) and the Community Compass Project.

In 2012, Dr. Bryant was honored with the RWJF Community Health Leaders Award and profiled in a December

2012 Ebony.com article, “Fighting Cancer One Woman at a Time.” In June 2013, she presented at the 11th Annual Summer Workshop - Disparities in Health in America – Working Toward Social Justice at the Prairie View A&M University College of Nursing. Dr. Bryant was also recognized as a 2014 RWJF Executive Nurse Fellow and featured in the RWJF Scholars, Fellow & Leadership Diversity Marketplace.

During her time as a JFD participant, Debbie Bryant was promoted to Assistant Professor in the College of Nursing and to Director of Partnerships for Healthcare Quality Research at MUSC. Dr. Bryant is now an Associate Professor and Associate Dean for Practice in the College of Nursing. In 2016, Dr. Bryant was inducted as a Fellow in the American Academy of Nursing.

Mentoring

Before the JFD grant, Debbie Bryant was a master-prepared nurse with extensive experience and aspirations, but relatively new to MUSC. She knew she needed guidance navigating the political and relational dynamics of the university setting:

As an African American female in a majority institution, that's not an easy place to grow. So, gaining insight and understanding as to how to move from staff to being respected as faculty and then senior faculty, that was a tremendous leap and I needed support to do that. Dr. Slaughter was always present when I needed him. The coaching relationship with Dr. Slaughter helped me lean into leading differently than I had before.

Debbie Bryant credited Dr. Slaughter with an intuitive capacity to assess where she was, help her envision what she wanted to achieve and clarify the steps needed to get there. More importantly, he showed Dr. Bryant ways to “not live in a negative space” when things did not go as anticipated:

Dr. Slaughter helped me look at things through an organizational lens so I could see whether the issue was about me or more an organizational mismatch or dysfunction. Being able to discern that was a valuable skill. Talking it through with Dr. Slaughter, I could see when it wasn't about me. With his coaching, I always felt I had somebody in my corner.

Special Projects

Dr. Bryant developed an innovative lay navigation training curriculum, built on ample evidence that this model produces positive results in underserved populations:

The evidence for navigators was already in the literature, showing that breast cancer patients with a resource support system—like a peer who helps them navigate the health care system—have better outcomes in their treatment and are more likely to finish their treatment. There was also evidence the skills those individuals should have, their roles and responsibilities. What was missing was the standardization of the training itself. SE VIEW drew many talented individuals to this project and helped us move far beyond what we expected.

Using evidentiary literature, Dr. Bryant developed and pilot-tested a training curriculum that equipped individual navigators to effectively meet the responsibilities of that role. The navigators selected for training were community members that understood the resources available in their communities and were a culturally relevant match for the patients with cancer they were likely to assist. She designed a guide book and classroom role-playing component which provided the navigator trainees with comprehensive opportunity to master their role:

We wrote patient scripts for actors to voice and had the navigators interact with the (actor) patients. There were specific things we expected them to do and say, so we continued the training until each navigator met all those expectations. We engaged the navigators in regular phone meetings with a leader so they could talk about problems they were having and work through any issues.

Debbie Bryant invited varied experts to present to the navigators during the training, including fellow JFD Scholar, Dr. Ida Spruill, who conducted a session on cultural competency with the trainees. A self-assessment survey administered post-training to the navigators confirmed that they felt more comfortable and competent executing the important responsibilities of the health navigator role.

After testing the training, Dr. Bryant used the outcomes and experience to train staff and navigators in other cancer centers. Her training curriculum was institutionalized at MUSC and at Wake Forest Comprehensive Cancer Center, thereby increasing exponentially the number of navigators delivering this kind of assistance to cancer patients. The training curriculum was also implemented in community cancer center settings in North Carolina and Georgia.

Dr. Bryant disseminated the study findings on the lay patient navigation training curriculum via co-authored articles in peer-reviewed publications including the Journal of the National Black Nurses Association (2011 and 2017), Health Education Research (February 2014), and Contemporary Clinical Trials Communications (April 2016).

Enduring Impacts

Dr. Bryant affirmed that without the JFD grant and the mentoring she received from Dr. Slaughter, “I wouldn’t be sitting in the role of Associate Dean today. Without a shadow of a doubt, that would not have happened.” She now applies the reasoning and questioning techniques she learned through Dr. Slaughter’s mentoring to help nursing students with their own decision-making process:

“Just recently, a student came in with an issue and I helped her navigate those same questions: “Is that about you or is that about the situation you’re in? The organization? The style? Is that a requirement just for you or for everyone?” So, I’m now using those tools he gave me to coach others. SE VIEW had a lasting impact on me.”

Tiffany Williams, DNP, APRN, CPNP-PC

Background and Award

As an Instructor in the College of Nursing, Dr. Williams had developed a range of clinical, teaching and research abilities that made her an impressive candidate for the award. Tiffany Williams was recommended as a JFD Scholar by Melissa Henshaw, MD, co-investigator of SEVIEW’s Heart Health: Preventative Cardiology Research Center. Dr. Williams had collaborated with Dr. Henshaw to identify, recruit and work with parents and children enrolled in that program. Tiffany Williams had also worked with Dr. Carolyn Jenkins, another SE VIEW co-investigator who headed the Community Engaged Scholars program and was known for her research addressing diabetes in underserved populations. The JFD project that Tiffany Williams carried out under the grant combined the pediatric emphasis Dr. Henshaw championed with the engaged, community-based focus on diabetes represented in Dr. Jenkins’ work.

Dr. Williams said she felt “very excited and honored” upon learning she would be a JFD award recipient:

My doctorate was in clinical practice but I had a growing interest in research, particularly pediatric health disparities in the underserved population. So, being given the opportunity to free up teaching time to do what I was interested in was just amazing. The grant helped me launch my project and become recognized as a scholar.

During the grant period (2013-2015), Tiffany Williams used the JFD award to buy out her time from the College of Nursing to devote to protected research and professional development and resources to execute her project. She attended several research trainings and meetings on pediatric obesity including the Robert Wood Johnson Foundation’s New Connections Annual Symposium and the Program to Increase Diversity in Cardiovascular Health Research (CVD-PRIDE) at SUNY Downstate.

Mentoring

Under the JFD grant, Dr. Henshaw, Dr. Jenkins, and Dr. Slaughter comprised a team of mentoring support which Tiffany Williams described as “*professionally reassuring.*” Each member of the team had unique skills and experiences and offered something of distinct value:

“With Melissa, it was face-to-face mentoring as I was practicing in her clinic at the time. With Carolyn and Dr. Slaughter, we connected more via email, phone and before and after meetings. Dr. Slaughter was very approachable. I felt comfortable reaching out to him for professional and personal advice when weighing some decisions. It was good to know I could contact them at any time and that I’d be supported.”

Special Projects

Dr. Williams’ project involved partnering with a local church ministry to deliver a childhood and adolescent obesity prevention and education event. The one-day workshop, entitled **WE CAN** (Ways to Enhance Children’s Activity and Nutrition) was held at Mt. Moriah Missionary Baptist Church on February 28, 2015. Twenty-one adults and 28 youth attended, along with 10 volunteers from partner organizations. Workshop topics included Maintaining a Healthy Weight, The Energy Balance Equation, What to Feed My Family, and Managing Energy—Less Sit, More Fit.

The 6 – 18-year age-range of the workshop attendees created some challenges in terms of maintaining the attention of the younger ones, leading Dr. Williams to conclude that the six-hour format was too long. From this experience, Dr. Williams gleaned that future workshops would be more manageable and effective if offered separately for ages 6-12 and older teens, or, alternatively, conducting age-grouped workshops over three weeks for two hours each rather than all in one day.

