



Clinic with a  
**HEART**®

# The Pulse Newsletter

July 2015



## Health and Geography

Did you know that people living in central Lincoln have an average lifespan of 63.4 years, while people living in southeast Lincoln live to 91.2 years? At the Community Health Endowment annual meeting several maps of Lincoln were unveiled that start to tell a story about health in our city.

Lincoln is a great place and now is the time to embark on looking at the “whys” in this disparity. I’m sure in the end there won’t be a simple answer or a quick fix. Most of the patients our healthcare volunteers see at Clinic with a Heart are from central Lincoln. We hear so many of the “whys” for poor health: poverty, stress, unemployment, food insecurity, housing issues and so much more.

As our faith drives us to serve, I look forward to working with community partners in better understanding barriers to health. Lincoln is a great place for coming together to serve. – *Teresa Harms, Executive Director*

## Happy 10th Anniversary to the Southwood Lutheran Teams!

Ten years ago in May they said yes to Clinic with a Heart! As we grew, they said yes again to starting a second mission team. Southwood now serves the third Tuesday and third Thursday of each month. When we moved to our



permanent location, the Southwood Team Leaders also began organizing two School Physical Clinics on Saturdays in August. We are grateful for this partnership of service and the love Southwood Lutheran brings to patients when they serve.

## Let’s Golf!

The annual CWAH Golf Tournament will be held at beautiful Firethorn Golf Club on August 24. This is the seventh year of this fun event and, as always, we anticipate a full field of 32 teams. You may register online, both to golf and to be a tournament sponsor, by visiting our website, [www.clinicwithaheart.org](http://www.clinicwithaheart.org), and clicking on the golf tournament area on the right. If you prefer to pay with a check, just choose the “send me an invoice” option.

## Give to Lincoln Day—WOW!

Thank you to all who participated in Give to Lincoln Day last month--it was a resounding success for Clinic with a Heart and the community as a whole. We received over \$30,000 in donations, fueled in part by a generous anonymous donor who matched the first \$5,000 in donations.

We salute Lincoln Community Foundation for providing this annual community day of philanthropy—this year \$3,261,752 was given in support of 327 different Lincoln-area organizations. Thank you to all who supported Clinic with a Heart through Give to Lincoln Day!

## What do Patient Say...

As we prepared for our Rx for Hope event this year, we asked patients what they would want to tell a donor of Clinic with a Heart. Please enjoy this [video compilation](#) of their messages.

## Reflection from a Volunteer

*Amanda Barker began volunteering in February 2015. She is pursuing a Masters in Community and Regional Planning at the University of Nebraska Lincoln. Following is an excerpt from a course paper.*



I chose Clinic with a Heart (CWAH) in Lincoln, NE as the site of my service-learning project for this semester, upon the recommendation of a physician friend of mine who had volunteered there in the

past. Although the clinic doesn't tackle a singular public health issue (such as obesity, diabetes, etc.), I chose it because, as it is defined in the 10 Essential Functions of Public Health, mobilizing community partnerships to solve health problems is a critical element in the field of public health.

My time at the clinic has clearly illustrated to me the cultural and physical factors affecting public health. It has also contributed to my overall public health literacy-- prior to my service learning experience, I had little to no knowledge of medical care, much less medical care for an underserved population. While it could have been easy to see my work at the clinic as being more appropriate for a course that a medical student might take (in fact, many of my fellow volunteers were students hoping to go to nursing, medical, or PA school), I took the opportunity to look at it through the public health lens, seeing how political, economic, cultural, and physical factors shaped the health status of those who walked in the door.

In week one of this course, we learned that the cultural factors influencing public health included economic status or class, neighborhood, and education. My role at the clinic is to help with patient intake, meaning that I see the patients first, before the physicians. In this role, I direct patients to fill out a demographic form and file it afterwards-- essentially, seeing the cultural factors first hand. According to the annual newsletter published by CWAH, only 38% of our patients were employed-- a factor directly relating to the economic status of an individual and his or her family. What's more, 43% of patients we see at the clinic are from the neighborhoods directly

surrounding the clinic (a low-income area). Again, statistics aside, it's amazing to see how much a factor like economic status creates a waterfall-like effect on a person's life. Being unable to pay for regular medical attention and/or prescriptions leads to higher occurrence of chronic illness and recurrence of preventable health issues. In my observations, the patients did not want to be dependent on a free clinic as their primary source of healthcare, but were present because of necessity.

The other cultural factor that left a big impression on me was that of language. Many of the patients I've seen come through the clinic spoke something other than English as their primary language. In fact, the annual report by CWAH stated that our patients spoke over 25 languages, with 15% being Spanish speakers. I imagine that, for a person who has limited English language skills, navigating the healthcare system is overwhelming-- everything from knowing what provider to see, to figuring out how to get to that location, to providing a detailed medical history could be filled with obstacles. One notable patient, a nicely dressed, older gentleman from Kenya walked in with his adult daughter; he was clearly new to this country and needed the clinic to help him transition to a medical home, with the help of his daughter's language skills. It was a success to be able to connect him to the community resources that he needed in order to make a home here.

My service learning experience at the clinic has impressed upon me the need for robust community partnerships to address public health needs. It has allowed me to visualize the cultural and physical factors that affect public health first hand, and allowed me to see how certain policies (e.g. Affordable Care Act) can affect a person's need for services and their overall well-being.

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**“When we give cheerfully and accept gratefully, everyone is blessed.” — [Maya Angelou](#)**