

Bridging the Gap: Reducing Disparities in Diabetes Care Communication Brief**Providence Health & Services****RESEARCH REFLECTIONS**

The Diabetes Collective Impact Initiative improved access to diabetes education and social needs screening



The Community Teaching Kitchen provided multi-level support for both medical and social needs



Collaboration with local community organizations expanded available services



Co-locating community service providers in clinics led to improved access to community resources through better referrals

BACKGROUND

Providence Health & Services is an integrated health care system spanning seven states that offers comprehensive services to its patients including vulnerable and underserved populations. Interventions that address unmet social needs such as food, adequate housing, and transportation can improve disease management, health, and wellbeing. In two research articles in a special supplement of the *Journal of General Internal Medicine*, authors assess the impact of interventions that address social determinants of health (SDoH) using co-located services and cross-sector collaboration. As part of the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*, Providence coordinated a multi-level healthcare intervention called the Diabetes Collective Impact Initiative (DCII). **The DCII addresses both medical and social needs for low-income and underserved populations with diabetes. It includes enhanced care pathways, in-person or virtual multilingual diabetes self-management classes, SDoH screenings, and referrals to an on-site, co-located community resource desk staffed by a community non-profit organization, Impact NW, for further assistance with social needs.** Roth et al. found patients at DCII clinics had increased diabetes education visits (e.g., 15.5% more than comparison patients), were more likely to receive SDoH screening (e.g., 4.4% more) and had an increase in virtual primary care visits (e.g., 0.35 visits, per member, per year). A trend of decreasing blood sugar levels was observed among those engaged in the DCII.



The Providence Community Teaching Kitchen (CTK) was established at Providence Milwaukie Hospital in the Portland Metro-area to serve predominantly patients with a higher prevalence of food insecurity and multiple chronic conditions. **The Providence CTK has five critical components: chronic disease self-management education, culinary nutrition education, patient navigation, a medical referral-based food pantry (Family Market), and an immersive training environment.** The COVID-19 pandemic caused severe disruptions for historically disenfranchised, food insecure populations. Tanumihardjo et al. highlight that CTK staff leveraged an existing partnership with RideConnection, a local transportation service agency, to deliver meals and sustain Family Market access (e.g., 1000+ patients served between 3/2020 and 12/2021). The CTK provided food and education when it was needed most and repurposed roles for evolving needs; patients served reached a high in 2020 when food insecurity was reported at its highest (i.e., 52.1% in 2020). The CTK is a blueprint for how healthcare organizations could design culinary nutrition education that is immersive, empowering, and inclusive.

KEY TAKEAWAYS

Co-locating medical and social services and establishing cross-sector collaborations improved access to resources that support unmet social needs.

Based on the following publications:

- Roth SE, Gronowski B, Jones KG, Smith RA, Kauffman Smith S, Vartanian KB, Wright BJ. Evaluation of an Integrated Intervention to Address Clinical Care and Social Needs Among Patients with Type 2 Diabetes. *J Gen Intern Med.* 2023; [doi:10.1007/s11606-022-07920-8](https://doi.org/10.1007/s11606-022-07920-8)
- Tanumihardjo JP, Davis H, Christensen J, Smith R, Kaufman-Smith S, Gunter KE. Hospital-Based, Community Teaching Kitchen Integrates Diabetes Education, Culinary Medicine, and Food Assistance: Case Study During the COVID-19 Pandemic. *J Gen Intern Med.* 2023; [doi:10.1007/s11606-022-07931-5](https://doi.org/10.1007/s11606-022-07931-5)