

MUSC celebrates purchase of four community hospitals

Acquisition marks first time MUSC has purchased other hospitals

BY HELEN ADAMS

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Rehabilitation technician Edna McClinton has worked at Springs Memorial Hospital in Lancaster, South Carolina, for more than 30 years. Today, she's celebrating its sale to MUSC.

"I've seen a lot of changes over the years. I think this is one of the best ones, because MUSC has such a great name in the Carolinas," McClinton said.

Springs Memorial Hospital, not far from Charlotte, North Carolina, is one of four community hospitals now owned by MUSC. As of today, Springs Memorial Hospital's name changes to MUSC Health Lancaster Medical Center.

The other hospitals are Carolinas Hospital System-Florence (now MUSC Health Florence Medical Center), Carolinas Hospital System-Marion (now MUSC Health Marion Medical Center) and Chester Regional Medical Center (now MUSC Health Chester Medical Center).

This marks the first time MUSC has acquired other hospitals. It bumps up the number of MUSC employees to more than 16,400 and doubles the number of patient beds in the MUSC Health network.

MUSC Health will finance the purchase through the Department of Housing and Urban Development, with up to \$137 million of debt and the assumption of certain leases for a total



Photos by Sarah Bonner

New jackets are just the beginning at MUSC Health Florence Medical Center, formerly Carolinas Hospital System-Florence.

"We could not be more excited about what this symbolizes for the future of health care delivery and connectivity for our state."

David J. Cole, M.D., FACS

care of people across South Carolina, including rural areas that desperately need more medical resources. Adding the four hospitals will also mean more potential residency spots for medical students from MUSC and other schools.

"We could not be more excited about what this symbolizes for the future of health care delivery and connectivity for our state," said MUSC President David J. Cole, M.D., FACS.

Here's a look at the four hospitals:

MUSC HEALTH CHESTER MEDICAL CENTER

MUSC Health Chester Medical

See **HOSPITALS** on page 11



MUSC Health CEO Dr. Patrick Cawley visited the hospitals on March 1.

sales price of \$176 million.

MUSC leaders say they have a responsibility to prepare for the future through strategic partnerships that will allow the MUSC Health network to take

4 Psych team heads South Helping kids in El Salvador combat violence.

7 Greenway fun Oyster roast will pave the way to history.

3 MUSC Social Workers at 50
5 Meet Zera Reveral
10 Health & Well-Being

AROUND CAMPUS

PEOPLE

Andrea Coyle



Andrea Coyle, RN, Professional Excellence & Magnet Program director, has been selected to serve as an American membership assembly representative for the American Nursing Association. Coyle, will serve in this ANA

from 2019 to 2021.

Raymond N. DuBois



Raymond N. DuBois, M.D., Ph.D., dean of the College of Medicine and professor, Departments of Biochemistry and Molecular Biology, was honored with the 2019 American Association for

Cancer Research Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research. The award will be presented at the AACR Annual Meeting 2019 held March 29 to April 3 in Atlanta, Georgia. DuBois, an internationally renowned expert in the molecular and genetic understanding of colorectal cancer, is being recognized for his global leadership in the early detection and prevention of colorectal cancer.



Photo by Anne Thompson
James B. Edwards College of Dental Medicine Dean Dr. Sarandeep Huja joins dental students Ami Nguyen, left, and Amanda Van during the poster session of the Feb. 28 Dental Scholars Day event.

Jonathan Edwards



Jonathan Edwards, M.D., professor of neurology and director of the MUSC Health Comprehensive Epilepsy Center, was named Neurosciences Integrated Center of Clinical Excellence

(ICCE) chief. Edwards served as interim chief previously. An epileptologist, Edwards also serves on the MUSC-P Board Executive Committee.

Stephen Gadomski



Stephen Gadomski, an MUSC Medical Scientist Training Program (M.D./Ph.D.) student, has been selected to be a participant in the 2019 Gates Cambridge Scholars Program at the University of

Cambridge. Gadomski is completing his second year of medical school and will begin his doctoral work in a partnership between the NIH and the University of Cambridge for four years.

EVENTS

Charleston Wine + Food

The 14th annual Charleston Wine + Food Festival will take place from March 6 to March 10. Top chefs, winemakers, authors, storytellers and food enthusiasts will be visiting the Holy City to participate in more than 100 culinary experiences around Charleston. For ticket information, call 843-727-9998 or visit www.charlestonwineandfood.com.

Septima Clark Poetry Contest

The Septima P. Clark poetry contest, coordinated by the Office of Student Programs & Student Diversity, the College of Health Professions and Charleston Poet Laureate Marcus Amaker, was created to honor the Charleston native and civil rights advocate for her dedication, service, education and equality. The contest is open to elementary, middle and high school students and should feature these themes. Submissions are accepted until April 1. Visit www.musc.edu/spsd.

Career Roadmap Planning

MUSC University Learning & Talent Development is hosting a Career Roadmap Career Planning Workshop from 10 a.m. to noon, Wednesday, March 27, EL-109 (Colbert Library). Participants will learn how to identify strengths, determine career interests and create an individual development plan. Enroll via MyQuest or email training@muscd.edu.

