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HealthSTAT: A Student Approach to Building Skills Needed to Serve Poor Communities

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Summary: The HealthSTAT model of professional development uses team-based leadership and peer-to-peer learning to cultivate inter-professional collaboration and community partnership in service to the poor and underserved of Georgia.

Key words: Community health, health education, health professionals, health promotion.

A growing number of health professionals argue that community service, advocacy, and leadership constitute core professional responsibilities with important implications for responsibly serving poor communities.¹⁻⁴ Yet, few schools' curricula address the skills required to fulfill those responsibilities. Such skills include community partnership, public speaking, fundraising, consensus-building, organizational management, community organizing, team-building, and interprofessional collaboration.⁵⁻⁸ When courses are offered that address these skills, they are often didactic and, in our experience as medical students, marginalized in the curriculum and by our classmates.⁹

Throughout the last five decades, students who felt unprepared to serve poor communities by their formal education searched for alternative ways to gain the requisite skills, work across professional lines, and initiate change.¹⁰⁻¹² With the notable exception of student-run health clinics (two described by Beck and Buchanan in previous issues of *JHCPU*), student-initiated efforts are only rarely documented in the literature and little is known about how these programs originate, how they are sustained, and what schools can do to facilitate this kind of leadership and creativity.^{10,11,16,17} Here, we address these questions by describing one extracurricular organization through which students in Georgia have taught each other the skills needed to work on behalf of underserved communities, Health Students Taking Action Together, Inc. (HealthSTAT). We also discuss challenges intrinsic to this learning modality, including limited time and rapid leadership turnover.

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About HealthSTAT

HealthSTAT is a student-led, Georgia-focused, nonprofit organization that emphasizes peer-to-peer learning in medically underserved communities. Students from each of the state's four medical schools volunteer, along with students from several nursing, public health, and undergraduate institutions. Although medical students represent the largest proportion of volunteers, HealthSTAT is represented at various Georgia professional schools: Emory University Schools of Medicine, Nursing, Public Health, Law, and Business; Georgia State University Department of Nutrition; Medical College of Georgia Schools of Medicine and Nursing; Mercer University Schools of Medicine and Nursing; and Morehouse Schools of Medicine and Public Health. A minority of our volunteers are undergraduates attending the University of Georgia, Emory University, and Morehouse College.

History. HealthSTAT began at an informal meeting of five students from Emory and Morehouse Schools of Medicine who were concerned about the uninsured, a topic they felt was not sufficiently addressed in their classrooms. They convened monthly to teach each other about the issue. Through their conversations, these students came to recognize that just as health students learn clinical skills in real clinical settings, learning community health requires action on real issues.

They used email to place an online call for students interested in organizing a candlelight vigil for uninsured Georgians. Nine students from a variety of health professional schools responded. Featured on local television, the event became the 2002 Candlelight Vigil for Uninsured Georgians, was supported by 3 community partners and attended by nearly 150 students from 4 of the state's health professional schools. The vigil is now in its fourth year. Figure 1 is a poster used to advertise the 2005 vigil.

Buoyed by this enthusiastic response, these students opted to incorporate HealthSTAT in July 2002 as a 501c3 nonprofit organization. Since then, HealthSTAT has expanded its issue-based agenda to include: 1) reducing Georgia's uninsured, 2) preventing childhood overweight, and 3) preventing HIV/AIDS. As students' collective interests and community needs change, HealthSTAT's agenda changes. For example, the board recently adopted *increasing access to care* as an issue area that includes reducing the number of uninsured and improving access to care for the state's immigrant community.

Program initiation and management. As HealthSTAT's organizational history suggests, passionate student leaders were involved at all stages of its development. The role of passionate leaders continues today. Here, we have attempted to categorize pivotal events and roles captured within the HealthSTAT model.

The cornerstone of the model is inter-professional and inter-institutional team-based leadership. Responsibilities are distributed in three ways: programmatically, organizationally, and administratively. Student volunteers hold all positions, unless otherwise noted.

Programmatic. When HealthSTAT launches an issue-area, it provides students with a framework structured around the school calendar to study the issue, work with community partners to develop solutions, and implement a plan working toward that solution. In the fall, HealthSTAT highlights the new issue by organizing a Leadership Symposium that brings together 30–40 students for 2 days to meet with community

for work on each issue to continue in subsequent years. For examples of HealthSTAT's programs, please see Figure 3.

Once an issue area has been established, Working Groups manage programs and add components as needed. Working Groups recruit additional volunteers to coordinate programs and participants. HealthSTAT's President ensures that activities are in line with organizational strategy, leverages synergy between issues, and secures funding for the upcoming school year. To coordinate geographically dispersed individuals, Working Groups communicate using the HealthSTAT website (www.healthstatgeorgia.org), electronic surveys, and conference calls. In addition, the HealthSTAT President leads semi-annual one-day workshops for Working Group members that focus on project planning, teamwork, and reflection.