Nevertheless, feedback from participants and partners confirmed that the workshop was well received. Parents suggested the church make the workshop an annual event and that similar content on other health issues be presented more frequently. Parents also requested ongoing, and updated information on child and adolescent health and nutrition.

Enduring Impacts

After the workshop, Dr. Williams continued to communicate via email with several parents and she established a listserve to facilitate parents’ desire to share literature recommendations on nutrition and healthy habits. The excerpt below from an email that Dr. Williams received two months after the WE CAN workshop from a parent attendee illustrates how this prevention model, when well organized and delivered, can make a lasting difference:

The We Can program has changed my life and my family’s life. First understanding what we were eating and even my attempts to buy the right stuff such as those wonderful juices with all that sugar. Now we read labels and not just make a good decision but a better decision. I always thought a family my size couldn’t afford to eat healthy, but thanks to you, we have a strategy. Now even on a tight budget I am able to buy frozen veggies or even fresh and when dinner is done we actually take family walks. I never knew little changes could have such a dramatic effect. Bringing HEALTHY into my family through that one-day session was amazing. My family has experienced weight loss, better eating habits and the excuse of not having time to exercise has been dispelled. My daughter, age 14, has been accepted to the MUSC Heart Health program and she is so excited. Again, I say THANK YOU. Knowledge is powerful and when we know better, we must do better.

On a professional level, Dr. Williams confirmed that being a JFD Scholar enabled her to engage in professional development and research activities she would not have had access to without the grant. During the award period, Dr. Williams completed a degree in nursing, progressed from being unpublished to having six publication credits, and was promoted in rank from Instructor to Assistant Professor. She gained hands-on experience conducting community-based research, training community nurses to engage in research, and

developed skills in scientific study and outcomes. During the grant period, Dr. Williams was an invited presenter at numerous professional conferences including:

Engaging Youth, Peers, and the Faith-Based Community to Improve Adolescent Healthy Habits.
Current Population Health-Focused Disparities Research, (Charleston, SC) September 10, 2015

Improving the Social Determinants for The Next Generation: A Challenge for Teen Mothers.
Cross Cultural Mental Health & Human Services Training Conference, Myrtle Beach, SC, 2014

Childhood Obesity: Prevention, Assessment and Treatment. 16th Annual Frontiers in pediatrics.
Charleston, SC. December 6-8, 2013.

When asked to comment on what she found most valuable about being a JFD Scholar, Dr. Williams articulated a well-grounded sense of empowerment:

It gave me the confidence to know that I could both practice and do research. Not everyone has the support system and mentors they need. We see others reaching for the stars and making it happen and I can say that as a black female, I've not always had the confidence to do what others around me were doing. Sometimes I felt not as smart, so I tended to take on fewer challenges. Being a JFD Scholar really gave me the confidence that I was just as smart as, good as, and capable as anyone else, and I needed that.

Subsequently, Dr. Williams was awarded additional funding from the Aetna Foundation to continue her research in community and faith-based interventions to address health disparities in adolescent females. Dr. Williams later left the College of Nursing due to health challenges and is currently working with her husband in the civil engineering consulting firm he founded. She maintains communications with fellow JFD Scholars and participates in various events sponsored by the College of Nursing.

Monique Hill, MSW, D.Ph.

Background and Award

Monique Hill was born and raised in Union, SC, and graduated from Benedict College in 2002 with a Bachelor's degree in Social Work. She earned a Master's degree in Social Work, with an emphasis on Social Policy and Administration, from Florida State University in 2006. Before joining MUSC, Ms. Hill was a Program Specialist with Health Families Florida, a nationally accredited child abuse prevention program in Tallahassee.

As an instructor in the Department of Library and Science Informatics and through her experience managing the outreach program, [Hands on Health-SC](#), Monique Hill acquired a broad range of teaching and research skills. Ms. Hill was recommended for the JFD program by David Rivers, a SE VIEW co-investigator and Director of the Public Information and Community Outreach (PICO) program. Mr. Rivers led the Community Institutes for Nontraditional Leaders and chaired the planning committee for the National Conference on Health Disparities. According to Dr. Slaughter:

Monique was a key person David relied on to plan, coordinate and manage the national conference. I worked closely with David and Monique on the national conference and saw the health literacy work she initiated in PICO. I was impressed with Monique's efforts to promote health literacy, alleviate health disparities, and support the development of aspiring students, particularly in African American communities. Monique's plan with the grant reflected her specific goals and corresponded with the development guidelines for MUSC faculty.

During her grant period (2011 - 2016), Ms. Hill applied the JFD funding to advance her training, which included obtaining her Doctor of Public Health degree, participating in several conferences and working with the South Carolina Area Health Education Consortium (SC AHEC) Teen Health Literacy Project.

Mentoring

Monique Hill credits a good portion of her personal and professional growth to the JFD grant and Dr. Slaughter's astute advice and support as a mentor, which came at a critical juncture in her career:

I was young and new to MUSC, trying to find my niche and transition from being a social worker to the academic setting. I wouldn't have been able to do what I'm doing now had I not been selected as JFD Scholar. Dr. Slaughter helped me strategize and introduced me to people on campus I needed to know. Now I feel confident to act as an expert, so to speak, on health literacy training. The grant and Dr. Slaughter's mentoring helped me expand the scope of what I do with the [health literacy outreach project at MUSC](#). I went from managing a single tool to scaling up outreach in varied directions, with the website being just one of the tools we use.

Special Projects

Ms. Hill's program development work for the SC AHEC Teen Health Literacy Project was pivotal. Funded by the National Library of Medicine, this project was designed to help high school students in the Pipeline Program develop in-depth understanding of selected public health topics. The teens collaborated on creating a series of educational comic books and activities to introduce grades 6 – 8 students to these health topics. The program aimed to deepen the students' health literacy and promote their reading skills while simultaneously honing the writing, presentation and teamwork skills of the older Pipeline students. Ms. Hill served as *"the expert at the table on health literacy."*

To this end, Ms. Hill connected Pipeline students with MUSC experts they interviewed to gather accurate content on the health topics and helped the students access resources and materials needed to write their books. Most importantly, Ms. Hill conducted onsite trainings with the Pipeline students exploring the meaning of health literacy and teaching them the critical thinking skills they need to discern fact from hype. Her insights below illustrate just how important this skill is to young people in the digital age:

This generation was born with technology at their fingertips, so they automatically go to the internet to find out anything. We did a fun jeopardy game that taught them how to appraise information. When kids are doing research projects, we don't want them to just get an online editorial and take that as evidence. We need them to be able to assess whether the website content is credible, current, and written by experts. The project helped students understand that just because you Google something doesn't mean it's true. It's important we recognize the key role young people play as information purveyors in family life, especially in rural areas, like when Grandma asks you to look up something that's been hurting. So, teaching young people how to accurately evaluate information related to health concerns is critical, and the skills they acquired through this program will continue to help them in college.

The books created by the Pipeline teens were published and utilized in rural schools along the I-95 corridor. More information and samples of these books can be found at:

<https://www.scahec.net/comics/currenteditions.html>

As a JFD Scholar, the grant opened up opportunities for Monique Hill to network with other women on similar career tracks. Although researchers at MUSC were doing work in the area of health literacy, Ms. Hill found those efforts somewhat segmented. She used the grant's protected time and funding to connect with an entirely new group of people involved in using digital tools to help reduce barriers in health communications for different populations. This led to Ms. Hill's participation in the University of Texas Health Communications Leadership Conference which offered coordinated training to a cross-section of people from federally qualified health centers and non-profit organizations. She immersed herself in conference topics and project-based learning ranging from leadership development to reaching communities at the grass roots level. Through this conference experience, Ms. Hill deepened her capacity to develop and disseminate full scale, mass communications plans around issues in a manner that achieves maximum community buy-in.