MUSC CATALYST news

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MUSC social workers celebrate 50 years of service

A part of MUSC history

By MARY CATHERINE DUBOIS

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1969 marked a time of great social change in our country. The civil rights movement and Vietnam War protests were in full swing. The Stonewall rebellion marked the beginning of the gay rights movement. The Equal Pay Act of 1963 had passed, and MUSC's own hospital workers strike for equal pay for African-Americans occurred.

During this time of great change, June Stevenson, a forward-thinking social worker, established the first Medical Social Services Department at MUSC, beginning an era of addressing social problems as they affected health and recovery in the community. While the Department of Pediatrics had a social worker to address child abuse and other issues and the Department of Psychiatry had two social workers as part of the treatment team, other inpatients did not have access to a social worker. Hospital leaders realized that social issues were affecting the ability to discharge patients and thus the bottom line – a problem that still exists today.

When Stevenson, now La Via, started the Medical Social Services Department, she said she had to “sell the medical teams on the value of social work to the overall mission of the hospital.” The



Photo provided

Social workers work in multiple areas around MUSC Health.

problems she addressed were not so different from what our social workers face today: the lack of financial or agency resources to address real human needs that affect health and well-being. She connected patients and families with existing community resources.

She believes her success stemmed from her ability to talk with people about their problems and learn the root cause of why a person was not adhering to a treatment

plan.

“I experienced this with a patient who refused to leave the hospital. During my conversation with him about why he was still in the hospital, he told me, ‘Three hots and a cot ain’t so bad.’ Outside our walls, he had housing and food insecurity, while here in the hospital, his basic needs of food and shelter were met,” she said.

Due to lessons learned from a

complicated discharge plan, Stevenson was instrumental in the creation of the first interdisciplinary treatment team rounding for the patient population she served, which is now standard practice for all services. She adds that resourcefulness, flexibility and a keen intuition were her most valuable tools. She not only created a supportive discharge plan sensitive to social or personal problems so patients would be successful in recovery, but she also counseled them in adjusting to an illness or disability.

She remembers that once the medical teams saw the value of social work, the demand for services increased; some even hired their own. She remembers that in 1990, some of the social workers wore buttons that read: “Social Work is Good Medicine” to continue promoting the importance of involving social workers in patient care. She sometimes wonders whether the first social work department would have been established had it not been for the social turmoil of that era. Nothing happens in a vacuum.

MUSC Global and Public Health Week from April 1-5

A Public Health Expo will take place from 11 a.m. to 1 p.m., Monday, April 1, in the Portico/Horseshoe Featured are Global Health travel grant presentations at noon, EL 115, Colbert Library.

MUSC Social Workers (1969 to Present)

Eanna Aaron, Michele Birsner, Sarah Bishop, Renea Bligen, Ashley Bliss, Allison Bonesteel, Hope Buncum, Tonisha Cabbagestalk, Sheri Carvalho, Erin Courtney, Cheri Demarch, Mary Catherine Dubois, Amanda Dunlap, Kristin Farris, Kelly Finke, Carnecia Gillard, Mary Gunter, Melissa Harris, Kathryn Higgs, Li Hunninghake, Katie Hunter, Ciera Jones, Catherine Matto, Polly Mccann, Sarah Medber, Roberta Murchison, Paul Myers, Lauren Nabors, Tawana Philpott, Aleiya Pinckney, Tiombe Plair, Cynthia Plaster, Joyce Rivers-Miller, Catherine Roger, Megan Scallion, Crysta Schaff, Julia Schrecker, Mary Lou Shoemaker, Shavonna Simmons, Britney Smalls, Catrice Smalls, Abigail Steere Williams, Amy Summy, Sherrell Thomas Nelson, LaKeya Wade, Peggy Willis, Jessica Winkler, Janis Ziman, Payton-Harmon, Angel L. Elizabeth Britt, Kelly Smith, Gail Horinbein, Mary L. Seabrook, Irene Dorsey, Elena Bell and Cherlyn Monroe.

Faculty award nominations now open

A call for nominations is now underway for the MUSC faculty to recognize peers who have made outstanding contributions to the university through teaching or research initiatives.

Awards may be given in the following categories:

- Distinguished Faculty Service
- Outstanding Clinician
- Population Health
- Developing Scholar (Research)
- The Peggy Schachte Research Mentor Award

Any regular full-time faculty member who holds an academic rank of instructor or higher in a college or department at MUSC and has not been the recipient of this award within the previous three years is eligible for nomination.

The deadline for nominations is March 15. Nominees must submit supporting materials. Forms can be found at <https://education.musc.edu/leadership/provost/leadership/faculty-awards> or call 843-792-0945.

MUSC team sharing trauma therapy tools

Trauma therapy taught to therapists to help San Salvador children

BY LESLIE CANTU

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MUSC is bringing its mental health expertise to El Salvador.

