YMCA HEALTH NAVIGATION

YMCA OF SOUTH FLORIDA AND FREE CLINICS

SIX MONTH REPORT

NOVEMBER 2025 – APRIL 2026

Over the past six months, the YMCA of South Florida has strengthened its community impact through a growing partnership with five FREE clinics serving uninsured and low-income individuals throughout South Florida: Center for Haitian Studies, Light of the World Clinic, St. John Bosco Clinic, UHI Community Care Clinic, and UMC Free Clinic. Together, we have expanded access to health navigation, social services, and chronic disease support for some of the region's most vulnerable residents.

Through this initiative, 417 individuals were screened for social determinants of health using the PRAPARE assessment tool, identifying critical needs related to food insecurity, chronic disease management, healthcare access, and financial stability. Of those screened, 101 participants were enrolled in intensive one-on-one health navigation services led by Certified Community Health Workers (CHWs).

YMCA Community Health Workers met with participants to provide essentials and health monitoring support.

Participants managing chronic conditions such as hypertension and diabetes received individualized support plans focused on connecting them to healthcare, food resources, social services, transportation, and culturally responsive health education. This high-touch model helps participants better manage their health while reducing barriers that often lead to avoidable emergency care utilization.

IMPACT OVERVIEW

BY THE NUMBERS

417	Referrals Received
101	Served Through YHN
866	Reached Through Health Education
35	Community Outreach Events

COMMUNITY OUTREACH
A GRASS-ROOTS APPROACH:

Community outreach and education remained a central component of the program's impact. During this reporting period, YMCA staff conducted 35 outreach and health education events, reaching 364 individuals through interactive sessions focused on nutrition, mental health, chronic disease prevention, and resource access. In total, the program delivered 866 health education interactions, reinforcing healthy behaviors and increasing participants' confidence in managing their health.

Beyond education, the regular presence of YMCA Community Health Workers (CHWs) at clinic sites has been instrumental in building trust and strengthening collaboration. By engaging patients where they already receive care, CHWs have developed strong rapport with both clinical staff and participants, creating a more connected and supportive care environment. This ongoing relationship-building has increased opportunities for warm hand-offs between clinic staff and CHWs, improved coordination of services, and enhanced the ability to connect patients to social services, health education, and chronic disease management support in culturally and linguistically responsive ways.

The YMCA also strengthened community partnerships to address food insecurity. In collaboration with LifeNet, a new food distribution site was launched at the Light of the World Clinic, where 30 families now receive monthly food support directly at the clinic site. This effort reflects the program's commitment to integrating healthcare and social support services in trusted community settings.

IMPACT STORIES

Juan, a 72-year-old participant referred through UHI presented with significant health and social needs, including a history of two strokes, hypertension, food insecurity, and confusion regarding his health insurance coverage. The participant reported feeling weak, isolated, and without access to food or a primary care provider.

A Community Health Worker (CHW) conducted a visit and immediately addressed urgent food needs by delivering groceries. The participant's living conditions highlighted the severity of his situation. The CHW then coordinated with a clinic social worker to verify his Medicare coverage, clarify his insurance status, and connect him to all eligible benefits.

As a result of these efforts, the participant is now successfully linked to a primary care provider, has access to transportation for medical appointments, and is receiving ongoing food support, including daily meals. The participant expressed deep gratitude for the assistance received, noting that the support significantly improved his stability and well-being.

Marbeli, a participant from Bosco, managing hypertension and prediabetes reported stable health, noting that she is adherent to her medications and maintaining controlled health indicators. Despite this progress, she expressed financial strain, as her current part-time position does not fully meet her needs.

The Community Health Worker (CHW) referred her to the Urban League for employment support to help secure more stable income, and to La Bodega food distribution for access to nutritious foods. During her YMCA visit, the participant received education on healthy eating and self-care, as well as guidance on applying for opportunities through the Urban League. She also accessed food support during her visit, helping to address immediate needs. The participant expressed gratitude for the comprehensive support, highlighting the importance of addressing both her health and financial stability to maintain her overall well-being.

YMCA Community Health Worker attends UMC's Outreach Event at Lotus House

Esperanza, a participant from UMC managing pre-diabetes, anxiety, and hypertension, initially expressed urgent concerns related to housing instability, unemployment, and food insecurity. At intake, she reported that rising living costs were placing strain on her ability to remain housed with her daughter.

Through ongoing support, the CHW provided health education on chronic disease management, assisted with job readiness including resume development, and connected her to local resources such as food pantries and transportation tools. The participant also accessed food assistance through the YMCA pantry during a period of need.

Over time, Esperanza secured full-time employment, improving her financial stability and reducing her immediate housing concerns. Due to her new work schedule and increased stability, she successfully exited the program. This case highlights how coordinated support addressing both health and economic needs can lead to meaningful, sustained outcomes.

IMPACT STORIES

Donald, A 72-year-old participant from LOTW is living with diabetes, hypertension, and a history of cancer, the participant faced significant barriers, including being uninsured, unemployed, and struggling with food and transportation access.

During enrollment, the CHW identified immediate needs and provided support including transportation assistance, food resources, a blood pressure monitor, glucose monitoring supplies, and a health log book to strengthen chronic disease self-management. The participant also received ongoing education on nutrition, hydration, medication adherence, and healthy lifestyle habits.

Despite his health challenges, the participant remained highly motivated and engaged in his care. Over several months, he consistently monitored his blood pressure and glucose levels, utilized community food resources, and maintained communication with his CHW. His glucose readings improved from 128 at intake to 105 during follow-up visits, while his weight remained stable.

The participant expressed gratitude for the continued support and shared that the program helped reduce stress and increased his confidence in managing his health independently. At case closure, he had successfully achieved program goals related to health stabilization, access to resources, and chronic disease management, positioning him for continued long-term wellness.

Ann Marie, a participant from CHS with long-standing hypertension and mobility challenges, initially reported difficulty managing her condition due to financial barriers, lack of insurance, and limited access to necessary medical equipment. While she received support from her daughter, she faced challenges maintaining a consistent diet and safely managing daily activities due to pain and mobility limitations.

The CHW provided health education on blood pressure management, connected her to food distribution resources, and worked to identify sources for durable medical equipment. Despite initial barriers in locating donated equipment, continued advocacy and follow-up resulted in the successful provision of a rolling walker and a folding commode.

With these supports in place, the participant has maintained stable blood pressure levels, improved food security, and increased safety and independence in her daily routine. This case demonstrates the importance of persistence, resource coordination, and addressing both clinical and functional needs to improve quality of life.

The YMCA of South Florida is grateful to the Health Foundation of South Florida for making this work possible. Through this partnership, we are creating pathways to better health, greater stability, and improved quality of life for some of South Florida's most vulnerable residents.

In Partnership With:

Center For Haitian Studies · Light of the World Clinic · St. John Bosco Clinic · UHI Community Care Clinic Serving Since 2008 · Universal Medical Clinic Serving the Underserved Community