Enduring Impacts

Ms. Hill confirmed that the funding was pivotal to her personal and professional growth:

I would not be where I am in my career right now were it not for the support of the SE VIEW grant. I ended up getting a promotion from Instructor to Assistant Professor shortly afterward. I know the time spent as a JFD Scholar and the professional development I received enhanced my presentation packet overall.

Monique Hill continues to work with David Rivers and PICO on coordination of community events, social media, marketing, website development, and managing the annual national conference. At the time of the interview with Ms. Hill, she had just finished producing the May 2017 National Conference on Health Disparities, and was turning her attention to planning the May 2018 conference. That event was another comprehensive success with eight keynote speakers, eight panel presentations, and a total of 450 attendees, among them 35 students representing 28 academic institutions.

The exceptional work of these students was acknowledged with well-earned awards. First place in poster presentation (undergraduate student category) went to Mr. David Chime from Allen University, mentored by Dr. Oluwole Ariyo. Mr. Chime presented on *The Effects of Crude Oil Spillage and Eventual Bioaccumulation in Humans*. Chime was also the undergraduate student oral presenter. Ms. Donica Beckett of the University of Nevada–Las Vegas, mentored by Dr. Melva Thompson–Robinson, won first place in the graduate/professional student category with her presentation on *Exploring PrEP Attitudes, Barriers and Facilitators of Use, Sexual Risk Behaviors and Communication Channel Preferences of Self-Reported Heterosexual African American/Black Students Enrolled in Jefferson County, Texas Colleges*.

The graduate/professional student oral presenter was Mr. Christopher Adcock from University of Texas Health San Antonio–Long School of Medicine. Mr. Adcock was mentored by Dr. Boris Zelle and presented on the *Strong Correlation between the American Academy of Orthopaedic Surgeons Foot and Ankle Outcome Questionnaire (AAOS-FAOQ) and Other Foot and Ankle Outcome Measures: A Validation Study in Mexican-Hispanics*

Ida Spruill, PhD, RN, Associate Professor Emerita, MUSC College of Nursing

Background and Award

The fourth recipient of the JFD award, Dr. Ida Spruill, Ph.D., RN, and Associate Professor Emerita in MUSC College of Nursing, passed away on March 16, 2016. This report does not include an interview with Dr. Spruill, but her rich legacy provides ample proof of the enduring impacts of her special projects on South Carolina's communities.

A native of the Pee Dee region of South Carolina, Ida Spruill had a long history of interacting with South Carolina's Sea Island populations and focused much of her research on these communities. She graduated with a Bachelor of Arts in Sociology from North Carolina Central University and a Bachelor of Science in Nursing from Tennessee State University. Subsequently, Ida Spruill earned a master's in social work from Atlanta University School of Social Work and a Master of Science in Nursing from MUSC, and then a doctorate in nursing from Hampton University in Virginia. Dr. Spruill also completed a post-doctoral fellowship in clinical genetics at the University of Iowa.

When Ida Spruill came to MUSC as a new faculty member, she already had extensive experience and credentials on the clinical side. The JFD award and Dr. Slaughter's mentoring helped Dr. Spruill "reinvent herself in the faculty role," according to fellow JFD scholar Debbie Bryant.

Mentoring

Dr. Slaughter mentored each of the JFD Scholars during approximately the same time period and proactively brought them together as a cohort so they could mentor and coach each other. Dr. Bryant commented on how helpful this was to their success as black women scholars in a majority-white academic setting: "We were able

to support each other as we progressed in this new world of leadership. It's still fraught with obstacles and politics, but we felt better equipped to navigate it and we knew we had each other to call on." While fully engaged in her own research projects and publishing, Dr. Spruill was, in turn, a respected mentor to many doctoral nursing students.

Special Projects

During the grant period, Dr. Spruill was promoted to Associate Professor at MUSC's College of Nursing. She served on the MUSC Diversity and Inclusion Committee and concentrated heavily on recruitment strategies to increase enrollment of African Americans into genetic research. She worked as a nurse manager for the Sea Island Genetic African–American Registry, a community-based genetic research study aimed at identifying the genes responsible for causing Type 2 diabetes and obesity among Sea Islanders. Dr. Spruill recruited partners to develop community education seminars for Orangeburg and Dillon County, served as President of the YWCA in Charleston, and as a Consumer Representative to the U.S. Food and Drug Administration.

Enduring Impacts

Dr. Spruill was highly regarded for her pioneering work in health literacy, especially the vulnerable elderly, uninsured, under-educated, and minorities. She published frequently and became a highly sought–after presenter, moderator, and panelist.

On Dec. 23, 2013, President Barack Obama presented Ida Spruill with a Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the federal government on science and engineering professionals in the early stages of their independent research careers. Dr. Spruill said she felt "honored for doing something I love" and "elated to bring positive recognition to MUSC, especially the College of Nursing, and to South Carolina."

Over the years, Dr. Spruill received many awards in tribute to her substantial body of work, including the MUSC Developing Scholar Award, S.C. Nursing Palmetto Gold Award, Trailblazer Award from the National Black Nurses Association, James Clyburn Health Disparities Leadership Award and the Sister Summit Legacy Award.

MOVENUP Initiative

Summary: The **MOVENUP** Initiative stands for **M**obile **O**utreach **V**an, **E**ducational, and **N**avigational Health Services for **U**nderserved **P**opulations. The long-range goal of MOVENUP, under the direction of Dr. Marvella Ford, PhD, Associate Professor, Hollings Cancer Center and SE VIEW co-investigator was to address the most chronic cancers occurring to a disparate degree among residents of the I-95 Corridor counties—breast, cervical, and prostate—and reduce disparities in cancer services access, morbidity and mortality. With funding from SE VIEW, the MOVENUP initiative tackled these challenges using a three-pronged approach:

- 1) Provide Mobile Health Unit (MHU) Services (cancer screenings) and Patient Navigation Services
- 2) Provide cancer education awareness and education on nutrition/physical activity to the underserved populations in the identified I-95 Corridor counties. Provide patients with abnormal results with navigational services for diagnostic follow-up.
- 3) Train the next generation of cancer disparities researchers by develop a cancer research training program for students from Historically Black Colleges and Universities (HBCUs).