Organizational. A Board of Directors reflecting the inter-professional background of program participants governs HealthSTAT. In 2005–2006, there were 16 directors (7 from medicine, 3 nursing, 3 public health, and 1 each from law, business, and nutrition). All but 3 of these directors were students, while the rest were recent alumni younger than 30 years old. A Board of Advisors comprising recognized community leaders supports the directors.

A Board Chairperson facilitates all board activities, including an annual board retreat, quarterly meetings, strategic planning, fundraising, and elections of issue coordinators and the four officers who constitute the Executive Committee (President, Board Chairperson, Treasurer, and Secretary). While Directors make larger decisions that influence the organization's long-term trajectory, the Executive Committee makes week-to-week decisions regarding program execution.

Administrative. Day-to-day administrative tasks are performed by paid staff including a Managing Director, two work-study students, and as many as four summer interns per year. The staff assists students in making connections within the community, researching funders and issues, and evaluating programs. The staff also enhances the richness of student experiences by relieving students of secretarial work, logistics, and bookkeeping.

Students are involved in every facet of HealthSTAT's work, from the administrative to the programmatic. Even formalized trainings on such topics as media relations, fundraising, lobbying, and team-based leadership are developed by students. Most learning is not didactic. For example, as students are required to recruit other student volunteers, form strategies, plan a project budget, and execute an implementation plan, they are simultaneously learning, practicing, and modeling such skills as public speaking, consensus-building, organizational management, and teamwork. Figure 2 shows HealthSTAT's organizational chart.

Accomplishments

The quality of HealthSTAT's work can be assessed on three scales: 1) the extent to which students become involved in communities, 2) skills that students gain, and 3) the community impact of work done. HealthSTAT has not yet had the organizational lifespan to measure the community impact of its programs. However, some measure of HealthSTAT's success can be seen in its ability to engage diverse students in programs

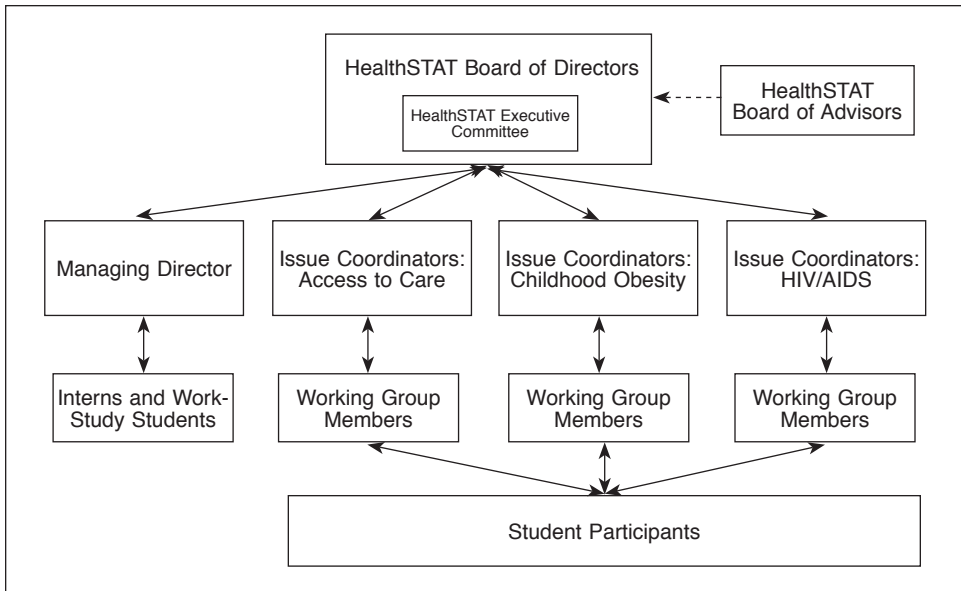


Figure 2. HealthSTAT organizational chart.

that range broadly in scope and to garner financial support for those programs. Future evaluation will focus on the quality of these programs and their community impact.

Student Engagement. HealthSTAT's effectiveness in engaging students can be measured in number of participant-hours per year (average = 4,060 hours/year), variety of programs (17 programs), number of self-publications (3 position papers), and funds garnered (more than \$300,000 over 4 years). Since HealthSTAT's incorporation, over 1,500 students from 11 schools have participated in its activities totaling 12,182 participant-hours. The cost to HealthSTAT per participant-hour is \$18. As shown in Figure 3, HealthSTAT has organized programs that span advocacy, education, service, and leadership.

