CLEMSON UNIVERSITY

SCHOOL OF HEALTH RESEARCH

Spring Information Exchange

February 1, 2018
Agenda

• 8:00 – 8:10  Welcome and Introductions

• 8:10 – 8:20  College Host – College of Behavioral, Social and Health Sciences
  – Eric Muth, Associate Dean of Research and Graduate Studies

• 8:20 – 8:30  Collaboration Update – School of Nursing
  – Kathleen Valentine, Ph.D., Director of the School of Nursing & Associate Dean of School of Nursing

• 8:30 - 8:50  Collaboration Opportunity Spotlight
  – Dr. W. Jeffery Edenfield & Julie Martin, Cancer Institute at Greenville Health System

• 8:50 – 9:00  Updates from Embedded Scholars
  – Jeffrey Anker, PhD
  – Goutam Koley, PhD
  – Kristin Scott, PhD

• 9:00 – 9:10  Update from CUOSP at GHS: Diabetes Research Focus

• 9:10 – 9:30  Announcements Coffee and Conversation
CUSHR Announcements

GHS Health Sciences Center Research Showcase
   Friday, April 13
   12:00-2:00pm
   GHS Skarupa Community Room
   Call for Posters

Clemson Research Symposium CUSHR Panel
   Wednesday, May 9
   Watt Family Innovation Center
   https://www.clemson.edu/research/symposium.html
CUSHR Appointment for Spring Faculty Scholars

Clemson University health-related researchers, we invite you to apply for an appointment as a Faculty Scholar with the Clemson University School of Health Research (CUSHR)

Open for submission to cushr@clemson.edu

Due February 28, 2018

Applications available on CUSHR home page

https://www.clemson.edu/health-research/index.html
“The Survivorship Tsunami”: Current Issues and Research Opportunities with Cancer Survivors

CUSHR Roy Professor Seminar: Cancer Survivorship Symposium
1 - 5 p.m. on Wednesday, April 4, 2018
GHS Medical Staff Auditorium
Keynote: Dr. Deborah Mayer, Director, Cancer Survivorship
UNC Lineberger Comprehensive Cancer Center

TIGERS ADVANCE CLEMSON
DISTINGUISHED SPEAKER SERIES

ROBOTS AND PLAY: DESIGNING ROBOTS FOR PEDIATRIC HEALTH CARE

Dr. Aramea M. Howard, Professor
Lindia L. and Mark C. Smith Endowed Chair of Biomechanics,
School of Electrical and Computer Engineering,
Georgia Institute of Technology

Dr. Howard is an internationally recognized educator, researcher and innovator in the technology areas of artificial intelligence, computer vision and robotics.

Watt Family Innovation Center Auditorium
Tuesday, Feb. 29 from 3 p.m. to 4:15 p.m.

For more information, contact Tony Stejskal@tigers.clemson.edu.

2018 CCI SYMPOSIUM
ENGAGING HEALTHCARE TRANSFORMATION TOGETHER
APRIL 22-24, 2018 | GREENVILLE, SC

Early bird registration ends soon! Register now and save $150!

REGISTER HERE

Keynote Speakers:

Richard J. Baron, MD, MACP
President & CEO, American Board of Internal Medicine & ABIM Foundation

David Lansky, PhD
President & CEO, Pacific Business Group on Health

SOUTHEASTERN SYMPOSIUM ON MENTAL HEALTH 2018
Mental Health Collaborations: Diversity and Inclusion – Integrating Research, Education, and Practice

May 18 & 19

The Southeastern Symposium on Mental Health provides an opportunity for stakeholders to collaborate across disciplines and share research findings utilizing evidence-based outcomes in order to improve patient-centered care.
Building People and Communities: Our Health Research Portfolio

Clemson University School of Health Research
February 1, 2018
Dr. Eric R. Muth
Associate Dean for Research and Graduate Studies
CBSHS Mission

The mission of the College of Behavioral, Social and Health Sciences is to **benefit people and communities** through the knowledge we generate, the information we disseminate, and the students we educate by creating a collaborative environment across departments.

