

Title: Failure to Follow-Up, There's More to the Story

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Background: Food insecurity is the uncertainty or limitation of access to safe, nutritious food for an active healthy lifestyle with normal growth and development, which can lead to negative health outcomes, poor development, and lower life expectancy. Literature regarding attendance in elective health programs, like the Geaux Get Healthy Clinical Program at Our Lady of the Lake (OLOL), is scarce. Using the available literature on lack of attendance at healthcare appointments can help identify factors and characteristics of patients at higher risk for not completing or enrolling in such programs. This project aims to investigate the reasons behind the lack of enrollment or completion of eligible, food insecure individuals from the Baton Rouge community into the Geaux Get Healthy Clinical Program at OLOL, a program addressing food insecurity. Additionally, the project seeks to delineate the demographic characteristics of the food insecure population in Baton Rouge, Louisiana.

Methods: This prospective qualitative study used semi-structured phone interviews lasting approximately 45-60 minutes per participant. The interviews were audio recorded and transcribed for qualitative thematic analysis. Demographic data of the study population were extracted from the Epic database and statistically analyzed. The target population comprised of individuals screened for food insecurity within the Franciscan Missionaries of Our Lady Health System (FMOLHS) Epic system who did not enroll in the Geaux Get Healthy Clinical Program at Our Lady of the Lake.

Results: Nineteen participants were interviewed. Participants ranged from 21-66 years of age with the average age being 46. Eighteen (95%) participants were female with one male participant. Fourteen (74%) participants were African American, and five (26%) were white. After analyzing the interviews, it was found that most people did not participate in Geaux Get Healthy due to a lack of knowledge of the program. The majority of participants did not realize the program existed or they qualified for it. Other notable reasons suggested for not participating included a sense of embarrassment, a lack of transportation, and other evening priorities.

Conclusion: Community funded programs are created to address pressing issues such as food insecurity and access to healthcare. However, if eligible participants are not enrolling and completing the programs, little progress can be made. In addition, it is important to consider the valuable resources being used to establish and advertise these programs. Investigating why people do not take advantage of community funded programs helps us address barriers to enrollment and enhance participation in future projects. Enhancing participation ensures maximization of resources and is the first step in making a difference in a patient's life.