The HEARTSLink Clinic: Addressing the Health Needs of the Bethlehem Community

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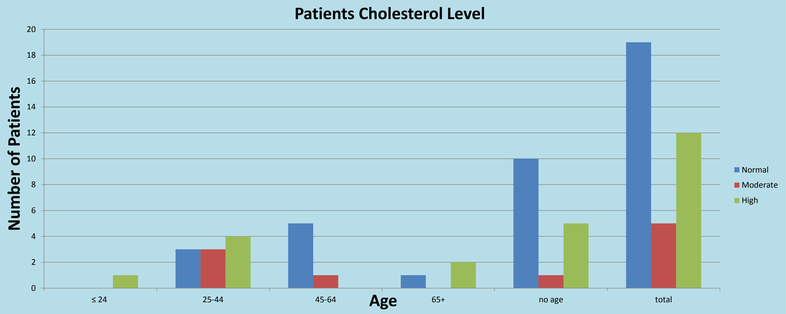
Clinic Objective

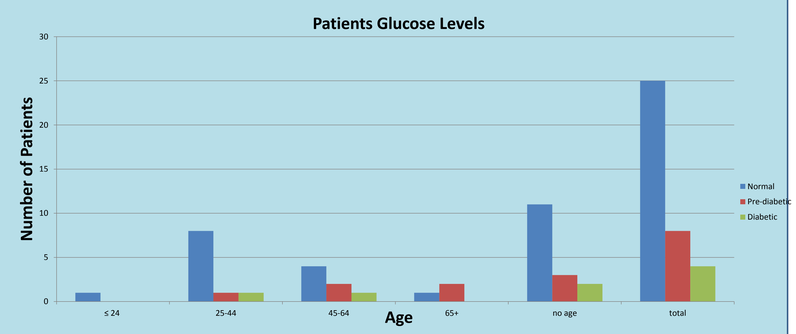
- To provide coordinated care to uninsured members of the Bethlehem Community
- Research focus on analyzing the inaugural year of the HEARTSLink program
- Goal: Analyze data from the first year of the clinic to better focus the future of the clinic for the needs of the community

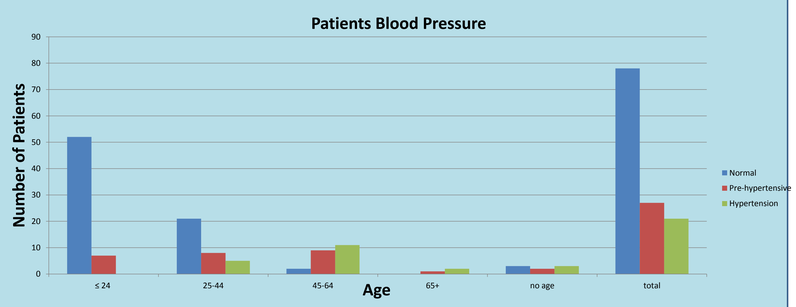
Background

- Clinic model based on the Health Leads model
  - Focus on the whole environment that a person lives in and how it affects their health
  - Spotlight on preventative medicine
- Clinic Model- multiple components
  - Temple Medical School students pair with a Lehigh University undergraduate volunteer to provide general medical care
  - Volunteer physicians from St. Luke's act in an oversight role
  - Lehigh University volunteers are responsible for devising an "action plan" for the patient
    - Patient follow-up occurs between monthly clinics
    - Progress is tracked in a database

First Year Data







- 41% of patients were either hypertensive or pre-hypertensive
  - The national average is estimated to be 33% (CDC,2012)
- 22% of those screened for glucose levels were pre-diabetic; 11% were diabetic
- 12% of patients screened for cholesterol had a moderate level; 33% had high cholesterol

Summary of First Year

- 147 patients were seen in the first year of the clinic
- The most common services needed included connection to insurance, dental care and vision
  - Women's health services and medical or dental vans for students were also among the services offered

Future Directions

- Clinic Goals
  - Plan to survey Lehigh University volunteers and Medical School Students to gain feedback regarding how to improve the clinic
  - Research how to better market the clinic in order to increase the number of patients seen monthly
- Health Goals
  - Develop targeted educational programs for the health areas of concern (i.e. hypertension, high cholesterol)
  - Increase the success rate for patient follow-up

Citations

- Our model. *Health leads. Better health. One connection at a time.* Retrieved June 2012 from https://healthleadsusa.org/what-we-do/our-model/
- (2012). Bethlehem partnership annual report. Retrieved from http://www.bethpartannualreport.org/
- *High blood pressure facts*. (2012, October 17). Retrieved from http://www.cdc.gov/bloodpressure/facts.htm