A team from the Department of Psychiatry and Behavioral Sciences is working on an open pilot trial introducing trauma-focused cognitive behavioral therapy (TF-CBT) for children in the San Salvador region.

Regan Stewart, Ph.D., is the project director for Supporting Trauma Treatment and Resiliency Services (STARR)-El Salvador, which is funded by the U.S. Agency for International Development and implemented by Creative Associates International, a global development organization. She is working with Rosaura Orenco-Aguayo, Ph.D., and Michael de Arellano, Ph.D., project co-directors.

The three-pronged project will offer a trauma-informed systems curriculum and a self-care curriculum for victim service agencies, and conduct schoolwide mental health screenings.

Stewart said they developed the plan after traveling to El Salvador and meeting with community partners and victim service agencies to determine the type of assistance they wanted.

They found that, in addition to training on TF-CBT, the local therapists needed a self-care curriculum.

“There is a great deal of general community violence that these providers are exposed to. So one of the things we are noticing is the importance of building in a self-care component, even within teaching the providers how to provide TF-CBT, because it was bringing up their own traumatic events,” she said.

The Salvadoran organization FUNPRES has 16 therapists learning TF-CBT. The therapists are based in five schools and one community clinic. Stewart said the Ministry of Education selected the schools that officials thought most needed this intervention.

The MUSC group will also teach a sort of “Trauma 101” to help people working in the five schools and the clinic – whether they’re front desk staff, janitors, administrative staff or teachers – to recognize when children are showing signs of trauma.

Trauma-focused cognitive behavioral therapy is a gold standard trauma treatment for children and adolescents, Stewart said. It’s been tested in randomized trials throughout the world and can be used with children who have experienced a range of traumatic events, whether physical or sexual abuse, witnessing a murder, community violence or even being in a bad car crash – anything where the child feels his or her life or safety is at risk.

But some of the traumas of Salvadoran children are likely to be different than those of most American children. Although they haven’t yet started the TF-CBT with children, the Salvadoran therapists said they expect to be treating the aftermaths of kidnappings and murder with many of the children, traumas that may be less frequent for therapists in the United States, Stewart said.

The MUSC team has also had to make some cultural adjustments to the treatment method. For example, in a relaxation exercise for small children, the children are usually told to tense all their muscles like uncooked spaghetti and then relax them like cooked spaghetti. Since the Salvadoran children don’t eat as much spaghetti as their American counterparts, the team changed the exercise to use a hard tortilla/soft tortilla visualization.

The MUSC team along with the participants in the TF-CBT training.

The final aspect of the pilot project is the schoolwide mental health screening. This isn’t meant to identify specific students in need of help but rather to get baseline information on the percentage of students struggling with post-traumatic stress disorder, anxiety and depression, Stewart said.



Photos provided

Katherine Teefey, program coordinator; Regan Stewart, project director; Rosaura Orenco-Aguayo, co-project director; and Bianca Villalobos, postdoctoral fellow, at the Ministry of Education.



Dr. Rosaura Orenco-Aguayo, left, shares a moment with participants in a role-playing activity during the TF-CBT training.

Funding for the project ends in October, so Stewart is already working with Creative Associates International and U.S. AID on a new proposal. Ideally, she said, the next phase would be a randomized control trial of TF-CBT in El Salvador.

The MUSC project directors – all of

whom are bilingual – hold weekly Skype calls with the Salvadoran team to check on its progress and for the Salvadoran team to share what’s working and what isn’t. The MUSC team will return to El Salvador in May and again in August to continue the trainings.

MEET ZERA



Zera Reveral

Department; How long at MUSC
Department of Surgery; 4 years

How are you changing what's possible at MUSC
By being helpful to everyone I encounter

Family and pets
Parents, Randy and Jo-anne Reveral; brothers, John, Richie and Neo; sister, Zuerte; fiancé, Jake Place; and dog, Mr. Tibbs (a Great Dane-Mastiff mix)

A unique talent you have
I'm a cartoonist/sketch artist on the side.

What is a fun hobby
Playing online video games. My favorite is World of Warcraft.

Favorite outdoor activity
Longboarding in the streets

Greatest moment in your life
Being engaged to my best friend, Jake

Favorite quote
"Be yourself; everyone else is already taken." — Oscar Wilde

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Data Coordination Unit shines a light on stroke treatment question

By LESLIE CANTU
cantu@musc.edu

A national study has answered a much-debated question about caring for stroke patients with high blood sugar levels, clearing the way for researchers to move on to other questions, says the director of MUSC's Data Coordination Unit.

Valerie Durkalski-Mauldin, Ph.D., served as the lead statistician and principal investigator of the Data Coordinating Center for the nationwide Stroke Hyperglycemia Insulin Network Effect (SHINE) Trial, funded by the National Institute of Neurological Disorders and Stroke. The SHINE investigators, led by study chair Karen Johnston, M.D., of the University of Virginia Health System, recently presented their findings during the International Stroke Conference in Hawaii.