CBSHS Vision

The College of Behavioral, Social and Health Sciences will be globally recognized for collaborative scholarship and engaged teaching that **enhance our understanding of the human condition; promote individual, family, and community health and well-being; and provide a foundation for innovative policy and practice.**
• Communication
  – Communicative experience of well-being, and factors affecting symptom reporting
  – Community-based health activism
• Parks, Recreation and Tourism Management
  – Recreational therapy, and increasing health outcomes through access to activity and sport
  – Positive youth and community development
• Political Science
  – Health and welfare in the developing world, and its relationship to civil conflict
  – Intersection of medical theory and political theory
• Psychology
  – Mobile health technologies
  – Managing stress related disorders, and increasing health in the workplace
• Public Health Sciences
  – Population health, health disparities, healthcare access
  – Disease management and prevention
• School of Nursing
  – Health disparities, health access, human response to health conditions, interprofessional practice
  – Global and community health, health care genetics, adult gerontology
• Sociology, Anthropology and Criminal Justice
  – Health program assessment
  – Community and health disparities
• Youth, Family and Community Studies
  – Community-based approaches to mental and behavioral health
  – Improving school health and safety through bullying and suicide prevention interventions
For more info. contact:

Dr. Eric R. Muth
Associate Dean for Research and Graduate Studies
109A Edwards Hall
muth@clemson.edu
865-656-6741
Clemson Nursing

Kathleen Valentine, PhD
Director, School of Nursing, Clemson University
Description of Program

• Bachelors of Science in Nursing
  o Expansion of program is on track to more than double freshman enrollment in the School of Nursing.
  o Approximately half of the students will be part of the Accelerated Pace cohort that will complete their Junior and Senior year clinical and classroom courses on the Health Sciences Center campus in the Clemson University Center for Nursing, Health Innovation and Research.

| Fall 2015: 77* | Fall 2016: 118* | Fall 2017: 132* | Fall 2018: (anticipated) 176 |

* Numbers based on freshman orientation attendance

* Numbers based on freshman orientation attendance
Vision & Timeline (5-10 years): Greenville Site of Instruction

2017-2018
- Accept second freshman class at increased enrollment level
- Continue to hire new faculty
- Continue to develop operations plan for the center
- Sophomore students select program path for clinical semesters
- Graduate students receive clinical placements at GHS

2018-2019
- Accept third freshman class at increased enrollment level
- Continue to hire new faculty
- Students begin first clinical semester at GHS
- Program expansion in place in the new building

2019 and beyond
- Continue to enroll students at increased level to meet goal of 448 on a clinical track at GHS by year 6
- Continue to deliver an innovative program and curriculum that positively impacts nursing education, interprofessional collaboration, population health, and patient outcomes
Cancer Institute Research Program

W. Jeffery Edenfield, MD
Medical Director, ITOR
Academic Vice Chair, Cancer Research

February 1, 2018
GHS Cancer Research

• **NCORP: Adults and Pediatrics**
  - 342 Clinical Trials (330 adult, 12 pediatric)
    - Treatment
    - Prevention
    - Cancer Care Delivery

• **Institute for Translational Oncology Research (ITOR)**
  - Phase I Clinical Research Unit (CRU)
  - Biorepository
  - Clinical Genomics Center
  - Innovation Zone

• **Center for Integrative Oncology and Survivorship (CIOS)**
  - Integrative Therapies
Hematology & Medical Oncology

▶ Improving Constantly

- Publications, abstracts, posters:
  - 24 peer reviewed publications last academic year
  - 12 oral and poster presentations at national meetings
  - 24 peer reviewed meeting abstracts
- NCCORP grant from NCI in 4th year. Treatment accruals doing well, cancer control accruals remain challenging. Have initiated committee meetings to plan for the NCORP reapplication due summer 2018
- National committee representation on NCI Cancer Care Delivery Research
- Leadership roles in RTOG and SWOG
Institute for Translational Oncology Research (ITOR)

- Phase I Clinical Research Unit (CRU)
- Biorepository
- Clinical Genomics Center
- Innovation Zone
ITOR CRU

• Dedicated Phase I Clinical Trials
  ➢ 14 infusion chairs and 2 private infusion bedrooms
  ➢ 5 exam rooms and a consultation room

• Collaboration with over 50 pharmaceutical sponsors

• 16+ first-in-man trials

• Investigators Edenfield and Chung serve as national Principal Investigators for 2 trials
ITOR Biorepository Services

• 2900 + unique patients

• > 20,000 aliquots
  ➢ fresh snap frozen
  ➢ live cell cryopreservation
  ➢ formalin-fixed paraffin embedded
  ➢ blood (whole, plasma, serum)

