

Beaufort-Jasper-Hampton Comprehensive Health Services

RIDGELAND, SOUTH CAROLINA

Beaufort-Jasper-Hampton Comprehensive Health Services (BJHCHS) is a Federally Qualified Health Center with more than 200 personnel and 16 sites. In leveraging the social determinants of health (SDH), the organization is inspired by its philosophy of “health is a right, not a privilege,” as well as an understanding of health as the product of a patient’s total environment. BJHCHS efforts to date include inspecting the homes of elderly patients for safety and providing assistance to prevent falls, improving lunch programs at local schools, encouraging healthy cooking, promoting accessible opportunities for physical activity, providing substance abuse and behavioral health services to help residents obtain and hold jobs and to encourage youth to pursue post-secondary education, and working with county agencies that define policy and control local resources, such as land for community gardens and walking trails. BJHCHS has also been successful in improving water quality and environmental health and safety. The community health center has eliminated parasitic worm infections among local children by prescribing and providing septic tanks and deep wells, has helped organize water systems and fire protection for two counties, and has worked with state government to change policy and mandate better sanitary services.

On Capitol Hill in the late 1960s, Beaufort and Jasper Counties were at the forefront of a national debate on public health, malnutrition, and poverty. Out of that debate came the founding of one of the oldest community health centers with support from the Office of Economic Opportunity: Beaufort-Jasper-Hampton Comprehensive Health Services (BJHCHS). A news report had drawn negative attention to the poverty and disease that affected the area and awakened politicians who were eager to address the situation. In 1970 BJHCHS began to deliver comprehensive health services from four facilities to the socially and economically deprived residents living the Lowcountry of South Carolina. Since then, BJHCHS has grown into a Federally Qualified Health Center with more than 200 personnel and 16 sites, including schools and a nursing home. With a budget of around \$13.9 million, BJHCHS served approximately 17,900 rural residents through 80,900 patient visits in 2010, including migrant farmworkers. The CHC predominantly serves African-Americans, but also provides services to many Caucasians and Hispanics. Slightly over half of BJHCHS’s patients are uninsured, one-fifth have Medicaid coverage, and the remaining are split between Medicare and private insurance. Virtually all fall at or below twice the Federal Poverty Level.

BJHCHS Efforts to Leverage the Social Determinants of Health

With an organizational philosophy of “Health is a right, not a privilege,” BJHCHS has been working to provide quality, affordable, accessible and comprehensive health care services to the South Carolina Lowcountry community. What inspires the health center to leverage the social determinants of health (SDH) is its understanding of health as a product of a patient’s total environment, including living conditions. For example, what good is it to cure worms in children who present at the center only to return to unsanitary living conditions? Over the years BJHCHS has been involved in a number of SDH activities that act to include the patients’ environment in their treatment, first under the leadership of its founding director, a community activist, and since 1980 the current Executive Director who has been with the organization basically since the beginning.

Since its inception, BJHCHS has been focusing on what people had identified as the most pressing needs of their communities. In the 1970s, it was environmental action and home health services. BJHCHS began to train and employ community members to take part in two programs: a team of at least 11 family health workers to go into people’s homes and provide basic hands-on services, including identifying home repair needs; and an environmental action team (about 10 FTE) that would provide BJHCHS physicians with the power to change the physical circumstances affecting patients. They could “prescribe” such things as window screens, wheelchair ramps, or even home repairs. A number of BJHCHS environmental action activities grew out of the historical lack of potable water and sewage systems in the Lowcountry. A description of the team’s efforts follows.

Environmental Health Team Activities

Testing in the late 1960s had revealed that at least 50 percent of preschool children in Beaufort County were suffering from parasitic worms, “in some cases so pervasive that they were literally starving to death” (Lefkowitz 77). In the early 1970s BJHCHS was still treating at least five to seven pediatric cases of soil-transmitted helminthes (ascaris, hookworm, and whip worm) each week.