The investigators sought to determine whether keeping blood sugar in a tightly controlled range, between 80 and 130 milligrams per deciliter, would lead to better outcomes for stroke patients than the current standard of keeping it below 180. Stroke experts have long known that hyperglycemia – or high blood sugar – is common in people who've had acute ischemic strokes and is associated with worse patient outcomes, Johnston explained in an American Heart Association Science News interview after her stroke conference presentation.

A computerized system was used to keep blood sugar within those tight ranges. The system beeps every hour to prompt nurses to check the patient's blood sugar, then calculates the appropriate insulin dose to be delivered intravenously. Nurses work with the software to start or stop an IV drip, to enter blood glucose levels or to change the targeted levels. This system was tested



Photo provided

The SHINE Trial executive committee at the International Stroke Conference in February.

against the current standard of checking blood sugar levels every six hours and then giving insulin shots.

The intuitive answer would seem to be that the computerized intravenous method would show better outcomes for stroke patients, especially considering it's better at keeping wild fluctuations in blood sugar levels in check.

But that's not what the study found.

There was virtually no difference in 90-day outcomes between stroke patients who got insulin by the computerized IV method and those who got it through injections, Durkalski-Mauldin said. And the IV method came with a risk: The IV drip reduced blood glucose levels so much in some patients that they became

See **STROKE** on page 12

David Kent

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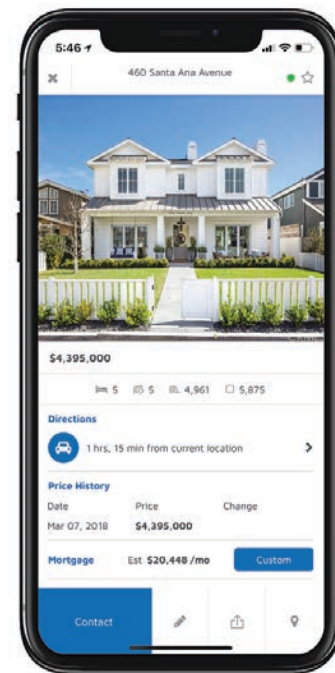


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Supporting the Greenway never tasted so good

BY BRYCE DONOVAN

donovanb@musc.edu

Most sidewalks don't get a birthday party.

But on March 15 from 5:30 to 9 p.m., the Charleston Medical District Greenway will hold a fundraising oyster roast to celebrate the preview of its new brick-paved walkway that will run right through the heart of the downtown sanctuary.

The new 10-foot-wide brick path will replace the existing concrete sidewalk on the Institute of Psychiatry side of Doughty Street and offer a more spacious and enjoyable experience for anyone who makes use of the green space.

"I know it's not normal to be this excited about a walkway," said Stephanie Lisi, Charleston Medical District Greenway coordinator, "but I'm telling you, it's going to be one of those subtle changes that makes such a huge difference in how you perceive a space."

But the new open area isn't even the most exciting part, Lisi added. People can purchase the bricks that will make up the walkway either at the event or by visiting charlestonmedicaldistrict.com and clicking on the "Brick Presale" link. Each brick costs \$250, which includes the cost of engraving and a monetary gift to the Charleston Medical District Annual Fund, and can be engraved with a personal two-line message. It's like buying a little piece of history, Lisi said.

The first stretch of the path will run from President to Ehrhardt Street, and eventually will extend from Ehrhardt to Courtenay Drive. The bonus is once the bricks are in place, purchasers will be able to visit the same website and find out exactly where their bricks are located on the two-block path. No one will have to stand out there staring at the ground like somebody who lost a contact lens.

One part St. Patrick's Day celebration, one much bigger part oyster-roast fundraiser, the Greenway event will feature dancers from Legacy Irish Dance, live music and lots of prize giveaways. Of

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WHAT: Charleston Medical District Greenway Oyster Roast

WHEN: 5:30 to 9 p.m., Friday, March 15

WHERE: On the Greenway (105 Doughty Street)

COST: In advance: \$30/person or \$55/couple, purchase at cmdoysterroast.eventbrite.com; At the door: \$35/person, \$60/couple

MORE INFO: Call 843-708-9298 or visit www.charlestonmedicaldistrict.com

course, there will also be plenty of oysters and adult beverages.

Tickets, now on sale, are \$30 per person or \$55 per couple and include oysters, two drink tickets, a koozie and a raffle ticket. Prices only go up by \$5 at the door, but you would miss out on the Koozie and raffle ticket.

The pedestrian-friendly Greenway opened to visitors in November 2017 and runs along Doughty Street between Ehrhardt and President streets in the heart of the medical district. A portion of Ehrhardt to Courtenay is also free of traffic. The area features giant trees covered in string lights, a raised deck and dozens of tables and chairs. Every weekday from 11 a.m. until 2 p.m., it offers at least two food trucks, and there is also a farmers market the first and third Thursday of each month.

"Sure, the Greenway gets primarily used by MUSC and Roper folks, but we want it to become a source of pride for the entire community," Lisi said. "Who doesn't like fresh air and sunshine? Our thought is the more people who use it, the more people who care about it. Slowly but surely, we're going to turn this little oasis into something truly special."