Community impact. Student impact on the community is difficult to gauge; we share the following story as one example of how HealthSTAT has successfully created processes that support students with administration, funding, training, and social capital. In campaigning against 2006 legislation that would have restricted undocumented immigrants' access to public health services, student leaders already active on the issue relied on HealthSTAT for access to a statewide network of volunteers, mentors from various disciplines, a neutral place to meet, media relations, and funding. The legislation that was ultimately passed excluded most health restrictions. Although many groups were involved in the political process, student involvement was cited as instrumental by representatives and lobbyists central to the legislation's opposition and was highlighted in three publications and on two local television stations.¹³⁻¹⁵

Funding. HealthSTAT is supported by foundations, participants' schools, registration fees, individuals, and fundraising events. Healthcare Georgia Foundation seeded HealthSTAT with a grant of \$35,000 in 2003. Since then, HealthSTAT has raised \$185,000

| | Event Type | Number of Years | Avg # Participants Per Year | Approx. Total Participant Hours |
|---|---|---|-----------------------------|---------------------------------|
| Advocacy | Candlelight Vigil for Uninsured Georgians* Annual | 4 | 150 | 2,400 |
| | Campaign to Prevent Cuts to PeachCare for Kids: <i>Year-long campaign that educated students about proposed cuts to GA sCHIP through lectures.</i> Annual | 2 | 1,307 | 1,307 |
| | Campaign to Preserve Immigrant Access to Healthcare*: <i>Year-long campaign focused on educating students about proposed restrictions to immigrant access to healthcare.</i> Annual | 1 | 93 | 186 |
| Peer-to-Peer Education | Leadership Symposium*: <i>Brings together student leaders to develop a position paper on a pressing health related issue.</i> Annual | 4 | 38 | 2,280 |
| | Political Leadership Institute*: <i>Teaches policy advocacy skills.</i> Annual | 3 | 25 | 525 |
| | HIV/AIDS Prevention and Policy Workshop* Annual | 2 | 29 | 406 |
| | Oral History Project*: <i>Pairs students with patients living with HIV/AIDS to understand the story.</i> Ongoing | 2 | 45 | 234 |
| | Viewer Education Guide: <i>Provides candidates' positions on health issues students are concerned with.</i> Annual | 2 | - | 1,000 Guides Distributed |
| | Introduction to Health Policy Workshop* Annual | 1 | 49 | 196 |
| | Context*: <i>Nation's first, peer-reviewed, online journal dedicated to student engagement in communities.</i> Ongoing | 1 | - | - |
| | Curbside Consult*: <i>Monthly podcast providing student perspective on issues related to public health.</i> Monthly | 1 | 4,787 | 2,872 |
| | Service | PeachCare Registration Drives: <i>Door-door canvassing event to assist</i> Annual | 1 | 61 |
| POWERPLAY*: <i>Pairs health students with overweight teens for structured intervention focused on healthy lifestyle.</i> Weekly | | 2 | 20 | 250 |
| Stepping for Health*: <i>Pairs health students and fraternities for health related intervention at local elementary schools.</i> Weekly | | 1 | 54 | 150 |
| Leadership | Board Retreat*: <i>Provides space for reflection, planning, evaluation.</i> Annual | 3 | 13 | 780 |
| | Fundraising Training* Annual | 2 | 6 | 96 |
| | Building United Invested Leadership Teams*: <i>Day-long workshop to train working groups in teamwork and leadership.</i> Annual | 2 | 16 | 256 |
| TOTAL PARTICIPANT HOURS | | | | 12,182 |

Figure 3. HealthSTAT programs and participation from 2002–2005.

Note: *Denotes current program for 2005–2006 school year. Total participant hours do not include planning hours for paid staff and volunteers.

from national and local foundations, including the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. Though students are involved in direct solicitations and proposal writing, development staff has played a key part in securing these funds. Figure 4 shows HealthSTAT's expanding financial resources.

Key Success Factors

As demonstrated by our study of barriers to student community service in 2004, the major challenge to greater student community involvement is time constraints.⁹ HealthSTAT reduces this barrier by promoting team-based leadership and staff support.

Team-based leadership. With team-based leadership, HealthSTAT encourages shared responsibility to overcome time constraints and facilitate leadership development. Team-based projects are effective ways to advance the work even as exam schedules and clinical responsibilities escalate. This is especially true of interprofessional and inter-institutional teams, as the schedules are unlikely to overlap.

Staff accountable to students. The HealthSTAT paid staff assists students with fundraising plans, public relations, and making key community contacts. Importantly, staff is hired by and accountable to students, who conduct performance evaluations twice yearly. Selecting, managing, and retaining staff provides yet another opportunity for students to grow professionally.