The CHC staff knew that the best way to treat and prevent helminthes, and other diseases caused by poor water sanitation, was to improve water sanitation in and around the children’s homes. So doctors started prescribing septic systems to their patients. Families contributed to the installation of a septic system for their homes based on a sliding fee schedule, and the remainder was subsidized through OEO grants. Some years the team would put in up to seventy septic systems.

As this activity went on, the team noted water sanitation issues among residents living in clusters of 2 to 5 mobile homes. To improve sanitation they needed running water rather than the shallow wells they were using, but they could not afford to do it on their own or for each mobile home. BJHCHS established a plan for providing a pumping and distribution system that would enable all of the families living in such

clusters to receive water from a “cluster well” that would serve as an equivalent to a typical single family well system. Doing so required the addition of electricity and a warranty and maintenance agreement by BJHCHS that was affordable for the families involved.

For building the cluster wells BJHCHS relied on its environmental health team which already had the knowledge, equipment, and the staff workforce for this task. It turns out that building cluster wells involves a number of the same steps as installing septic systems. Therefore, the team could provide the well for a relatively low cost. While BJHCHS installed electricity to run the pump of the cluster well, the team would also take the extra step to help the same residents have some electricity inside their homes. The program eventually installed about 1,000 such systems in Beaufort and Jasper Counties. Furthermore, BJHCHS worked with the South Carolina Department of Health and Environmental Control (DHEC) and changed policy to mandate better sanitary services.

Once these families had running water, BJHCHS took the time to address another issue: many of these homes did not have proper bathrooms. The team installed 2882 bathrooms, complete with a commode, sink, toilet, and shower with funds from the local United Way, labor from students of a local technical high school, and guidance from the South Carolina Health Department.

In 1986 the health center lost OEO funding and turned to the U.S. Department of Agriculture’s Farmers Home Administration (FmHA). FmHA had money to finance municipal water systems in rural areas, but it did not want to support the smaller, community-based systems that BJHCHS proposed, thinking that little communities would not be able to pay back the loans. The clinic partnered with the National Demonstration Water Project (NDWP) to sue FmHA and eventually received special grant funding. The resulting water systems and fire protection for a number of communities lowered insurance rates and removed a significant health treat at the same time. Today, thousands of families are connected to county-wide water systems.

The septic system installations continue to this day, though there have been changes to the funding and operations of the program. The environmental health team had to be disbanded when OEO funding was lost. However, some of these team members started their own company instead and now compete for contracts through Beaufort, Jasper, and Hampton counties, including offering a sliding scale for their fees based on the client family’s income. BJHCHS, with funding from United Way of the Lowcountry, continues to prescribe septic systems and awards contracts for installing them. In 2010, the clinic had 16 septic systems installed and another 16 are anticipated for 2011.

All in all, the work of BJHCHS has successfully eliminated the parasitic worm problem in the area, and significantly improved the health and quality of life for people in the Lowcountry.

In the 1980s, the clinic noted that many elderly patients developed health problems because of an environmental or social situation. With early home intervention many of their visits to the emergency department or hospitalization could have been avoided. With the help of partners, BJHCHS developed and trained geriatric coordinators (GC) who would assist physicians in case management, inspect the homes of patients for safety and assist in addressing any problems, such as missing smoke detectors, sewer smell, and lack of cooling ability in the summer.

Since 2000 the health center has been involved in the Lowcountry Diabetes Initiatives, a regional collaboration among 26 partners to eliminate health disparities associated with minority populations diagnosed with diabetes and hypertension. Many residents of Beaufort, Jasper and Hampton counties suffer from diabetes resulting from poor eating habits and limited physical activity. BJHCHS conducts programs that create and promote opportunities for physical exercise and provide healthy cooking demonstrations that help residents promote healthy nutrition in the home.