Summary of Outcomes

1. Mobile Health Van—Cancer Screening and Health Navigation Services

Over a four-year period, the Mobile Health Van provided a significant number of health screenings to the

communities it served:

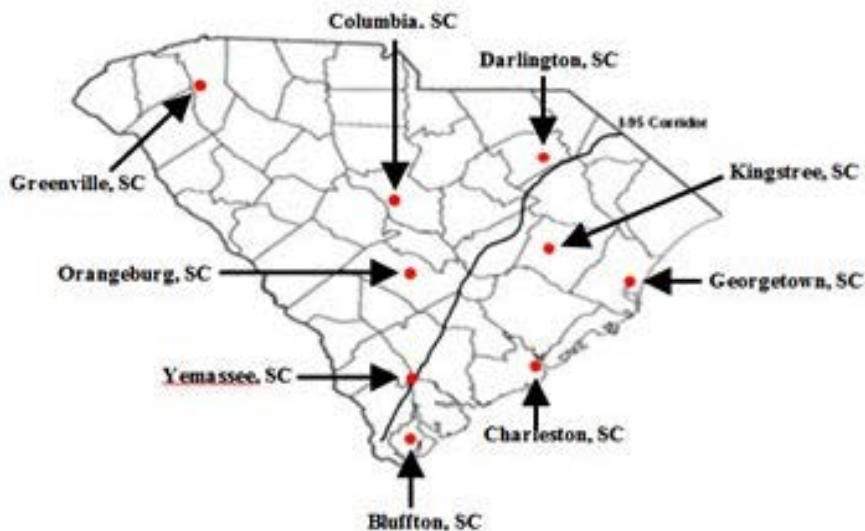
2010 = 61 breast screenings; 34 prostate screenings

2011 = 63 breast; 51 prostate; 8 cervical

2012 = 15 breast; 19 cervical

2013 = 109 breast; 28 prostate

Figure 1. Cancer Screening Locations



2.
(CEG)

Cancer Education Guide
Facilitator Training Program

MOVENUP's community-based cancer education and awareness program (CEG) developed out of a partnership between the MUSC Hollings Cancer Center and local civic and faith-based organizations. While the focus initially was on prostate and breast cancer, it later expanded to address the role of nutrition and physical activity in cancer prevention, which broadened the program's impact. Although this component of MOVENUP was launched prior to SE VIEW and was originally funded by the Hollings Cancer Center, the SE VIEW grant covered all the costs of running the cancer education program and the study and analysis of its impacts.

MOVENUP partnered with numerous local organizations and institutions including the University of South Carolina Institute for Partnerships to Eliminate Health Disparities, the Community Engagement and Outreach Core to host the community-based cancer education training program at the Santee Convention Center.

The Cancer Education Guide (CEG) Facilitator Training Program employed a Train-the-Trainer model, developed by the South Carolina Cancer Alliance, in which participants committed to leading two education/intervention sessions in his or her own community in the following year. The four-hour, evidenced-based experiential training consisted of specific, timed modules on:

- General cancer knowledge, cancer risk factors, screening guidelines for early detection, cancer treatment, and steps to reduce cancer risk by improving overall health (3 hours)
- Prostate cancer knowledge (30 minutes)
- Cancer clinical trials information and access (30 minutes)
- HPV, HPV vaccination and cervical cancer prevention (30 minutes)

MOVENUP participants showed increases in cancer knowledge following their participation in the project. Information about the positive behavior and attitudinal changes resulting from training was presented in several peer-reviewed professional journals including:

- *Assessing an Intervention to Improve Clinical Trial Perceptions among Predominately African-American Communities in South Carolina* (Progress in Community Health Partnerships: Research, Education, and Action 2012)

- *Evaluating an Intervention to Increase Cancer Knowledge in Racially Diverse Communities in South Carolina* (Patient Education and Counseling 2011)
- *Unequal Burden of Disease, Unequal Participation in Clinical Trials: Solutions from African American and Latino Community Members* (Health and Social Work 2013).

3. Cancer research training program for HBCU students

With the goal of recruiting the next generation of cancer researchers, this component of the MOVENUP Initiative helped expose HBCU undergraduate students (Student Fellows) to breast and prostate cancer research at MUSC, and train them to participate in key research activities. Clinical researchers are critical to pursuing and testing better methods to decode the prostate cancer fingerprints, which hold the key to understanding the relationship between gene expression and future prognosis. Equally important are population science researchers who can advance prostate cancer early detection and treatment strategies. Designed as a pipeline for future generations of these cancer researchers, the program consisted of a 10-week research training curriculum in which Student Fellows learned the fundamentals of biomedical research and a simultaneous 10-week prostate and breast cancer research training curriculum in which they studied the continuum of prostate and breast cancer research, from bench to bedside to community. Six of the 22 Student Fellows in the summer undergraduate breast and prostate research program between 2010 and 2013 were funded by SE VIEW.

Dr. Ford described aspects of the training program that increased the skill sets of the participating Fellows and how the program helped open doors for them:

Although some of them were STEM majors, many were graduating from college without taking the Graduate Record Exam (GRE). We partnered with Kaplan or Princeton Review to use the grant funds to offer the GRE test prep to the Fellows during the summer training. Working alongside MUSC investigators, students got to do hands-on research—sometimes for the first time, even though they were science majors. Each student conducted their own summer research project, so at the end, they had their own work to show. Some Fellows presented at national conferences and were included in publications. All these experiences helped make these students more competitive for graduate school.

Mentoring

In addition to doing hands-on research, the Fellows were individually mentored by MUSC instructors. This expanded the students' perspectives on career options and clarified the stepping stones to their respective goals:

For a lot of students, all they know is becoming a physician. They don't know about epidemiology or getting a PH.D. in biochemistry or biology, so the mentors really helped to broaden their knowledge in terms of career paths. They advised the Fellows on career development, graduate schools, and the importance of building relationships. Many of the mentors continue to write recommendation letters for the students long after they finished the program. I'm still writing reference letters for students I mentored in 2009 and 2010 as they continue to apply to different programs and progress professionally.

Dr. Ford, Dr. Slaughter and co-authors detailed the positive impacts of mentoring on the participating Student Fellows in “*Mentoring Strategies and Outcomes of Two Federally Funded Cancer Research Training Programs for Underrepresented Students in the Biomedical Sciences*” (Journal of Cancer Education, April 15, 2015.) In this article, the authors illuminated additional benefits of student mentoring:

The one-on-one mentoring allows the Student Fellows to ask seasoned cancer researchers questions they might be apprehensive to ask in front of peers and the freedom to ask pertinent questions regarding graduate application and research tips...In addition, Student Fellows have the opportunity to feature the results of their research projects at the HCC Annual Spring Research Symposium, Perry Halushka Student Research Day, and the Student Research

Forum for the National Conference on Health Disparities. Their participation in symposiums allows them to interact with senior cancer researchers and student peers and provides opportunities to gain additional mentors, which could lead to future internships and/or research/grant-writing collaborations.

Enduring Impacts

The impacts of Dr. Ford's MOVENUP project continue to benefit populations throughout South Carolina:

We are communicating and disseminating evidenced-based cancer knowledge throughout the state through the train-the-trainer model. It has extended the reach of the Hollings Cancer Center and empowered community members by giving them the tools they need to carry this educational intervention into their own communities. We've now trained more than 400 community members and they have reached an additional 3,295 people with the intervention.

The HBCU Student Summer Training Program gave URM students the opportunity to conduct prostate cancer research, gain lab experience, participate interact with the Sea Island/Gullah population, and build mentoring relationships. The experience helped the Student Fellows grasp the relevance of conducting research in underrepresented populations and equipped them with the necessary skill sets to begin this career trajectory.

Through the SE VIEW grant, Dr. Ford met with community leaders across the state with whom she has formed lasting bonds:

These are true partnerships. We're able to help advance each other's causes because we have the same goal to reduce the cancer burden among South Carolina's residents. The partnerships facilitated by SE VIEW helped us reach out to medically underserved people throughout the state. Many of these leaders are still our partners on grants we submit. Those bridges remain and continue to strengthen the fabric of our communities.

Healthy People in Healthy Communities—Health Information Exchange

PI: Marilyn Laken, Ph.D., RN, FAAN, Professor of Nursing, MUSC

Target: Increase efficiency of healthcare networks and systems

Background

Healthy People in Healthy Communities—Health Information Exchange (HIE) was designed to strengthen local healthcare delivery through the implementation of health information technology systems that facilitate health information exchange. This SE VIEW-funded program, under the leadership of Dr. Marilyn Laken, aimed to build local capacity to sustain the new electronic system and lay the groundwork for replication of the pilot on a broader scale. To this end, Williamsburg Regional Hospital (WRH) and the MUSC Office of the Chief Information Officer collaborated on the blueprint for the first HIE system in Williamsburg County, South Carolina.