• Genomic annotation with 50 gene hot spot panel

• Legal Framework in place
  ➢ allows sharing of tissue and clinical annotation in research projects
GHS Cancer Institute ↔ Private Enterprise

- Kiyatec
  - basic science research
  - upcoming clinical trial
- NuBAD
- Purilogics
- Precision Genetics
- GHS MD, PhD Researchers
- Medical School Faculty
Virtual Molecular Tumor Board

• Goal: broaden understanding of molecular profile information and foster consensus building around treatment recommendations

• Regional outreach planned to improve education about molecularly guided therapy

• Foundation Medicine assists with report review and updated annotation
Virtual Molecular Tumor Board

- Senior Foundation Medicine scientists attend, local molecular pathology support as well
- Representative cases:
  - 27yo with spindle cell tumor and NTRK3 fusion
  - 46yo with metastatic basal cell and greater than 120 somatic mutations
Rare Tumor Center

• Incidence: 1 in 6 adults with cancer
• Hard to define optimum therapy
• Partnered with Foundation Medicine to offer molecular profile for rare tumor patients (2014)
• Pilot program presented at ASCO (2015)
  ➢ CGP of tumors from 39 patients with rare cancers provided relevant information in the majority of cases.
  ➢ Although outcomes data are premature, this approach represents a reasonable standard of care for patients with rare cancers.
  ➢ The potential discovery of germ line associated malignancy identifies the need for genetic consultation.

• 2016 Investigator-Sponsor Initiated Trial using combined checkpoint inhibitor blockade
CT Scan of Lung Metastases

December

February
CT Scan of Lung Metastases

December

February
CT Scan of Lung Metastases

December

February
Center for Integrative Oncology (CIOS)

- More than 500 referrals/month
- Human performance lab operational
- Awarded Lung Cancer Screening Center designation
- Yoga, acupuncture, and integrative care trials popular with patients
- Growing Cancer Genetics program with over 400 referrals last year
• CIOS Established June 2012
• Cancer Support Community affiliate June 2012 (1st in US)
• Survivorship Care Plan Clinic started July 2012
• Onc Rehab/Moving On started pre/post evaluations March 2013
  (Moving On program started 1992)
• Psycho-social counseling started with social worker March 2013
• Gyn Onc Survivorship Care Plan Clinic started April 2013
• Life Time Clinic (LTC) started Nov 2013
• Human Performance Lab to start seeing pts early 2014
• Lymphedema Management Program starting April 2014
Use of Heart Rate Variability (HRV) Biofeedback for Symptom Management among Cancer Survivors

M. O’Rourke, MD1, R. Franco, MSN, ANP-C1, J. Sofge, MS2, J. Ginsberg, PhD3, K. Susko, LISW-CP, OSW1, W. Hendry, DOM, L.Ac1, E. Crowley, PhD, RN, MSW, LMSWD1, A. Christ, BS1, J. Hanna, BS1, A. Anderson, MS, RD1, L. Gluck, MD1, S. Stokes1, MS, K. Daniels1, BS, J. Hébert, MSPH2, J. Burch, MS, PhD2

1Center for Integrative Oncology and Survivorship, GHS Cancer Institute, Greenville, SC, 2University of South Carolina, Columbia, SC, 3Dorn Medical Center, Columbia, SC

Conclusions
Delivering HRV Biofeedback training to cancer survivors is feasible at our Cancer Institute. This pilot study provides preliminary evidence that HRV-B for cancer survivors improves HRV coherence and reduces insomnia, pain, fatigue, depression, and stress. The intervention has great potential and further research is indicated.

Background
Late effects of cancer and its treatment include pain, fatigue, stress, and depression all exacerbated by autonomic dysfunction. Heart Rate Variability (HRV) coherence is an established measure of autonomic dysfunction. Cancer survivors have lower HRV coherence than normal controls. HRV biofeedback (HRV-B) training improves HRV coherence, restores autonomic health, and reduces the above symptoms. This report describes a feasibility study of HRV-B in symptomatic cancer survivors.