To purchase tickets, visit cmdoysterroast.eventbrite.com.



image provided

An artist's rendering shows the new brick-paved walkway, which will run from President to Ehrhardt Street on Doughty Street.



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Dreamer to pioneer: Former surgical resident comes home

Breast cancer surgeon addressed disparities, her own story

BY CAPERS MITCHELL

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Vivian Bea, M.D., is a pioneer in her field. From an early age, she has been determined to accomplish her dreams. Perhaps as importantly, she's also felt the need to give back and compelled to bring others along as well. She thanks wonderful mentors along her journey for her mindset. They will quickly tell you it's been her passion, hard work and dedication to improving the quality of life for patients that so quickly propelled her to rising star status in the medical field.

Recognized as a gifted breast surgeon, Bea used academics and strong will to push herself, continually moving forward. She attended the University of Miami and majored in musical performance (flute) and biology (pre-med). After graduating cum laude, she continued her academic pursuits and earned her Master of Science in Biological Sciences at Drexel University in Philadelphia, Pennsylvania. Later, she attended Morehouse School of Medicine in Atlanta, Georgia. Bea completed both her residency and internship in surgery at MUSC and would go on to complete her fellowship in breast surgery at the University of Texas MD Anderson Cancer Center, in Houston. Today, she is a respected breast surgeon at MD Anderson Cancer Center at Cooper in

Camden, NJ.

In addition to her focus on academics, Bea has always been a proud and active advocate for her community. She founded GLOSS (Girls Loving OurSelves Successfully) a middle school organization that is dedicated to empowering young girls to follow their dreams through mentoring. She is also a published author. "Please Don't Touch My Magical Hair," the first book in her Chocolate Kid Chronicles series, went on to become an Amazon bestselling book.

On Feb. 20, she was back on the campus she called "home" as the keynote speaker at a Black History Month (BHM) lecture. She welcomed guests with a warm and gracious "Good afternoon! It's so great to see so many familiar faces!"

Bea has dedicated her career to cancer research and treatment. She described the cancer disparities that exist among minority groups, especially African-Americans. She explained the injustices and inequalities that have been prevalent in health care.

Bea described the importance of understanding the history of health care. "We can all agree that it was not equal," she said, explaining that basic human rights were often denied to African-American citizens.

Bea connected the past to the present. "Older people like my grandparents — they always relate health care back to the



Photo by Bryce Donovan

Dr. Vivian Bea addresses the audience during the Feb. 20 Black History Month Noon Day Lecture sponsored by the Department of Diversity, Equity and Inclusion.

Tuskegee Experiment. Mistrust within the medical system certainly still exists."

What is the current state of African-American health? Nowhere near where it needs to be, Bea said. And she

would know. She specifically focuses on breast cancer disparities. "Breast cancer mortality is 40 percent higher in

See **SURGEON** on page 10

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Helping women with lupus feel less alone

BY HELEN ADAMS

adamshel@musc.edu

Glenda Davis-Allen was a 32-year-old nursing assistant with a mysterious rash on her arm and an unexplained wound on her leg. Her supervisor insisted she see a doctor. She tried skin treatment after skin treatment, but nothing worked.

Then, the doctor ran a test. It gave her a result that was both bewildering and explained a lot of things. Davis-Allen's rash and the sore spot on her leg, plus the fatigue that had plagued her for years, were connected. She had the autoimmune disease lupus.

"Nobody in my family had it," she said during a visit in her Charleston, South Carolina, home. "That made it hard. I'm alone. You question yourself."

More than two decades after that diagnosis, Davis-Allen wants to help other women suffering from the same condition. That's why she's happy to take part in a study at the MUSC pairing women who have had lupus for years with younger women who were recently diagnosed. "I want to be able to help some young lady, to let her know she's not alone."

Edith Williams, an assistant professor in the College of Medicine's Department of Public Health Sciences at MUSC, is leading the five-year study. "We just trained our mentors last weekend," she said.

The National Institutes of Health is providing more than \$2 million in funding for the project, called "Peer approaches to lupus self-management." Williams is focusing on African-American women.

"They develop it more often and have more serious complications and higher mortality and they're dying younger than other populations with lupus. This is an important population to intervene with and try to mitigate a lot of the worst complications," she said.

"The consensus is that there is a genetic link, but then there is some environmental trigger. Not everyone who has the genetic disposition is going to develop the disease. I believe as a group, African-Americans are exposed to social determinants of health that might contribute to lupus, including housing quality, air quality and occupations where they're exposed to chemicals."

Davis-Allen and her fellow mentors will each have three mentees, younger women with lupus who might need help understanding the disease and dealing with everything from medication to doctors' appointments. They'll communicate on smartphones provided by the



Researcher Dr. Edith Williams, left, talks with Glenda Davis-Allen about being a mentor to other women with lupus. For information about being part of the study, call 843-876-1519.

Photo by Sarah Pack

researchers.

Davis-Allen has plenty of experience to draw on, including just how terrible lupus made her feel before she was diagnosed. "I couldn't get out of bed. I was in so much pain I was crying."