Project director, Dr. Marilyn Laken, has extensive experience in health care systems, how people use them, and how to make them work effectively for communities. She was well connected to local community partners and leveraged those partnerships into dynamic team including physicians and nurse practitioners at Hope Health, the school district's lead nurse, Lake City Hospital, the CEO of WRH and the Chief Information Officer of MUSC.

Under Dr. Laken's leadership, the team laid the groundwork for the first networked HIE system in rural Williamsburg County between WRH and Hope Health, Lake City Hospital and MUSC. It was designed so that even before a patient left the hospital, the system would transmit the discharge assessment to his/her primary care provider and specialists (especially critical in 48-hour follow-up cases). The portal would have directly

populated the patient's chart with the transmitted information into the primary provider's medical records system, eliminating the need to hunt for the data.

Lead physicians, school district nurses, WRH, and Hope Health actively promoted the expansion of this HIE throughout the county. The idea caught fire primarily because the funding, technology, expertise, and community partners all coalesced around the goal. Williamsburg County school nurses received training on the *Health Office Anywhere* software with little pushback because the lead nurse facilitated an organic buy-in throughout the school district. Upon inputting all students' records into the *Health Office Anywhere* system, the county would have been able to generate relevant reports, better assess the needs of school districts, and suggest quality improvements, such as reducing emergency room visits by kids with asthma.

Critical Turning Point

By Year 4 of the grant, Healthy People in Healthy Communities had solidified connections between WRH, the MUSC hospital and key private practices to create the Health Information Exchange. The pilot was about to six weeks from going live and a huge celebration had been planned with stakeholders from the community, the mayor's office, county government, MUSC, the governor, and the state hospital association slated to attend. Dr. Laken noted that everybody was quite excited about the launch as it *"would have been a first in South Carolina. We had been working with Representative Elijah Clyburn on the best date for the event, we had all kinds of hand outs, and confirmed guest speakers."* Then a natural disaster with lasting repercussions struck South Carolina:

This rain event preliminarily affected Columbia and then their local dikes broke and the runoff got into the rivers that flowed downhill to the coast. Williamsburg was completely inundated. The water got under the old building and destroyed everything in Williamsburg Regional Hospital. It became unsafe for patients. Once the hospital closed, I knew we had a major problem. We were just about set to share the HIE success story and it was literally, all washed away.

Dr. Laken marshaled the team to assess whether components of the HIE initiative could be salvaged, but with many local homes and businesses under water, the mayor and county executives were occupied with just getting the city to function again. Several local practices involved with the HIE initiative were also flooded, as were some of the schools. With telephone service down, updates among key stakeholders were next to impossible. The decision was made to offer help but let each entity do what they needed to do to get through the acute crisis posed by heavy storms.

It took almost a year to get Williamsburg County communities back up and running. WRH purchased a temporary, modular emergency department, which they ran on the front lawn of the old building, but they still had no inpatient facility. WRH nurses were laid off and the IT specialist remained part-time. At a Community Advisory Board meeting of key stakeholders at a restaurant in Kingstree that had been cleaned up after being flooded, the prospects for reviving the HIE initiative remained dim:

We were now in the last year of the grant with a limited amount of money. Everyone at the meeting knew they had to get funding for a totally new hospital. Six weeks after that meeting, the restaurant went out of business. The City of Kingstree is in the poorest county of South Carolina; it just didn't have the resources to pull itself back together.

Dr. Laken knew that connecting the HIE system was "off the table" given the urgent need to direct resources toward community rebuilding. However, she believed the initiative could be reanimated if the relationships she had forged around it could be nurtured and sustained:

So, I started working on letting people know about these connections and the trust that had been built over time among the partners in the hopes they would be able to get future funding. I began bringing new people from MUSC up to Williamsburg to meet with everyone there as I was planning to retire and I wanted folks to connect before I did.

Indeed, a small amount of money from the same grant stream used to purchase the *Health Office Anywhere* software was identified by MUSC's new Chief Information Officer who reached out to Dr. Laken for guidance on utilizing the funds to advance the HIE initiative:

I outlined what needed to be done next and gave them the names of the folks I had brought up to WRH so they could tap those folks to keep things going. It was important to continue the Community Health Advisory Board meetings and have the university work with the Health Office Anywhere database to link the school records with the temporary ER in Williamsburg.

Dr. Laken took a triage approach, trying to nurture the links and skeletal framework that remained of HIE after the flooding so that something could eventually arise from it. As Dr. Laken's retirement approached, Dr. Suparna Qanungo, who had been the project coordinator, agreed to take the lead on continuing the HIE initiative. Although the aim is still to establish an electronic network between Williamsburg county schools and WRH's emergency room facility, Dr. Laken described her concern about the limited funding and the university's current more narrow focus on developing coding:

It takes extra time and effort when you're working with the community. Going forward, the university's focus is on developing the coding to allow them to connect the school district's student records with the ER, but that requires parental consent, and that means you have to meet with the PTA, teachers and parents to get everybody involved and motivated. You can't just send a permission slip home. If a parent barely has a high school education and doesn't understand what this is all about, they're not likely to sign that form. You need to help people understand what it is you're trying to do. I didn't get the sense that was of interest to them; they're only focused on getting the code written. It maybe they see that as a first step to getting additional funds to do a pilot implementation correctly. So, I'm seeing some positives and some concerns; it all really will depend on ongoing funding.

Enduring Impacts

It was frustrating for Dr. Laken to not be able to see the HIE initiative realized after it was derailed by the flooding. Communities in Williamsburg County today are still struggling to get back on their civic feet. However, Dr. Laken remains resolute about the need for medical records systems to work seamlessly and how this model could benefit the only hospital in Williamsburg County:

Electronic medical records are a federal requirement. What's not a given is connecting those medical records with school districts and private practices not owned by the hospital. That's what was novel about what we were trying to do in a very rural area. Right now, everybody has a different electronic health record and these systems don't talk to each other so there's no coordination of care, and ER treatment is based on the immediate information without benefit of a medical history. The HIE project was developing the common language and written agreement to allow the electronic exchange of information. If the flood had not occurred, I think we could have gotten bipartisan support to finish what the SE VIEW project and expand it as a model for other counties. We felt if we could do it in Williamsburg, we could do it anywhere.

Dr. Laken believes the seed has been planted and the relationships needed to nurture it remain intact. Key allies have stepped forward to champion the HIE initiative. The WRH CEO eagerly met with all the MUSC representatives Dr. Laken brought to her and stays in contact with them, and MUSC has maintained its relationship with her. Although WRH is still not in great shape, and the HIE initiative steps are small, together they have the potential to return to trailblazing:

It's never been done before, but once they get that code written then someone can write a grant to get the funding to demonstrate that it's feasible, that parents will sign up for it, that the transfer of records occurs and that it improves care coordination.

Before the flood, Dr. Laken had planned to study the outcomes of the HIE pilot implementation to gather evidence that the electronic exchange of patient medical records does have a positive impact on quality of care.

She believes this kind of study remains very appealing to funding entities and is confident the new team of stakeholders and community partners will bring a newly invigorated HIE initiative over the finish line.

CASE STUDY - Phase II Programs

Community-based Participatory Research to Improve Oral Health

PI: Renata S. Leite, DDS, MS., Assistant Professor, Dept. of Stomatology/Periodontics

Target: African-American Gullah population, living in the Southeastern coastal regions, directly descended from rice plantation enslaved West Africans.