Method
In a randomized, waitlist controlled, clinical trial, 179 were screened, 34 enrolled and 31 completed the protocol. Participants in the intervention arm received weekly HRV-B training up to six weeks. Outcome measures assessed at baseline (pre) and after week six (post) included HRV coherence plus Insomnia Symptom Questionnaire (ISQ), Suscro Distress Inventory (SDI), Brief Pain Inventory (BPI), Multi-Dimensional Fatigue Inventory (MFI), Perceived Stress Scale (PSS) and Beck Depression Inventory II (BDI-II).

Table 1

<table>
<thead>
<tr>
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<th>Control N=17</th>
<th>Intervention N=17</th>
<th>P value, One tail</th>
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<tbody>
<tr>
<td>HRV Coherence</td>
<td>Pre 387 853</td>
<td>Post 396 335</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>ISQ sleep symptoms</td>
<td>Pre 14.6 8.4</td>
<td>Post 16.5 18.1</td>
<td>.001</td>
</tr>
<tr>
<td>ISQ daytime impair</td>
<td>Pre 12.2 7.4</td>
<td>Post 12.6 26.1</td>
<td>.302</td>
</tr>
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<td>Post 20.4 18.1</td>
<td>.007</td>
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<td>BPI severity</td>
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</tr>
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<td>BPI interference</td>
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<td>Post 3.40 3.15</td>
<td>.041</td>
</tr>
<tr>
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<tr>
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Figure 1

Heart Rate Variation with Time in a Healthy Volunteer

Figure 2

Heart Rate Variability (HRV) Coherence Ratio

Figure 3

Insomnia Symptom Questionnaire (ISQ)

Figure 4

Brief Pain Inventory (BPI)

Figure 5

Multi-Dimensional Fatigue Inventory (MFI)

Figure 6

Multi-Dimensional Fatigue Inventory (MFI)

Figure 7

Sukro Distress Inventory (SDI)

Figure 8

Perceived Stress Scale (PSS)

Figure 9

Beck Depression Inventory II (BDI-II)
Development and Implementation of Electronic Measurement Process for Survivorship Care Plan Dissemination and Compliance

Patricia Leighton, MSN Ed., OCN, Regina Franco, MSN, ANP-C., Mark A. O’Rourke, MD, LeAnn Perkins, ARNP, Doug McCormick, MSN, APRN-BC, Stephanie Hoopes, RN, BSN OCN HNB-BC, Jo Weathers, RN, BSN OCN, CBCN

Background
Cancer programs must comply with survivorship care plan (SCP) delivery by 2016-2018 to maintain or achieve Commission on Cancer (CoC) and National Accreditation Program for Breast Cancer (NAPBC) accreditation.

Previous barriers of measuring and tracking SCP compliance included:
• Insufficient staffing to facilitate the documentation and input of data
• Lack of electronic medical record automation methods
• Lack of interoperability and electronic health record reporting processes

In 2015, the Greenville Health System Cancer Institute’s total analytic caseload was 3,202 cases with 1,933 eligible cases respectively. Of the 1,933 eligible cases, 160 cases were Ductal Carcinoma In-situ/Lobular Carcinoma In-situ (DCIS/LCIS). At this time, SCP dissemination compliance was manually measured at 35% with 678 SCPs provided.

In June 2016, the Center for Integrative Oncology and Survivorship (CIOS) at the Cancer Institute of the Greenville Health System developed a process to record, measure, and track the number of SCPs delivered to Cancer Survivors.

Conclusions
Previous barriers of measuring and tracking Survivorship Care Plan (SCP) dissemination were addressed to evaluate and implement an electronic measurement process for SCP delivery compliance.

• GHS Cancer Institute has 3 full time employees who are dedicated to developing, recording, delivering, and tracking SCP dissemination
• The addition of a new electronic medical record (EMR) software program was necessary to provide GHS with a method for documenting, tracking, and reporting the SCP process
• The development of an electronic process for SCP delivery has significantly increased efficiency of reporting and decreased time spent on chart audits

Results
An evaluation period of four weeks was chosen during the initial implementation to track and evaluate use of the Survivorship Care Plan (SCP) delivery button. For each SCP visit provided, the SCP delivery button was activated by the provider or nurse navigator documenting the dissemination of the SCP. The results of the initial 4 weeks of total SCPs delivered, total number of SCP visits recorded and compliance percentage revealed the effectiveness of the SCP button, and are as follows:

<table>
<thead>
<tr>
<th>Compliance of actual SCP delivery button activation</th>
<th>Total actual SCPs delivered</th>
<th>Total actual SCPs recorded</th>
</tr>
</thead>
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<tr>
<td>Week 1</td>
<td>22</td>
<td>17</td>
</tr>
<tr>
<td>Week 2</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>Week 3</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Week 4</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

This action in the EMR provides data that is reportable, and also tracks the documentation and date of delivery of SCPs.

