Lessons Learned from a REACH14 Clinical-Community Linkages Intervention

**Growing Younger Together:**
A Partnership between the Greater Cleveland YMCA and Two FQHC Networks in Cleveland, OH
Background Context
14-Component Health Screening
Finger-prick Lipid Profile & Lifestyle Coaching
REACH14 Approach

1. Strong "in" w/FQHC's Director of Community Engagement
2. Administrative support
   - Formal MOU
   - Well-attended Staff Trainings
   - Sign-off on program referral protocols
   - “Electronic chart scrub” of patient database based on protocols to determine eligible patients
   - Integration of program within EPIC, their EMR system
   - Training and certification of nurse screener to use their EPIC system
3. Cooperative, close-by community center where FQHC clients would take classes
4. Doctor-signed letter informing eligible clients of program and inviting them to sign-up
5. Two, well-attended info sessions on both Y-DPP and Growing Younger Together
• Westside FQHC with 5 sites: 12,000 adult population
• 30% Latino/a population
• Pilot site: 2,616 adult population
• 950 (36%) of adult population eligible for Y-DPP based on meeting at least one of the following criteria:
  1. Hypertension
  2. Diabetes diagnosis
  3. BMI > 30

Data
• 492 phone calls made to unique individuals
• 227 answered calls (or 46%)
• 120 scheduled appointments (53% of answered calls, but 24% of total population)
• 65 completed appointments (54% of scheduled, but just 13% of total population)
• 40+ interested in GYT program (60% of completed appointments, 8% total population)
• 4 enrolled in GYT program (10% of interested, 8/10% of total population)
• 2 completed GYT program (50% of enrolled, 4/10% of total population)

Results
Barriers

1. Most of FQHC did not know us or our programs
2. Lack of trust as a result
3. Slow or no follow-through marketing of the program by FQHC staff beyond initial letter
4. Many ongoing, conflicting priorities on part of Clinical partner
5. Limited exam room and program storage space given small size of clinic

Process

1. Evidence-based Y-DPP too rigid for audience...10 participant minimum
2. Year-long commitment for Y-DPP too long
3. 16-week version of Growing Younger Together program also too long
4. Overly reliant on doctor referrals initially
5. Prospective clients not answering calls from unknown numbers
6. High no-show rate when appointments were scheduled

Content
Adaptations

1. Began looking to other staff for referrals (Wellness Coach, Patient Navigators)
2. Began hosting info sessions in lobby and directly promoting program there
3. Finally resorted to cold phone calls
4. Ultimately threw in the towel at FQHC network # 1 and shifted to # FQHC #2
5. Offered program to FQHC #2 staff so they fully understood its value
6. We did begin getting doctor and pharmacy referrals at FQHC #2, but too late

1. Dropped Y-DPP and kept only Growing Younger Together
2. Shortened GYT from 16 to 12 weeks
Lessons-Learned

1. Wrong "inside" supporter
2. Maintained our design bias that “doctors are very influential” when our clinic doctors were clearly telling us that they are NOT
3. Cultivating relationships with Center Manager critical
4. Lip-service ≠ commitment
5. EMR integration ≠ referrals
6. Maintaining program integrity is critically important
7. Remaining flexible is essential
8. Lack of follow-through doesn’t necessarily mean lack of commitment
9. ...could simply signal lack of capacity
10. Clinical-Community Linkages work is not for the faint of heart
Questions

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