

Population Expansion and Diversification for a Local Non-Profit Health Screening Clinic

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Background

- Health screening services prevent and detect illnesses and diseases in earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and high medical costs
- Health Protection and Education Services (HPES) provides a once monthly health screening clinic in St. Louis, Missouri
- The clinic wished to expand to serve a wider population and help more people take an active role in their healthcare and live a healthier lifestyle
- This study was focused on community outreach in an effort to determine how to best increase and diversity the patient population

Objectives

- Primary purpose
 - To discover which type(s) of patient outreach are most successful in informing the general public in the area near the location of the health screening clinic, resulting in higher patient census
- Secondary Purpose
 - To discover if one type of outreach over another was better suited for certain ages or ethnicities

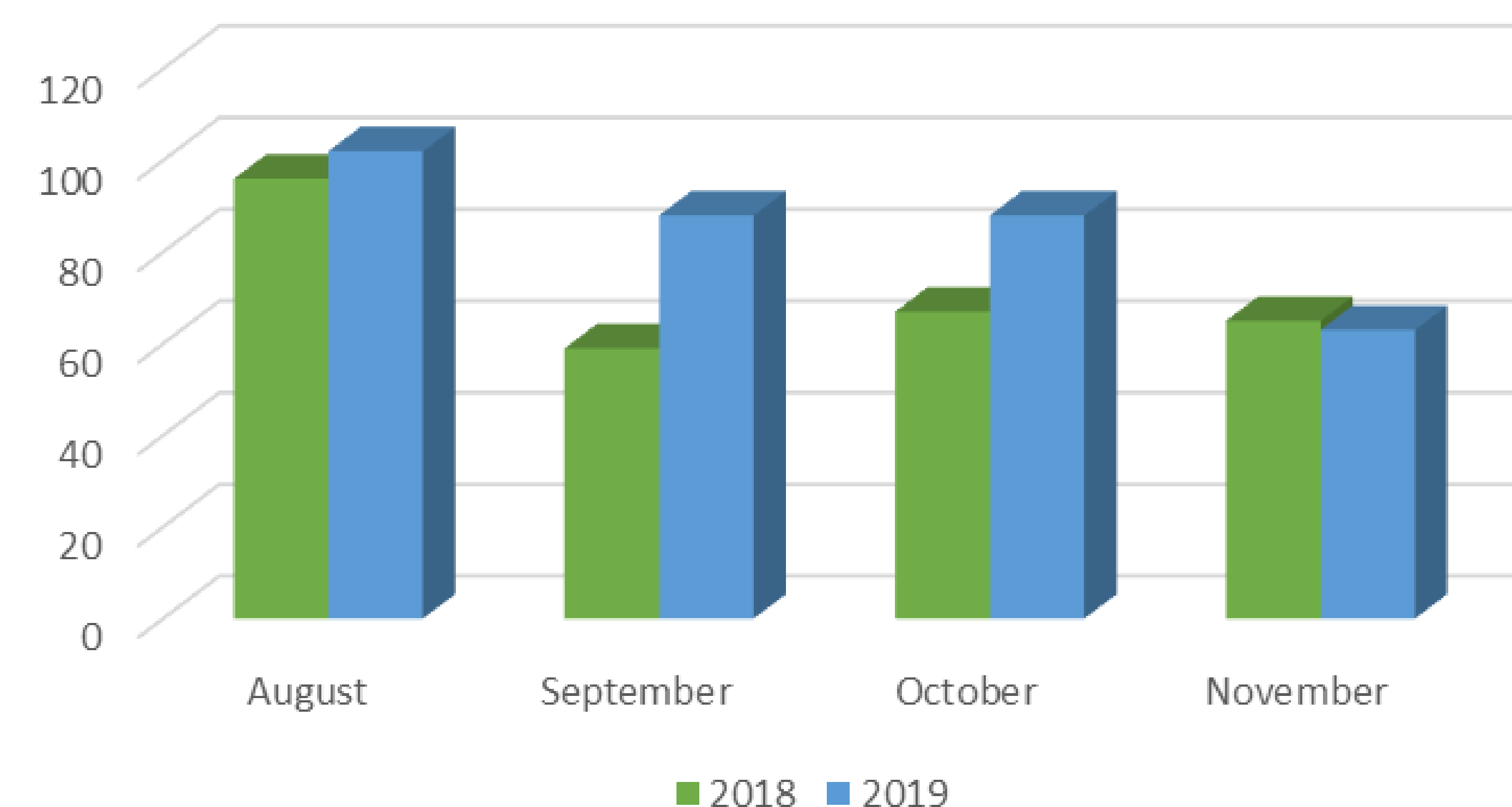
Methods

- Data was collected using the patient intake form already in use at the monthly health screenings
- Inclusion Criteria
 - All patients age 18 and older
- Exclusion Criteria
 - Patients under 18 years old
- Dependent Variables
 - Data collected: patient census, how the patient learned about the screening clinic, patient ethnicity, patient age
- Independent Variables
 - Location of outreach done each month
 - August: local businesses
 - September: food pantries
 - October: churches
 - November: unemployment offices
- Flyers used each month were designed by HPES