After her diagnosis, she was told she could never have children. What neither she nor her doctor knew at the time was that Davis-Allen was already pregnant and would go on to have a healthy baby girl, who is now 21 years old. But setbacks continued. One of Davis-Allen's medications caused her weight to balloon to 200 pounds and she developed diabetes. She's a healthy weight now, but lupus has caused joint damage in her hands that keeps her from playing the piano. Preventing lupus flares, times when her symptoms get worse, is a lifelong effort.

"I get real good support from my daughter and husband and other family members. My daughter and I go walking. It's not too far because I can't walk the whole neighborhood, but I try. I try to eat the right foods and I try to read up on different things about lupus and different things I can eat. Certain foods trigger lupus like sweets, juices and stuff."

Williams said the project will include three waves, each lasting a year and a half, with a goal of recruiting 300 African-American women with lupus over the course of the study. The mentors will have 12 phone sessions with each mentee, offering support and advice.

An earlier, smaller-scale study found the peer mentoring reduced depression, anxiety and lupus symptoms, Williams said. "They felt better about themselves because they knew other people were experiencing the same things they were. As far as quality of life, we're hoping with these new strategies they'll have more functionality. They'll be able to get around more. They'll be able to do more than they were before. They'll be less tired."

Davis-Allen wants her mentees to learn from her life and know she understands what it's like to have a disease whose damage is often hidden from others. "Looks can be deceiving. People look at me every day and say, 'You don't look like you're sick.' When I tell them my story, they ask how I'm doing. I'm not one to complain. I say, 'I'm doing all right I guess.'"



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Wellness Champion Network: Connecting well-being across campus

Just as MUSC's footprint continues to grow beyond the boundaries of the Charleston peninsula, the various well-being programs and initiatives designed for our Care Team members and community continue to develop and expand as well. From the launch of MUSC's enterprisewide employee well-being program, Imagine U, to the hundreds of wellness events and initiatives carried out across our organization every year, wellness is a foundational element of the MUSC employee experience.

As the scope of the wellness initiatives and programming continues to expand with our workforce and footprint, the MUSC Office of Health Promotion is establishing a dedicated Wellness Champion Network to enable increased collaboration and communication across the enterprise as it relates to all wellness-related programs and initiatives.

The goal of the newly established Wellness Champion Network is to identify and engage wellness stakeholders at every level of the enterprise who are

willing to serve as catalysts for healthy change at MUSC and beyond. Wellness champions will serve as a link between their colleagues and departments and the Wellness Council in an effort to engage and promote the health and well-being of every Care Team member.

So, what exactly is a wellness champion?

A wellness champion is any MUSC employee with a commitment to health who is willing to serve as an ambassador for health and wellness within the MUSC community and beyond.

Wellness champions are also charged with engaging other Care Team members to participate in wellness programs while generating interest and excitement around leading a healthy lifestyle.

Wellness champions will:

- ❑ Serve as liaisons between Employee Wellness and personnel at your work locations to promote and communicate wellness and benefit programs.
- ❑ Be promoters and role models of wellness in your departments, organization and community.

- ❑ Have interest and commitment to wellness by promoting the program through leadership, enthusiasm and guidance.

- ❑ Survey the staff as needed on interest and needs.

- ❑ Promote monthly health topics and encourage participation in wellness programs and screenings and events.

- ❑ Distribute marketing and educational information to colleagues in your departments.

- ❑ Make announcements about wellness news and events in staff meetings or via email, Yammer or other relevant communication channels.

- ❑ Collaborate with the Office of Health Promotion, Imagine 2020 and other relevant offices to promote wellness events, campaigns and initiatives.

- ❑ Lead by example through participation, engagement and enthusiasm for well-being programming on MUSC campus and in the community.

How can you get involved in the Wellness Champion Network?

MUSC Health & Well-Being

By Susan L. Johnson, Ph.D., MUSC Office of Health Promotion



If becoming a Wellness Champion is something that interests you, we encourage you to join this team of highly motivated Care Team members. While being a wellness champion does not require a large time commitment, it does provide a very unique opportunity for MUSC employees to share their own experiences within the wellness space, cultivate engagement within their departments as well as improve the well-being of the employee population and community as a whole.

For information on the Wellness Champion Network, contact Kaitlin DaPore at daporek@musc.edu or 843-792-9536.

SURGEON *Continued from Page Eight*

African-American women."

Many in the crowd saw Bea as inspirational. Biemann Othersen Jr., M.D., Professor Emeritus Chief of Surgery and Pediatrics, was among them. Othersen was an important mentor to Bea. The state's first pediatric surgeon and one of the first in the entire Southeast, Othersen started the beloved and thought-provoking lectures called "Bee-Hive Sessions" for MUSC residents doing their pediatric surgery rotations. Bea said she will never forget the impact these lectures made on her. From him, she learned the importance of compassion and just sitting, listening and connecting with patients.

At the BHM lecture, Othersen posed a question that ultimately shed light on Bea's personal philosophy. "When working with children, everything is reliant on simplicity. How can we approach racial disparities and make the process simple?"