Summary: The Gullah people face numerous barriers that impede prevention and early treatment of oral health conditions including rural residency, lack of insurance, low education levels, fear and cultural experiences that contribute to distrust of medical practitioners. This community-based participatory research (CBPR) engaged Johns Island community members in identifying barriers to oral care and implementing culturally appropriate, multi-level interventions to improve oral health literacy and oral care self-management practices. The program incorporated advanced CAD/CAM technology in dental restorative procedures leading to shortened treatment time, reduced lab fees, and the provision of state-of-the-art esthetic prosthetic therapy.

Study Design

The CBPR to Improve Oral Health used church-based strategies, group-based education, and one-on-one counseling with a community oral health promoter (COHP).

The *group-level intervention* (only at the intervention church) involved a Community Oral Health Promoter who responded to participants' calls, reminded them of scheduled appointments, and ensured they had transportation. Dr. Leite worked with the COHP to facilitate monthly gatherings of study participants, which featured lively discussion of the Oral Health Handbook. The *individual-level intervention* (at both churches) involved church-site dental exams, referrals to outside dental clinics, and gas cards to overcome transportation barriers. Control church participants got dental exams in the chair at the church, clinic referrals, and gas cards but no presentations, monthly group meetings, or interaction with the COHP.

Intervention Church	Control Church
20 participants	15 participants
19 visited community clinic for dental treatment	14 visited community clinic for dental treatment
19 completed three-month visit	10 completed three-month visit
7 completed six-month visit	7 completed six-month visit
1 terminated due to noncompliance with protocol	5 terminated due to noncompliance with protocol

With just 20 participants in the intervention church and 15 controls, the outcomes of this pilot study are limited. However, more intervention participants were seen at the clinic, returned for a three-month visit, and fewer were terminated from the study. The clinic director confirmed fewer extractions in the study participants due to the CAD/CAM technology that makes crowns, veneers and restorations more affordable. Equally important, Dr. Leite said the study demonstrated a successful model that can be used for recruiting, intervention and scalability to larger community settings.

Lessons Learned

Observing interactions between the COHP and participants, Dr. Leite deepened her understanding of the value of the COHP in community-based research, and her own limitations in this context:

Even though I felt they were comfortable with me, it was different when they were with her. It was the way I responded, not being part of that community, being the dentist and responding in a more clinical way. Even though she didn't know some of them, she could talk to them in a more personal way that really made a difference in their behavior or relieved them of their fears. I could say all day long that it was not going to hurt, but when she said it, it was different.

Enduring Impacts

In the fall of 2017, Dr. Leite and Lisa Summerlin, RDH, administered a three-question, qualitative follow-up survey to 31 participants in the intervention. This endeavor documented several enduring impacts that bode well for the oral health of these participants and point to the viability of this model were it to be scaled up.

When asked to describe which aspects of the CBPR Oral Health intervention they liked best or helped them the most, several respondents stated that they learned to take better care of their teeth and many shared specific examples that reflect new knowledge about diet and better oral health care habits:

Showing how much damage sugar can cause to the teeth.

I now remember to brush my gums in circles and keep up with regular flossing. I try to practice good eating habits most of the time.

I learned about changing to a soft toothbrush. I also floss two times daily instead of once a day.

I learned about mouthwash choices, such as using the ACT brand.

I learned about limiting sugars, flossing daily and brushing properly (under the gums).

Learned about proper flossing and how important it is to get an abscessed tooth out and the importance of deep cleanings.

The respondents were pleased with the program's financial assistance and access to quality dental care. This incentivized some to maintain regular visits at the dental clinics where they had established relationships:

I'm now able to get cleanings twice a year from Our Lady of Mercy Dental Clinic.

I like that I don't have to wait for an appointment at Our Lady of Mercy and they offer great care.

Respondents' comments below illustrate how essential it is that staff treat participants with respect and meet them at their level of understanding. This helped them to process the new information and habits the program aimed to deliver:

I liked the staff, as they made you feel comfortable and were not judgmental and were very helpful.

I appreciated the conversation with the staff as they explained clearly and so simply and in a way, anyone could understand. If people do not understand, they will not change.

Importantly, the intervention helped to reduce fear in one participant:

I was afraid of needles and now I'm not as afraid of the dentist.

Some respondents shared examples of changed habits or different lifestyle choices they continue to make—as

a result of the intervention. In addition to getting dental check-ups more often (e.g., every six months) the changes cited most included:

- ✓ Floss teeth more often or regularly
- ✓ Brush teeth more often or regularly
- ✓ Brush under gums
- ✓ Drink more water
- ✓ Use electric toothbrush
- ✓ Rinse teeth after coffee
- ✓ Cut back on sodas and gum
- ✓ Cut back on cigarette smoking
- ✓ Eat more green foods / fresh foods
- ✓ Eat fewer sweets and sugary foods
- ✓ Reduced use of sweeteners in food and drink

One participant was pleased with an added benefit that accompanied better eating and another reported passing on oral care practices learned through the intervention to family members:

I changed my eating habits as a result of knowing how sugar affects my teeth and health by eating less sugar. As a bonus, I have lost weight.

I never used to floss daily and now I do to preserve my teeth. I brush more and teach my daughter to brush twice daily and go to the dentist regularly. Previously, I only went to the dentist when I had to, but now it is more a preventive measure.

Lastly, a respondent spoke of having their “eyes opened” to overall better oral health while another became “more mindful” of not causing gum recession by brushing too hard.

When asked for suggestions on ways to improve the CBPR Oral Health project, most expressed satisfaction about being in the program and felt it did not need improvements. The comments below are representative of this sentiment:

I think the program is fine as is.

No improvements, but glad I participated and that I am not in my same rut.

Others praised the program and expressed gratitude for what the program taught them:

The project was awesome and SO helpful to me. I wish the project was offered again to get the word out more about good oral health habits.

I thank God for the project and don't know where I'd be in my oral care without the help of the project.

Great project, enjoyed very much, especially the dental flash cards!

In terms of recommendations for program improvement, several respondents would like to see the intervention offered again so more community members can benefit from it. A participant who spoke with other parishioners reported that they would have attended had evening sessions been offered; others echoed the sentiment that the intervention would be well attended if it were offered at additional times:

Maybe do a weekend outreach program to help with better participation, especially for those who work.

Try to offer more flexible times for a future project, like in the evenings.

I'd like to see the project repeated. Many people in my church ask and would like to participate.

Patient Risk Assessment & Health Education with Computer Kiosks in Community Health Centers

PI: Vanessa Diaz, MD – Associate Professor, Dept. of Family Medicine, MUSC

Target: Adults 18 – 35 years old

Summary: This program focused on improving patient understanding of personal health risks and adopting healthy habits, a strategy especially relevant to minority patients and military-eligible individuals given its potential to improve fitness for service. The study evaluated the impact of an interactive, tablet-based lifestyle behavior questionnaire prior to a patient's primary care visit on counseling for health behaviors and the patient-provider relationship. At two federally qualified health centers (intervention and control), patients with appointments to see their primary care providers completed a tablet-based assessment covering their nutrition, physical activity, weight, smoking status, and alcohol use. Intervention participants filled out the questionnaire before seeing their providers; participants in the control group completed it after their appointments. Upon completion at the intervention site, summary printouts were given to providers for immediate review prior to seeing their patients and these participants were asked if they wanted to discuss the results with their providers. In the control group, summary printouts were mailed to each control participant's doctor after the 12-month study follow-up.