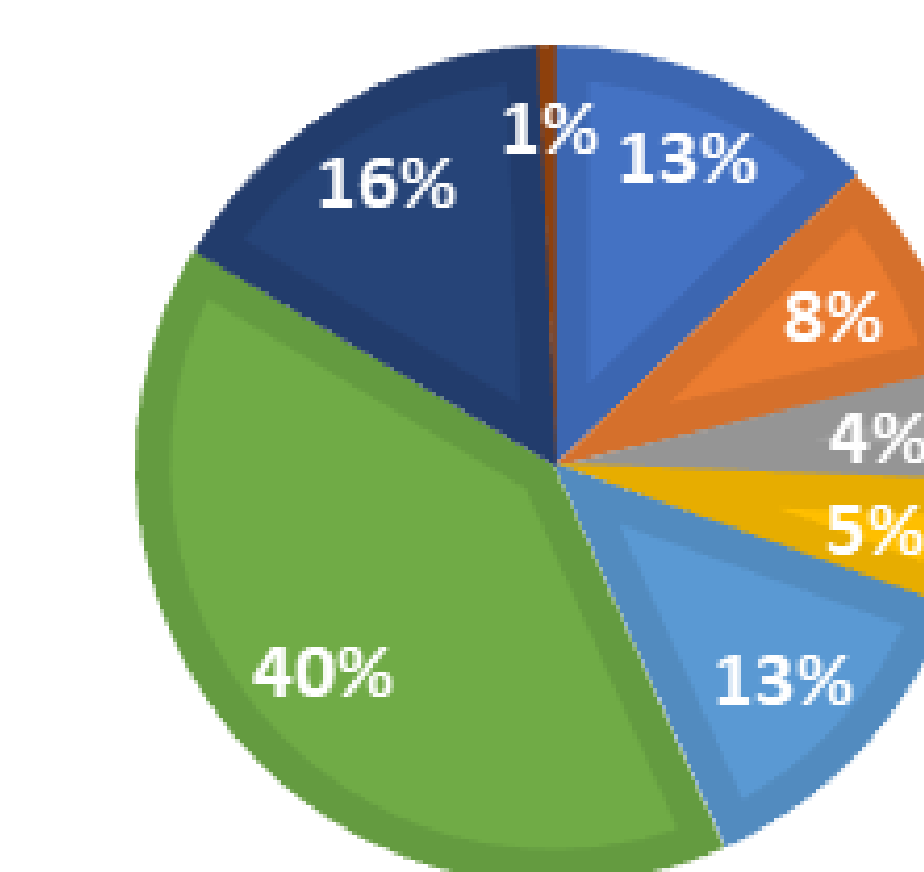


Results

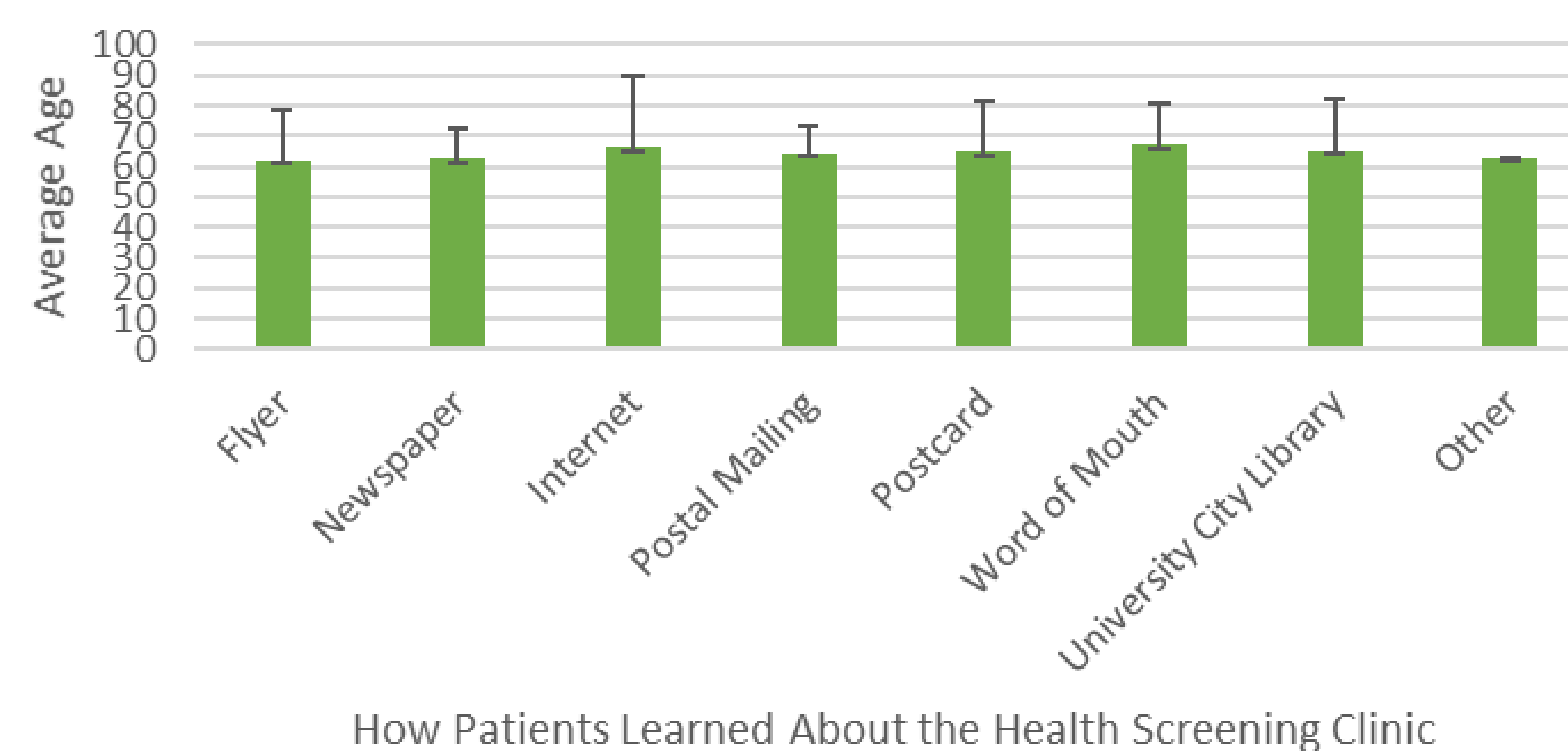
Number of Patients Seen Per Month



HOW PATIENTS LEARNED ABOUT THE HEALTH SCREENING CLINIC



Age of Respondents



Discussion

- 341 patients were seen during the study period
- 18.84% increase in patient population over the previous year
- Primary Outcome
 - Outreach to food pantries and churches are the best types of outreach via flyer to gain a higher patient population
 - Success of outreach to unemployment offices could not be determined due to confounding variables
- Limitations
 - Study may not be generalizable to all non-profit health screening clinics
 - Study took place in only 1 location
 - Outreach types were only implemented for 1 month each
 - Longer duration of study is needed to determine if outreach could consistently increase patient population
 - Unknown if patients were new to the clinic or returning based on the data collected
 - Limited data was available for the previous year for comparison
 - Increased patient diversity could not be assessed

Conclusion

- A combination of outreach which includes patrons of food pantries, churches, and unemployment offices is the best way to reach the maximum number of potential patients in an effort to expand the population and diversity of HPES

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