More recently BJHCHS has become involved in a community-wide project to address health issues from multiple fronts, including the social determinants of health such as education and employability, and community resources. A description of the program follows.

Pathways in STEP (Sheldon Township Empowerment Program)...Recapturing the Legacy

Sheldon Township is a community composed predominantly of African Americans and characterized by poverty, isolation, and restricted access to services. The community is unincorporated and has no political leverage to obtain the most basic of services such as water and sewer service, sidewalks, or street lighting. Obesity, physical inactivity, stress and poor eating habits are widespread, and hypertension is by far the most frequent diagnosis. When the call for proposals from the Kresge Foundation Safety-net Enhancement Initiative inspired BJHCHS to take action, the health center formed a consortium with a local school district and the state department of Health and Environmental Control Region 8 and won a \$75,000 planning grant in 2009.

Previously funded and pre-defined programs for the community were led by those providing the funding on what they felt were the best courses of action. These efforts were unsuccessful as community members seemed to have felt little or no sense of ownership for the programs. This time, however, it would be different. The consortium began to facilitate a community process with more than 70 residents of Sheldon Township and other community organizations to design a project that would address the community's health and well-being. The resulting proposal won a second grant (\$750,000 over three years) in 2011 from the Kresge Foundation to implement a program that would address the community's most prevalent health issue, hypertension, and barriers to overcoming the health issue including employment and community economy, education, and inclusion in county and state policy and resources. The overall goal of "Pathways in STEP (Sheldon Township Empowerment Program)...Recapturing the

Legacy” is to engage the residents of Sheldon in assuming responsibility for their own health and well-being.

The effort consists of three major interrelated programs: Community Leadership, Medical Advisory Council, and School Based Healthcare. These three programs work together to provide accessible opportunities for physical activity for residents without transportation, promote healthy living among youth by improving lunch programs at local schools, enable residents to obtain and hold jobs by addressing substance abuse and behavioral issues, enable and encourage youth to pursue post-secondary education by providing mentoring and anger management programs, and work with Beaufort County agencies that define policy and control resources that can impact the Sheldon Township such as land for gardening and walking trails.

A Medical Advisory Council consisting of five BJHCHS staff lead by the BJHCHS Medical Director, a physician, pediatrician, family care practitioner, and a school nurse who also functions as the head of the School Based Healthcare program and other providers of healthcare services who are stakeholders in the health of Sheldon Township will monitor the Township’s health . The Community Leadership is composed of 12 community members, and BJHCHS is providing space and administrative support to this group by providing a Community Program Coordinator and a Community Liaison funded by the Kresge grant. The Beaufort County School District is providing space for BJHCHS to provide healthcare services to the entire community through local schools. Additionally, the school district is making their community communications infrastructure available to reach all community residents with announcements and important program information. The South Carolina Department of Health and Environmental Control Region 8 is responsible for gathering health and environmental information relevant to Sheldon Township as well as providing community health education programs specific to hypertension prevention and management.

Outcomes and Impact – The project participants recognize that the real payoff of the entire effort will come several years after the conclusion of the grant funding. To demonstrate improvement in the short-term and approximate long-term impact in terms of the prevalence of hypertension in the community, the effort will conduct periodic evaluations of all its programs and services based on health data collected from electronic health records as well as community surveys and self-reports.

Another long-term impact that participants in Pathways in STEP seek is a significant paradigm shift in how the community, healthcare providers, and policy makers regard the healthcare delivery process and the health and well-being of Sheldon Township. The Kresge Foundation Grant is intended to begin a process of empowerment that will transform how the community envisions their role in their health and well-being.

The coalition and community members plan for Pathways in STEP to continue well beyond the three year Kresge grant. As the Director of Special Project puts it, in order for the residents of Sheldon Township to address the social determinants of health that impact their health and well-being, leadership within the community needs to emerge, current barriers to better health and well-being need to be identified, plans made by the residents in the community to systematically address those barriers and action by the community need to occur. Changing county and state policy and resource allocation to address the needs of Sheldon Township will be a relatively slow process, and time will be required for the course of action taken by the community to result in change. Furthermore, additional funding will be required to match the community's requirements as they evolve.

