



INTRODUCTION

- The pandemic era caused by COVID-19 was a great disrupter for many industries, including healthcare. A WSUSOM university affiliated clinic supported by a non-profit Detroit-based organization served to provide free screening and health check-ups for those without access otherwise was deeply impacted.
- For this clinic, the pandemic led to a lack of patient flow and low community engagement, the after-effects continue to impact operations. Historically, patients were solicited at the food pick-up area, from the neighborhood, or through the non-profit's volunteers – often with minimal to no success.
- To increase the frequency of care provided, the clinic leadership and DxIC collaborated to create a new marketing and expansion strategy.

AIM

- To evaluate non-profit's participants to get a snapshot of the clinic's patient demographics.
- To analyze the neighborhood/geographical demographics towards and suggest potential new locations for patient recruitment.
- To frame the WSUSOM clinic's differentiated product and service menu and to build a preliminary marketing and expansion strategy to optimize patient recruitment, all the while keeping in line with the clinic mission.

METHODS

- Interviews were conducted with the clinic's leadership to determine the scope, the objectives and end-deliverables for the project.
- Data was collected during a site visit:
 - Participants and guests of the non-profit were providing their contact information (name, email, phone number, etc.) to volunteers.
 - We added a survey to obtain information about:
 - Patient demographics
 - Travel time
 - Willingness to seek medical screening care provided by the clinic
 - If not, their barrier to receiving care.
- Interviews with the non-profit's leadership, volunteers and select clinic patients were conducted. On-site observations were used as foundation to construct recommendations on the marketing and expansion strategies.
- Lastly, strategies previously employed by other WSUSOM clinics and Detroit-based clinics were referenced to further consolidate the recommendations and strategies proposed in this project.

Service Menu and Differentiated Product:

- Cost analysis for realizing each of the following strategies, with at least 2 vendors, was identified while keeping in line with the allocated budget of \$1000.
- A service menu was determined based on the current clinic capacity of the clinic and well-suited for **high volume, low acuity screening**.
- The clinic's differentiated product was reinforced as its mission to serve the underserved patient population of Detroit without preclusions to any neighborhoods or communities in Detroit.

1. Marketing strategy:

- Increase *social media* presence by activating Twitter, Instagram and Facebook pages,
- Increase clinic visibility and awareness through *signage*:
 - Yard-sale signs giving directions to ANSO clinic from the main intersection,
 - Bidirectional signage at the street entrance,
 - Large banner/board overhead the clinic entrance.

2. Expansion strategy:

- Pop-up Lemonade stand/mobile clinic* at community and neighborhood events to:
 - Promote the clinic and its service menu,
 - Share clinic's social media with the event attendees,
 - Recruit patients for clinic days,
 - Outreach for the broader non-clinic services provided by the non-profit organization, such as the clothing bank, or the shelter.
- Target neighborhood locations and upcoming community events* were identified by DxIC and forwarded to the clinic for their pop-up lemonade stand/mobile clinic.

3. Rebranding Strategy:

- Name change* was advised to something more direct such as "X Free Clinic", as well as resources to create a new logo,
- Outreach* through existing channels in the non-profit to increase the clinic's visibility to potential patients already in the non-profit's communications system,
- Future *clinic aesthetic* updates were advised and to be promoted as community-involved events, e.g., painting the clinic.

RESULTS

- The following were the participant demographics noted from the data collection snapshot (n=11):
 - Patient Demographics:
 - Age ranges: 34 to 84,
 - 5 Males and 6 Females,
 - ~ 10 potential patients come each week to the food pick-up area and were being solicited by the clinic,
 - Residence/Location: all participants live in the Westside of Detroit,
 - Travel time: Within 25 minutes,
 - Barriers to care: **Transportation** and **Scheduling**,
 - Patients indicated they learned about the clinic only through **word-of-mouth advertisement** but did not have a correct understanding of the clinic's service menu.

• Current Clinic Services Menu:

- Glucose and blood pressure screening,
- OTC medications (naloxone, aspirin, cold & flu, vitamins),
- Supportive equipment (walkers, crutches, etc.).

• Clinic State:

- Overrun with storage from pandemic donations,
- Requires tidying up to be more presentable to incoming patients,
- Better organizational layout to create more space inside the house.

• Non-profit state:

- Non-profit hidden away at a dead-end street,
- View of clinic is obstructed by a large tree,
- No signage or directions to clinic were observed,
- Only those aware of the non-profit seem to enter the street, despite 6 cars on the main street every 5 minutes.

CONCLUSIONS

- DxIC conducted interviews with the WSUSOM clinic and the non-profit's leadership, volunteers and regular patients to gain insight into their challenges and previously employed strategies. DxIC used the data collected and insights gained to identify new marketing, rebranding and expansion strategies to increase the frequency of care provided.
- DxIC worked closely with the WSUSOM clinic to discover new ways to continue their mission to provide health services and serve the underserved members of Detroit and its communities.