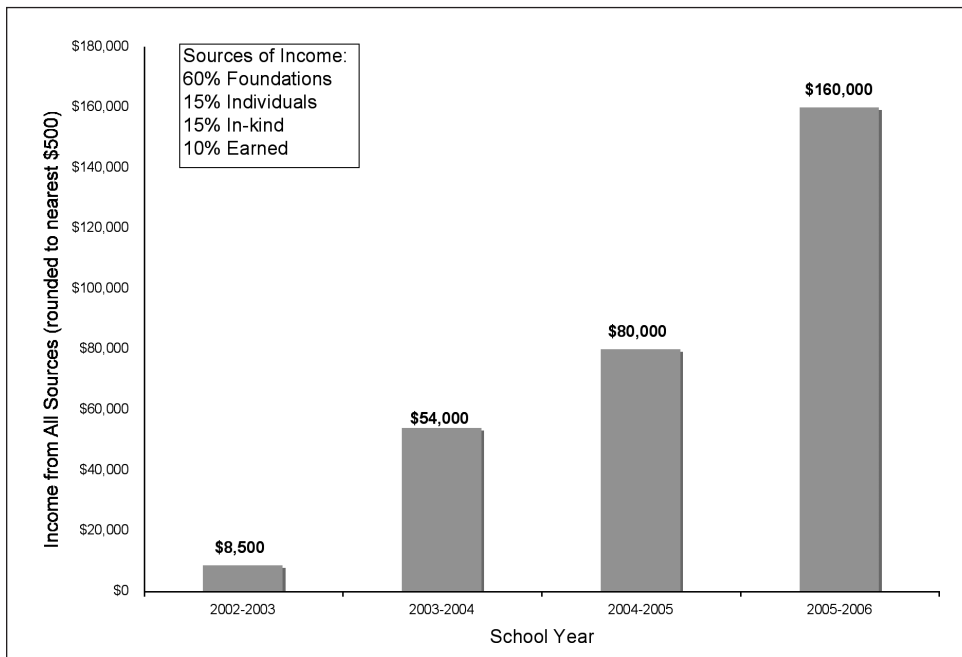


Figure 4. HealthSTAT's financial resources allow steady organizational growth. HealthSTAT relies heavily on foundation support, but has begun to diversify funding streams.

HealthSTAT volunteers are with the organization for one to four years, meaning rapid turnover of leadership could negatively affect the fragile relationships that underserved communities have with student organizations. Our team-based approach and support staff not only foster a smooth transition and retain institutional memory, but also provide consistent commitment to Georgia's underserved.

Statewide scope. Students involved with HealthSTAT cite their success serving poor communities as a key motivator. When students see the broader implications of their work, their commitment to community-oriented action is sustained. In HealthSTAT's experience, success is more readily apparent at the state rather than national level. Moving beyond the local community forces students to reach out to a broad range of professions and institutions. This, together with the dearth of student organizations working at this level, is why HealthSTAT remains a Georgia-focused organization.

Continuing Challenges

General challenges moving forward include funding and the continuing support of our institutions. Challenges unique to HealthSTAT include increasing student diversity, deepening the level of student participation, and developing a pipeline for health professionals training to serve poor communities. Maintaining institutional, professional, and racial diversity requires vigilance, relationship-building, and investment in infrastructure to bridge geographic divides. These challenges are complex for any organization and will require that HealthSTAT continue to make diversity a high priority as we move forward with our work.

Conclusion

Student-generated models such as HealthSTAT must be further studied so that their successful strategies may be incorporated into formal health professional education. HealthSTAT demonstrates that when students are provided with infrastructure and administrative assistance, they create ways to learn skills necessary to serve poor communities. HealthSTAT offers an interactive way to cultivate skills needed to assume the core professional responsibilities of service, leadership, and advocacy. Team-based leadership and staff support can maximize the contributions students make to communities, enhancing (rather than detracting from) their clinical and research experiences.

Acknowledgments

We wish to acknowledge the students whose contributions make HealthSTAT possible, especially Rebecca Bedingfield, MPH; Matthew Coldiron, MPH; AJ Khaw, MD; Kamilah Pickett, MPH; Nishant Shah, MD, MPH; Perry Sheffield, MD; Larissa Thomas, Emile Toufighian, MSN; and Dorothy Wadsworth. We also wish to acknowledge HealthSTAT's first Executive Director, Dana Lee, MPH. Finally, thanks to David Wilkinson, JD; Daniel Blumenthal, MD; and Henry Khan, MD for their constructive feedback regarding this manuscript and their continuing support of HealthSTAT's work.

Research for this report is supported in part by a grant from the Paul and Daisy

Soros Fellowships for New Americans. The program is not responsible for the views expressed here.

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