How BJHCHS Does It All

The health center's "infrastructure" for leveraging the SDH to improve the health of patients and the communities served can be described as follows:

SDH Program Management and Staff – The CEO and the Medical Director, along with BJHCHS Senior Staff and a supportive Board of Directors, evaluate specific community health disparities as an ongoing process, and the Director of Special Programs assists in defining and guiding the goals and objectives for SDH programs. In the past until OEO funding was lost in 1986, the BJHCHS environmental health team consisted of about 10 full-time staff members who would handle sanitary and home repairs. Today this type of work is conducted by awarding contracts to local businesses. In the current approach to identify the impact of the SDH in Sheldon Township, a Community Coordinator has the backing of a consortium that includes BJHCHS, the South Carolina Department of Health and Environmental Control, and the Beaufort County School District. The Community Coordinator also has access to a Medical Advisory Council composed of medical providers with a stake in the health of Sheldon Township. The community is responsible for identifying its needs and managing its own health. The community leadership council and scholars of a leadership institute assess and respond to the impact of the many social determinants of health that are barriers to the community's health and well-being.

Developing SDH Programs – The process of identifying and including social determinants as a part of addressing the health of an entire community starts with insight into the community. With more than 40 years of providing healthcare to the underserved population in Beaufort Jasper and Hampton Counties, BJHCHS is uniquely positioned to understand the social fabric of the community segments it serves. From the early septic tank/cluster well programs of the 1970s and 80s to the current Sheldon Township Pathways in STEP program, understanding the environment where health issues occur has always been an integral part of BJHCHS' work and a key for success in leveraging the social determinants of health.

BJHCHS is always aware of and discusses the disparities and needs of particular communities during specific staff meetings. The health center also has a relationship with a grant development organization that is kept informed of BJHCHS' priorities. When the grant development organization becomes aware of an opportunity for funding, BJHCHS is notified and the CEO and senior staff decide on the relevance of the opportunity. With approval from the Board of Directors, the appropriate people in the health center and community partners are identified and their support is requested. Once the process begins to progress towards a proposal, a consortium is formed with appropriate community partners to create the proposal and manage it when it gets funded. For small levels of funding for special projects, proposals are made directly to community agencies and foundations once the project is approved internally.

SDH Program Funding and Sustainability – Early funding battles that questioned the health center's SDH activities taught BJHCHS the importance of diversifying its funding sources by securing funds apart from the federal government in order to ensure its continued viability. In addition to its federal grant, BJHCHS has secured funding from other sources including community agencies and foundations, private foundations, and public grants.

Partnerships and Networks – Identifying other community organizations that can assist in the healthcare delivery mission has always been a natural part of the process at BJHCHS as it is with other community health centers. That process is also significant for the success of leveraging the social determinants of health in a complex environment. BJHCHS uses partnerships with agencies and community members to assess the impact of the SDH on the communities served and design effective programs. For that purpose, BJHCHS participates in numerous networks and partnerships, including the Hampton County Healthcare Consortium, the Sheldon Township Pathways in STEP program, South Carolina Eat Smart Move More, Together for Beaufort Program, and the Body Mass Index studies that includes all students in the third, fifth and eighth grades in Beaufort and Jasper County School Districts, to name just a few. One of the longest-standing partners of the health center in its SDH efforts is the South Carolina Department of Health and Environmental Control (DHEC), which was a partner in the Septic Tank/Cluster Well program in 1970s and remains an important partner today as a consortium member for the Sheldon Township Pathways in STEP program. Pathways in STEP as a project also established a Leadership Council composed of community members and consistent meetings that provide a space for new ideas, the discussion of community needs, and development of new community leadership.