Implementation period

Method
1. A patient attends a Survivorship Care Plan (SCP) visit and meets with a provider and nurse navigator
2. The provider explains the elements of the patient’s SCP document and delivers a copy to the patient
3. The SCP document is embedded within the provider’s progress note of the SCP visit
4. The nurse navigator then activates the “complete SCP visit” or “incomplete SCP visit” button located within the patient’s electronic medical record (EMR) to document the delivery of the SCP

Acknowledgements
• Greenville Health System Office of Philanthropy and Partnership
• Ashlyn Klas, an Ambulatory Analyst for the GHS Epi-Center Initiative
• Corey Patterson, an Epic Clarity Report Writer for the GHS Epi-Center Initiative

Aims
• Implement a process within the electronic medical record (EMR) system, EPIC, to accurately and efficiently record, measure, and track the number of Survivorship Care Plans (SCPs) delivered
• Achieve and maintain standard of SCP dissemination compliance for CoC standard 3.3 and NAPBC 2.20 at the GHS Cancer Institute

Survivorship Care Plan (SCP) Document

Acknowledgements
• Greenville Health System Office of Philanthropy and Partnership
• Ashlyn Klas, an Ambulatory Analyst for the GHS Epi-Center Initiative
• Corey Patterson, an Epic Clarity Report Writer for the GHS Epi-Center Initiative

Conclusions

Implementation period

Table: Implementation period

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<td>22</td>
<td>17</td>
<td>77%</td>
</tr>
<tr>
<td>Week 2</td>
<td>17</td>
<td>16</td>
<td>94%</td>
</tr>
<tr>
<td>Week 3</td>
<td>13</td>
<td>13</td>
<td>100%</td>
</tr>
<tr>
<td>Week 4</td>
<td>12</td>
<td>12</td>
<td>100%</td>
</tr>
</tbody>
</table>
Building Collaboration

Models of Embedded Scholarship

**EMBEDDED POSTDOCTORAL SCHOLARS**
- Junior Faculty
- 1-2 years full time within a department at GHS

**FACULTY FELLOWS**
- Senior Faculty “Sabbatical Model”
- 3 days per week at GHS for one summer and academic term

**NAMED PROFESSORSHIPS**
- Senior Faculty
- 3 years of direct and continued partnership with GHS

Embedded Scholarship Research Continuum
Brief but Spectacular Faculty Fellows

Jeffrey Anker, PhD
Associate Professor, Chemistry

Dr. Anker’s fellowship will focus on translation of non-invasive monitoring of fracture healing and the development of sensors to detect and monitor infections in orthopedic patients.

Goutam Koley, PhD
Professor, Electrical & Computer Engineering

Dr. Koley will investigate correlations between environmental factors and incidence of asthma in the greater Greenville area, with a focus on high risk neighborhoods and schools, utilizing in place infrastructure, programs, and review of hospital admissions.

Kristin Scott, PhD
Associate Professor, Management

Dr. Scott’s fellowship will seek to gain a better understanding the impact of burnout and related interventions on not only employee wellbeing and job related behavior but also on critical metrics relevant to GHS leadership through.
Investigation of environmental triggers for asthma in pediatric population in the greater Greenville area

Clemson PI: Dr. Goutam Koley
Department of Electrical and Computer Engineering

GHS PI: Dr. Steven Snodgrass
GHS Department of Pediatrics
• Approximately 8.4% of children have asthma in the United States, and this number holds true for South Carolina as well.

• Asthma is a major cause of childhood disability and may limit a child’s ability to play, learn, and sleep; it necessitates potentially complex and expensive interventions and results in many missed school days and work days.
• There is a strong correlation between various environmental factors, including VOC and particulate matters, and risk of asthma
Until recently, my research has predominantly focused on the “dark side” of managerial and employee relations. Some key findings:

• Managers make a difference – for better or worse
  • Employees who work for tense, angry or emotionally abusive managers experience high levels of stress themselves, may take it out on family members, have a harder time concentrating and performing well. This managerial behavior is also linked to turnover.
  • Conversely, employees who work for supportive, understanding and approachable managers can overcome otherwise undesirable circumstances.
  - Study of employed women who experienced domestic violence at home showed that they were able to remain employed and do well at work when they reported having a supportive manager.