The study enrolled 252 individuals (53% intervention; 47% controls) comprised of 71% Black, 5% Hispanic, and 69% female. More than half were overweight or with 20 of the 35 participants who expressed interest in serving in the military falling into this category, confirming that the project reached individuals ineligible to enlist in the Armed Forces due to health risk. Participants identified as having unhealthy lifestyle behaviors were asked if they desired doctor counseling (e.g., on weight loss, healthier eating, exercise, quit smoking and/or drinking). The Patient Risk Assessment & Health Education with Computer Kiosks in Community centers achieved the following benchmarks:

- ✓ A majority of participants had accurate views of their behaviors, with no significant difference between control and intervention groups at baseline.
- ✓ Intervention participants were more likely to trust their providers (83% vs. 71% of controls), and feel their provider cared about their health (80% vs. 68% of controls)
- ✓ Of the 68% (N=48) in the intervention group who wanted to discuss weight loss with their doctors during the visit, 59% (N=32) reported at one-week follow up that they had that discussion. Of the controls, only 33% (N=16) reported having such discussions with their providers about weight loss.
- ✓ Intervention participants were more satisfied with provider honesty; 93% who received healthier lifestyle counseling felt their provider told them the truth about their weight compared to 76% who did not receive counseling.

At the six-month follow-up, results showed that more than three quarters of patients wanted to discuss weight loss and other issues with their doctors. Equally important, the ensuing discussions were associated with improved patient-provider relationships, according to Dr. Diaz:

Our patients don't want us to gloss over things just to get out of the room. They want those tough conversations. Patients may feel you're more trust worthy because you're willing to tell them the hard truths. This is contrary to the widely held belief that patients don't want to hear they have to lose weight because it'll offend them and they don't want to talk about it.

Although the study lost too many participants to conduct a valid 12-month analysis, the findings suggest a tablet-based survey intervention is a practical tool that can improve patient-physician communication about

preventable conditions. Feedback from doctors indicated they found the discussions with patients much easier than anticipated and that knowing the patient had already given permission helped them to broach the topics of concern. Dr. Diaz believes that giving doctors advance notice that patients do want to talk about these topics helps them initiate such counseling:

It gave everybody the permission they needed and they were more comfortable having the discussions. We showed this technology didn't supplant the conversation, but rather helped to augment it.

Enduring Impacts

Dr. Diaz is more convinced of the value of technology than when she launched the study and confirmed her commitment to integrating more technology into the clinical setting:

As a primary care provider, you deal with competing needs—the patient's acute needs when they come in and the education piece, trying to prevent disease. All these assessments and screenings can be overwhelming, just like it would be to know every medication that exists. Technology can help us with these tasks in a way that enhances what we're providing to the patient.

She intends to focus future research projects on provider-patient counseling with the goal of identifying best practices in this setting:

I want to get a better idea of what actually takes place in the counseling part of the visit. Now that we've started the conversation, how do we make it most effective? We could debrief the provider and patient or maybe videotape the visit to study what works well.

Principal Investigator's Perspective on SE VIEW's Enduring Impacts

Dr. Sabra Slaughter conceived of the Southeastern Virtual Institute for Health Equity and Wellness as a collaborative platform where community partners could streamline their efforts and amplify their impact.

We wanted to develop applied research in health disparities reduction and prevention with the goal of delivering innovative healthcare solutions and capacity building to primarily marginally served communities in the state of South Carolina.

To that end, Dr. Slaughter identified and funded the programs in Phase I and II over the grant term. Varied forms of collaboration amongst SE VIEW partners flourished under the SE VIEW umbrella, strengthening expertise, resource sharing, and community alliances which adapted to new circumstances and needs in order to endure. For example, Several SE VIEW-funded programs formed health councils that brought local providers together and demonstrated that the effectiveness of community-based research that actively engages community members around the topics they identify as most critical to them. In his final interview for this report, Dr. Slaughter identified several SE VIEW impacts on the national, state, and local level which continue to reverberate throughout communities served by the grant long after funding ended.

SE VIEW's Enduring Impacts

➤ National level

SE VIEW continues to have broad nationwide impact through the National Conference on Health Disparities, spearheaded by the Public Information and Community Outreach office of MUSC. The grant enabled SE VIEW to become a co-sponsor of the conference in 2010 and remain a solid source of support and input throughout the conference's 11-year history. SE VIEW stakeholders and representatives participated in numerous conference activities, primarily as expert panelists and panel moderators.

SE VIEW has emphasized pipeline development of young health care professionals over the past five conferences through its robust participation in the Undergraduate and Graduate Research Forum, a pre-conference session. This session provides aspiring health care professionals the opportunity to present their work in poster sessions and presentations and integrates them into the conference as a whole. These motivated students interact with each other and with professionals in their respective fields, which in turn fosters their development and strengthens the network of support they will need to persevere and excel in their chosen fields (public health, medical, dental, pharmacy, etc.) This aspect of SE VIEW's conference participation sustains the critical mission of developing professionals prepared to engage in innovative health practices. As Dr. Slaughter noted:

The students who participate in that Forum really underscore the pipeline premise we've been talking about since SE VIEW's founding. The Forum is an extension of the models we initiated at the ground level, such as Junior Doctors of Health, Health Careers Academy, and the summer program of MOVEN-UP. These programs are now informing activities at the national level.

SEVIEW's participation in the National Conference on Health Disparities has also enabled key stakeholders to interact with congressional and civic leaders and share their observations of needs at the local level. Keynote speakers are invited from the Robert Wood Johnson Foundation, the Kellogg Foundation, and other nationally known entities such as Covered California. This has informed some of the legislation proposed by lawmakers. For example, Health Empowerment Zones were a key topic of discussion during President Obama's administration and critical discussion about this concept were held during a convening of the Congressional Forum at the conference. As Dr. Slaughter recalled:

We dialoged with conferees about Health Empowerment Zones when it was being developed, and the concept was subsequently adopted, utilized and replicated in the state of Maryland. During our last conference, a former U.S. legislator who was involved in crafting that legislation talked about the value of being able to develop and refine the concept at the conference amongst a well-informed group of health care professionals.

➤ State level

SE VIEW has had enduring impacts on tele-health in South Carolina, helping to develop telecommunications technology tools to support remote diagnostic and treatment options for people, particularly low-income and rural residents, in underserved regions of the state. In 2013, South Carolina legislators approved a grant of 12.4 million to MUSC to advance the delivery of tele-health services over an open-access network. With overarching goals to improve access to health education, encourage tele-health innovation, and open portals throughout the state as a whole, the grant's objectives focused on maximizing tele-stroke coverage, tele-intensive critical care, and seeing that medically underserved children got the care they needed through school-based tele-health. SE VIEW rose to the challenge by underwriting the three major initiatives below, which form the foundation of South Carolina's tele-health network:

1) **MUSC REACH** (Remote Evaluation of Acute Ischemic Stroke) Tele-stroke program was initiated in 2008 spearheaded by Dr. Robert Adams, a SE VIEW co-investigator. Program milestones include 90 percent of South Carolina's population now reside within 60 minutes of expert stroke care; MUSC REACH averages 1,000 consults per year, seven of MUSC's partner sites are now Primary Stroke Centers, and the network now incorporates acute and scheduled general neurology consultations and post-tPA tele-rounds.