Bea responded, "I sit with patients Dr. Othersen, and I look them in the eye. I think that sitting and engaging with that patient lets them know that they are important. Whether they are white, black, Asian or Hispanic, I first sit and listen to them. I then explain their diagnosis in laymans terms and give them an opportunity to ask any questions they may have. I respect who they are and let them know they matter."

Bea carried that tone of equal patient care and respect throughout her talk. She said it's important to connect with communities and engage with people from all backgrounds.

"When I was young, I lived in Washington, D.C. I had a pediatrician that looked like me. Her name was Dr. Inez Hinds; she was a Jamaican woman who didn't play. Seeing that she could become a physician gave me hope that I too could become a physician. Having mentors from a young age who believed in the beauty of my dream allowed me to see that my dream was attainable. I

believe we all have a thing inside of us that drives us – its purpose. Once I discovered my purpose, I then allowed it to be my driving force."

Bea thanked everyone and gave endless hugs to all those she knew as well as people she had just met. As a woman

who found her purpose, she works tirelessly every day to make sure that every patient is cared for equally well. Many in the audience told her she is a beacon of hope for patients and future physicians.

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Health disparities advocate is committed to tackling issue, educating

BY JENNA LIEF

lief@musc.edu

Black History Month is a time when black America is celebrated and important figures revered. MUSC's Latecia M. Abraham-Hilaire, DHA, spoke on the Gender, Race, and Medicine Panel at the College of Charleston, commemorating its 100th year of women. During the evening, Kathleen Beres Rogers, Ph.D., recognized Abraham-Hilaire for her hard work and dedication to the medical advancement of black communities, both locally and nationally.

Abraham-Hilaire has multiple roles within MUSC, including conducting research and organizing public outreach, aiming to bridge the gap in medical care that negatively affects communities. She has devoted her career to this work, and the audience recognized her passion for addressing health disparities. Throughout her career, she has opened the eyes of many people, playing a powerful role in informing the public of the substandard treatment many black patients receive and how it is possible to change it.

Health disparities are a deep-rooted issue; Abraham-Hilaire explained it contextually. "It is not always about access but about how we are treated and how we are accepted in the medical industry."

As an assistant professor with MUSC's Public Information and Community Outreach (PICO) in Academic Affairs Faculty, Abraham-Hilaire uses much



Photos provided

Dr. Latecia Abraham-Hilaire, center, is joined by College of Charleston panelists on Jan. 28.

of her energy fixing this problem. She educates people on health disparities through programs that PICO offers. One such program is the National Conference on Health Disparities (NCHD), where David E. Rivers, PICO Director, is the NCHD Chairman. Now in its 12th year, the NCHD will be held in Oakland, California, June 19 through 22, and is especially meaningful to Abraham-Hilaire, who serves as an advisory board member for the conference.

"The conference is hard work, truly intensive, but a labor of love, because it is a way to inform the future leaders of our country of the underlying issues of health disparities."

the MUSC Health network. "We will continue to be the hospital they are used to and the family-oriented environment we've always had. We're just looking to be able to increase our services to them. We're known for being very welcoming to our community and having a family environment. We'll continue to do that, too."

MUSC HEALTH LANCASTER MEDICAL CENTER

MUSC Health Lancaster Medical Center is in a city of almost 9,000 people, not far from the North Carolina state line. It has more than 200 beds for patients and experts in dozens of specialties.

McClinton, the rehabilitation tech who's been working there since the mid-1980s, said joining MUSC Health will attract more doctors and nurses to the hospital. They'll find a seasoned group when they get there, she said.

"We are a very, very good team. I've been working in the rehab setting for all those years and the transitional care unit, and we have a very good attitude about life."

MUSC HEALTH MARION MEDICAL CENTER

MUSC Health Marion Medical Center has about 125 patient beds and is located just off Highway 76 in eastern South Carolina. It sits in Marion County, which has a population of about 32,000 people.

Each year, 100 students from across the nation participate, actively engaging in discussions of strategies and visionary thinking to reduce and eliminate health disparities, she said. These discussions look at how environmental justice, poverty, race, education attainment and the environment all play a role in the issue of health disparities and convey knowledge that is imperative to building healthy communities nationwide, she added.

"If people do not know why a situation is the way it is, how do we expect them to understand it, let alone fix it?"

Abraham-Hilaire also organizes the Community Leaders Institutes, two-day workshops that educate people on health care, economics, and the environment within communities. These workshops have been conducted in South Carolina, North Carolina, Alabama, Georgia, Arizona, New Mexico, Mississippi, Tennessee and the U.S. Virgin Islands.

"What makes these workshops so special," she said, "is that we bring in politicians and local community leaders to speak, along with local resources and businesses to let people know what is available." Her goal, she explained, is to go the extra mile to help communities in need. "Sometimes, we have resources, but if we are unaware of those resources, we cannot collaborate in order to best serve the community."

*See **ADVOCATE** on page 12*

HOSPITALS *Continued from Page One*

Center sits in a city of about 5,400 people about an hour north of Columbia, South Carolina. The only hospital in Chester County has 82 beds for patients and a skilled nursing center.