• Employees are likely to avoid or exclude other workers who they perceive as untrustworthy – unless they believe that coworker has something valuable (e.g., status, knowledge) to offer.
My research has typically explored workplace “occupational stressors”

As a result, I’m interested to learn more about ways to help organizations and their employees mitigate such stress.

Future research will examine both organizational factors (e.g., work flow characteristics, team dynamics, culture, training programs) and employee factors (e.g., mindfulness, resiliency, interpersonal communication and support) that exacerbate and attenuate workplace stressors and burnout.
GHS Diabetes Initiative

Hagan Walker
GHS Office of Sponsored Programs
Diabetes Impact in South Carolina

People with Diabetes
• South Carolina = 7th in the nation for highest prevalence of diabetes among adults (2014)
• One in eight adults has diabetes.

Hospitalization and Cost of Diabetes
• In 2014, approximately 25,000 hospitalization and Emergency Department visits occurred in South Carolina for diabetes, costing more than $404 million.

Diabetes Risk and Complications
• Four of 5 people with diabetes are overweight/obese
• Seven of 10 people with diabetes have hypertension
• Two of 3 people with diabetes have high cholesterol
• Two of 5 people with diabetes have not taken a diabetes self-management class

<table>
<thead>
<tr>
<th><strong>Focused</strong> on Diabetes</th>
<th><strong>Associated</strong> with Diabetes</th>
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</thead>
<tbody>
<tr>
<td>Research or programmatic activity that will directly impact disease process, treatment, and outcomes for both diabetes and pre-diabetic conditions.</td>
<td></td>
</tr>
<tr>
<td>Research or programmatic activity that relates to diabetes in some way, including diseases and health outcomes that are closely associated with diabetes or pre-diabetes.</td>
<td></td>
</tr>
<tr>
<td>For example, research on the risk of complications of either type 1 or 2 diabetes.</td>
<td></td>
</tr>
<tr>
<td>For example, a nutrition program for children designed to promote healthy choices, which may impact obesity and therefore have a long term effect on the risk of diabetes.</td>
<td></td>
</tr>
</tbody>
</table>
Potential Research Topics

- **Workforce Development**
  - Competencies for Levels of Educators and Diabetes Professionals

- **Standard of Care**
  - How does implementing a standardized education program improve patient outcomes?

- **Comparative Effectiveness Research**
  - In comparing treatment options for Type I or II diabetes, can we identify a more effective treatment?

- **Care Innovation**
  - What methods can be employed to prevent cardiovascular disease in people with diabetes?

- **Education**
  - Diabetes Self-Management Training Program
    - What barriers exist preventing patients from attending this program and how can we work to reduce them?
  - Technology Use Training Research
    - Would education increase physician’s use of continuous glucose monitoring systems?

- **Telemedicine**
  - Increasing Access
    - Can telemedicine be used to improve care by increasing access to diabetes specialists?
  - Improving Care for Children in School
    - Can telemedicine be employed to better manage diabetes in school children?
How can CUSHR faculty get involved?

• Explore the potential research topics list
  – Learn more about research interests/activity at GHS

• Connect with GHS faculty/staff on project ideas
  – Provide a project summary/description of your diabetes-related work
  – Will circulate it at GHS to identify project partners

• Include your diabetes research interests on your CUSHR profile

• Contact: Hagan Walker, haganw@clemson.edu
• Research Showcase  
  – Friday, April 13, 12:00-2:00 PM  
  – GHS Skarupa Community Room

• Research Symposium  
  – Wednesday, May 9  
  – Watt Family Innovation Center

• CUSHR Faculty Scholars  
  – Applications available on CUSHR home page  
  – Due February 28 to cushr@clemson.edu

• Tigers Advance Distinguished Speaker Series  
  – Tuesday, February 20, 3-4:15 PM  
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• Southeastern Symposium on Mental Health 2018  
  – May 18 & 19  
  – Hyatt Regency Downtown, Greenville SC

• 2018 CCI Symposium  
  – April 22-24  
  – Greenville, SC