

INTRODUCTION

Studies have shown that the complications of cardiovascular disease are higher in the unhoused population than the general population, with some data suggesting 60-70% higher rates of cardiovascular events. There are many factors that contribute to this including higher prevalence of smoking, cocaine use, mental illness, and more.

In an effort to increase access to hypertension screening and management, Regional Health Reach developed a program that utilizes telemedicine (Tyto) to help facilitate evaluations at local shelters.



Figure 1 – Tyto telemedicine platform and kit

COMMUNITY PARTNER

Regional Health Reach (RHR) is a clinic that provides comprehensive care to homeless individuals in the Rochester community.

Their hypertension and telemedicine program utilizes Lake Erie College of Osteopathic Medicine (LECOM) volunteers who visit shelters on a weekly basis, conduct blood pressure screenings for residents at the shelter, and facilitate a telehealth visit with a physician for those with elevated readings or concerning symptoms. Currently, 3-4 LECOM students and 1 physician are participating.

Hypertension and Telemedicine Initiative

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COMMUNITY HEALTH IMPROVEMENT PROJECT

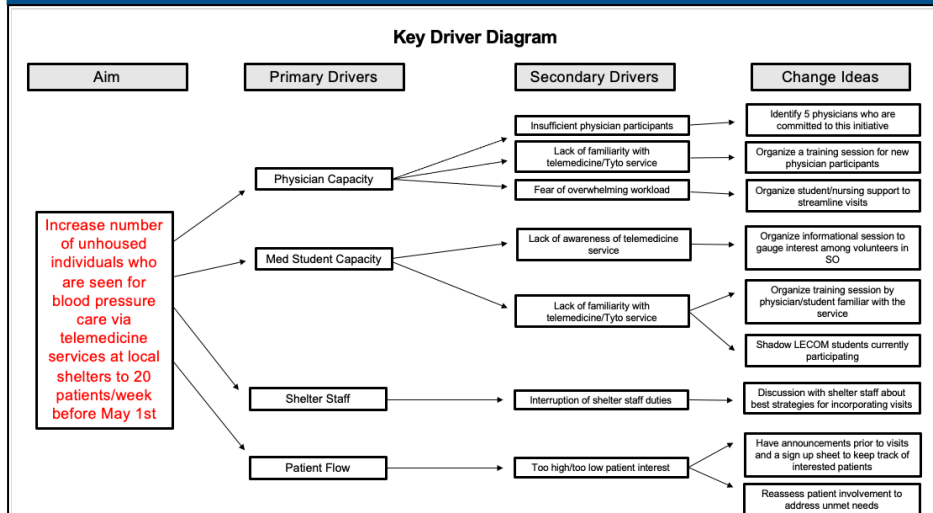


Figure 2 – Key Driver Diagram outlining change ideas to optimize different components of the program

Problem: Insufficient medical student capacity to conduct regular, safe, and effective volunteer shifts.

Project Goals: Create a partnership between Regional Health Reach and University of Rochester School of Medicine (URSMD) ideally via Street Outreach (SO).

Step 1: Understand the program's existing workflow and volunteer responsibilities

Step 2: Educate SO leadership and the general URSMD community about the program and options for getting involved

Step 3: Evaluate perceptions about establishing a volunteer partnership – Quantitative and qualitative data obtained from surveys and open discussion

Step 4: Develop a plan for URSMD student involvement



RESULTS AND CONCLUSIONS

Only two survey responses - all questions were answered with a score of 5/5 strongly favoring the creation of a volunteer partnership.

Benefits acknowledged:

- Shared mission between SO and RHR
- This is an existing, well-organized program rather than a brand new opportunity
- Expands medical student engagement with the unhoused population with physician supervision

Concerns raised:

- Balancing goals of incoming and outgoing leadership
- Identifying someone to schedule and organize shifts
- Logistics of training leadership versus all volunteers

Overall, there is interest in having URSMD students participate but a decision on whether SO will be formally involved is contingent upon incoming leadership.

NEXT STEPS AND SUSTAINABILITY

Next steps include organizing shadow shifts so URSMD students can see firsthand how the program is run, organizing a training session(s) for leadership and interested volunteers, and designating a weekly shift set aside for URSMD volunteers.

To create a sustainable partnership between RHR and URSMD, it would ideal to have SO coordinate volunteer efforts. This may require the creation of a new leadership position that would involve responsibilities related to communication, training/education, and scheduling.