Dietitian Allie Mataloni sees multiple advantages to joining MUSC Health. "I think it's a great thing for Chester. I think it's going to allow us to do more things and help more patients," she said.

"MUSC has so much to offer, with more medical information and resources. I think everyone is super excited. It's all positivity from our end."

MUSC HEALTH FLORENCE MEDICAL CENTER

MUSC Health Florence Medical Center is in northeastern South Carolina in a city of about 37,000 people. The hospital has almost 400 beds for patients.

Nurse educator Ashley Hudson said the hospital has already been working with MUSC Health through its telestroke program, which uses technology to connect stroke patients with specialists in Charleston. "That has really changed some of the quality metrics and patient outcomes for the better."

She predicts people in the Florence area will see more improvements now that the hospital has joined

Social worker Kenneth Hicks described it as a small, rural hospital that tends to be efficient. "We get along great with the patients."

He's thrilled to be joining MUSC Health. "I've noticed the community seems to be excited about this transition. Everywhere I go, they're asking me about it. I think MUSC is a name that sort of sells itself."

He believes the patients he works with will benefit. "It'll probably open up an ocean of resources to me. Placement for difficult placements, patients who may just be straight Medicaid or patients who may be overweight and exceeding most weight limits for most nursing homes or patients who have behavior issues. I think it will give me a broader perspective and resources to pull from."

The CEOs of each hospital are now senior leaders in the MUSC Health system. MUSC Health has also hired a chief medical officer to serve as a liaison between doctors and nurses in Charleston and the newly acquired hospitals.

Matt Severance, MUSC Health chief of affiliations and network development, said the hospitals are already well-run and will be a good fit for the network. "Our mission is to improve health across the state, and to do that, we need to be present in areas across the state."

ADVOCATE *Continued from Page Eleven*

In addition to the Community Leaders Institutes, Abraham-Hilaire worked with Rivers and Richard Jablonski leading Climate Change Institutes in Charleston, Myrtle Beach, Savannah and St. Helena Island, which culminated in a documentary that was televised on South Carolina Educational Television and its national affiliates and viewed by over 80 million, resulting in PICO receiving a Bronze Telly Award.

Wearing many hats, Abraham-Hilaire works to help medically underserved populations right here in the Lowcountry. In partnership with MUSC colleagues, she manages programs to educate health professionals and residents in South Carolina to decrease cancer disparities among African-Americans. Alongside Marvella Ford, Ph.D., and Judith Salley-Guydon, Ph.D., Abraham-Hilaire is planning a free continuing medical education conference on cultural competency, colorectal cancer and HPV.

Ensuring that proper medical information is communicated to communities is imperative in terms of bridging the gap in health care, she

explained. She said that in the U.S., between 2008 and 2012, new cases of cancer were 6 percent lower for African-American females than their Caucasian counterparts; however, the cancer mortality rates of African-American females were 14 percent higher than the Caucasian females.

“It’s important to see,” she said, “that even though the diagnoses may be higher in Caucasian females, more African-Americans die. This can be attributed to lack of knowledge, or the lack of care provided.” She recognizes this makes her participation in health disparities programs that much more important. Conducting research and studying focus groups, she evaluated the perceptions of radio-based health communications traffic that is focused on African-Americans. In doing so, she said she can identify the most effective and ineffective aspects of the radio broadcasts in order to improve them in the future.

By shedding light on the issue of health disparities, turning an often-neglected topic into one that is more fully understood and acknowledged by many across the country, Abraham-Hilaire hopes her work is necessary and making a difference.

STROKE *Continued from Page Six*

severely hypoglycemic.

Investigators stopped the trial early – after 1,151 patients instead of the 1,400 they intended to enroll. Durkalski-Mauldin said that’s because they had built in several interim analyses and by the fourth interim analysis, there was enough evidence to show the IV method wasn’t improving care.

“It’s unfortunate that we haven’t improved outcomes, but it’s also good that we’re not wasting resources by trying to implement something that doesn’t work,” she said.

“It takes a lot more resources to have a continuous infusion than it does to do the subcutaneous standard of care – which is a huge message to hospitals, because now they don’t have to think about the infrastructure, because the extra infrastructure doesn’t improve patient outcomes,” she explained.

Sixty-three sites across the U.S.

enrolled at least one patient in the study, U.Va.’s Johnston said. The study is in its eighth year and probably would have continued for another year or two to reach the goal of 1,400 patients if the results hadn’t been so clear, Durkalski-Mauldin said.

In a recorded interview, study chair Johnston said, “I think that these data fill the gap that our stroke community has been concerned about. Specifically, the American Heart Association–American Stroke Association guidelines that have called for an answer to this question. We believe these data will help the stroke community know how best to treat these patients, both in the U.S. and across the world.” Durkalski-Mauldin said people at the stroke conference were surprised by the results but in general were glad to have an answer.

“Now this question is answered; let’s figure out something new that could help this patient population,” she said.



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