2) **MUSC Health Tele-ICU** operations center in Charleston went live in 2015 under the direction of Dr. Dee Ford, a SE VIEW co-investigator. The program



continues to deliver comprehensive, around-the-clock ICU patient monitoring by board-certified intensivists, nurse practitioners, and critical care registered nurses through real-time, two-way videoconferencing and streaming of the patients' health metrics from the bedside. The Tele-ICU operations center, along with the team education program, ensures that patients' needs are matched to appropriate levels of care and that specialized care and consultation is delivered to clinicians, patients, and families in ICUs across the state.

3) **School-based tele-health**, under the direction of Dr. James McElligott, a SE VIEW co-investigator, was initiated in 2015 to provide primary care in three schools in Williamsburg County, one of the state's poorest. Today, as Medical Director of MUSC Health's Center for Tele-health, Dr. McElligott oversees the program's expansion. A nurse practitioner now provides tele-consults throughout the school week and the program serves 45 schools / school districts equipped with digital health technology. In addition to impoverished schools in rural areas, urban schools with underserved students in Charleston also benefit from the state's tele-health network.

Currently, Dr. Slaughter is the interim Director at the Center for Health Disparities Research where he and SE VIEW Program Manager Tracey Smith provide leadership and staffing support to help launch new programs that replicate these successful models.

The Center for Health Disparities Research is now contracting with the South Carolina Telehealth Alliance, based at MUSC, to provide nurse case management and remote case monitoring through the use of Technology-Assisted Case Management (TACM-2 formally called SC Tele-Support Diabetes Management Initiative by its designer and SE VIEW co-investigator Leonard E. Egede, MD).

Dr. Slaughter and his team are exploring opportunities to establish partnerships with federally qualified health centers and free clinics in three counties with a high prevalence of diabetes and hypertension. His ultimate aim is to expand SE VIEW's footprint on tele-health by partnering with local providers in the federally qualified health centers and free clinics in these counties:

We want to replicate and demonstrate how this model increases access to quality care while reducing morbidity and lowering costs. We're reaching out to other SE VIEW investigators, such as Dr. Vanessa Diaz who spearheaded the patient-kiosk project to get her involved in TACM-2 to replicate this program in the family health clinics that are part of the MUSC primary care network. The program now has about 500 participants at 24 sites, and we expect to have more than 1000 participants and additional sites across the three counties by the end of 2018. We're very excited about this growth and potential impact to reduce health disparities.

➤ Local / Personal level

All three professional women who received SE VIEW funding through the Junior Faculty Development awards have achieved the goals they set for themselves. Tiffany Williams and Debbie Bryant recently told Dr. Slaughter that the SE VIEW program not only supported their professional and personal growth, but also fostered a bond between them as College of Nursing faculty that enabled them to talk collectively about navigating the university system and the nursing profession: "The connectivity that SE VIEW engendered is really what made this all possible."

SE VIEW's positive impact on individual students being prepared for careers in the health and biomedical sciences is apparent at the yearly convening of the National Conference on Health Disparities pre-conference session, the Undergraduate & Graduate Student Forum. Dr. Slaughter speaks enthusiastically about the promise this vibrant multicultural group of young aspiring health care professionals represents and SE VIEW's role in fostering their movement through the development pipeline:

They're all very eager to embrace the opportunity before them. We engage in rich, interactive conversation, lots of back and forth. I tell them how excited I am to see them and encourage them to take full advantage of the conference, not only the information we present as experts,

but to learn from each other and find ways to become part of the professional network we're promoting because they are the next generation. Hearing what these young people are passionate about, the questions they ask, seeing the original research and replication of studies they're doing, their engagement in their poster sessions is a very exciting and rewarding part of this conference.

Summary and Conclusions

The SE VIEW model itself was a gamble that proved fortuitous, possibly because it was so ambitious. The multidisciplinary team of researchers, educators, and community partners that SE VIEW brought under its umbrella were united by the drive to deliver innovative health care and community-building solutions for underserved populations. The fact that they varied so widely in modality, scope and aim could have been a structural flaw for SE VIEW. However, those very differences may have been what made this unique group so productive in terms of the level of collaboration and resource sharing achieved. A brief recap of some SE VIEW meta achievements include:

- ✓ Junior Doctors of Health illustrated the benefits of creating a sustained collaboration between institutional partners, professors, students, and the children who interact with the college-based mentors.
- ✓ The tablet-based kiosk for patient assessment and the dental intervention studies, though small, provided templates for expansion to larger cohorts and settings.
- ✓ The young people involved in the AHEC Teen Health Literacy Project learned to be critical thinkers to better assess the validity and source of online information.
- ✓ The pilot-tested, train-the-trainer model curriculum continues to exponentially prepare more health system navigators to assist community members in accessing and understand the care they need.
- ✓ A robust tele-health network is in place throughout the state and expanding in terms of reach and the kind of diagnostics and treatment it can foster.
- ✓ Young people aspiring to bring cutting edge ideas to health care professions are being mentored through networks that feed a critical pipeline to the future.

Although SE VIEW's goals were broad and ambitious, the fact that it also funded small pilot studies was fundamental to its success. The community-based oral health study had only 20 participants in the intervention church, and the HIE program succeeded in linking medical records systems across just one county, but it made history as the first in that county. The seed the HIE team planted outlived the rainstorm that washed away their initial efforts. With the relationship work already completed, key allies will be able to re-invigorate the HIE initiative and nurture it to a new iteration. As Dr. Laken emphasized, "if we could do it in Williamsburg, we could it anywhere."

SE VIEW's willingness to incubate pilot projects and test solutions along, with broader, traditional and non-traditional endeavors, laid the groundwork for dynamic cross-pollination and the scaling up of innovation through partnerships. Dr. Ford put it, these partnerships are "*bridges that strengthen the fabric of our communities.*"

When additional grants are secured for SE VIEW Phase III, the funded programs will model their successful predecessors and be well positioned to eventually produce the kind of healthcare innovations that underserved populations of South Carolina need.

SE VIEW created positive change by equipping people and programs with the resources they needed to maximize their personal and apply their collective talents. It is not possible to quantitatively measure the degree of difference the grant actually made as the disparities in health care along the I-95 corridor are

complex and multi-layered. However, the tendency to view the problem as too massive to address or ever resolve leads to inertia and inaction. This excerpt from “*The Star Thrower*” by Loren Eiseley is reflected in the SE VIEW initiative and shows why this massive endeavor did, indeed, make a difference:

Early one morning, a young man was walking along the beach after a thunderous storm had passed. The vast shore was littered with starfish as far as the eye could see in both directions. Off in the distance, the young man noticed an old man walking toward him. Every so often, the old man paused to bend down, pick up a starfish and throw it back into the sea. As they came closer, the young man greeted him and asked what he was doing. The old man replied, “Throwing starfish into the ocean. They can’t get back in the water without help and if they don’t, they’ll die when the sun gets high.” The young man scoffed, “But there are tens of thousands of starfish on this beach. You won’t really be able to make a difference.” The old man bent down, picked up yet another starfish and threw it as far as he could into the ocean. Then he turned to the young man and said, “Made a difference to that one.”

When challenges such as pervasive health disparities seem overwhelming, one effective approach is to break each challenge down into smaller components and tackle those individually—just as the old man did by helping one starfish at a time. In this same way, the SE VIEW initiative did make a world of difference to the teenager aspiring to a career in STEM, to the rural client now practicing better oral health care, to the mentored JFD recipients, and to the countless consumers aided by the trained community health care navigators.

In summation, the work of the South Eastern Virtual Institute for Health Equity and Wellness over the grant term has produced viable models of scalability that are effectively addressing the health care disparities it was created to mitigate. New funding for a SE VIEW Phase III will enable the innovative programming that is SE VIEW’s hallmark to expand its enduring, positive impacts.