Bridging the Gap: Reducing Disparities in Diabetes Care **Communication Brief**

St. Mary's Health and Clearwater Valley Health

RESEARCH RELFECTIONS

Community Health Workers were critical to building trust

The Population Health Team Improved in blood sugar control

Engaged the most medically complex patients

Co-locating health screenings at food banks built trust with clients

BACKGROUND

Rural populations are older, have higher rates of diabetes, and have shown less improvement in diabetes-related death rates compared to urban areas. Rural communities also have limited access to diabetes education and social support services that could help address worsening outcomes. In a special supplement of the *Journal of General Internal Medicine* for the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*, authors evaluated the role of a multi-disciplinary population health team (PHT) in supporting patients with diabetes cared for by St. Mary's Health and Clearwater Valley Health (SMHCVH), an integrated health care delivery system in rural Idaho. **SMHCVH's PHT included primary care physicians, integrated behavioral health therapists, clinical dietitians, chronic care managers, and community health workers (CHWs). In addition, SMHCVH established partnerships with local food banks and integrated CHWs into food distribution sites** for health-related activities. CHWs also conducted home visits and met patients in the community to reduce barriers and expand reach. Also featured in the special supplement, Dr. Kelly McGrath, Chief Medical Officer at SMHCVH, discusses the role of CHWs in acting as extensions of the healthcare system and their ability to engage with patients with unmet social needs.

SMHCVH and the University of Chicago evaluated necessary components of integrated medical and social care models to improve outcomes for patients with diabetes in a resource constrained, rural area. Sommers et al. interviewed CHWs and food distribution coordinators to assess facilitators and barriers to health screenings. Trust emerged as a dominant theme and became a focus of interviews. Tanumihardjo et al. also evaluated clinical outcomes and health risk assessments to evaluate the role of the PHT in improving outcomes for patients with diabetes. **SMHCVH's PHT integrated medical and social care by assessing medical, behavioral, and social needs with annual health risk assessments and provide core interventions including diabetes self-management education, chronic care management, integrated behavioral health, medical nutritional therapy, and CHW navigation.**

KEY TAKEAWAYS

CHWs established high levels of interpersonal trust but noted low trust in institutions (*e.g.,* healthcare, government) among coordinators and clients of food distribution sites. **Co-locating health screenings at these sites was important for building trust with both coordinators and clients.** Despite PHT intervention patients having more chronic conditions and medical complexity, the **SMHCVH's PHT of lay health workers, providers, and medical professionals improved and sustained diabetes control among more medically complex patients with diabetes (*e.g.,* 0.36% HbA1c reduction at 12-months, and significant reductions sustained at 18-, 24-, 30, and 36-months) and also improved lipids (*e.g.,* 8.1 mg/dl LDL reduction at 12-months).**

Based on the following publications:

- McGrath K. Rural Healthcare Disparities in the United States: Can We Get Upstream?. *J Gen Intern Med.* 2023; doi:10.1007/s11606-022-07922-6
- Sommers IJ, Gunter KE, McGrath KJ, Wilkinson CM, Kuther SM, Peek ME, Chin MH. Trust Dynamics of Community Health Workers in Frontier Idaho Food Banks and Pantries. *J Gen Intern Med.* 2023; doi:10.1007/s11606-022-07921-7
- Tanumihardjo JP, Kuther S, Wan W, Gunter KE, McGrath K, O'Neal Y, Wilkinson C, Zhu M, Packer C, Peterson V, Chin MH. New Frontiers in Diabetes Care: Population Health Team in Rural Critical Access Hospitals. *J Gen Intern Med.* 2023; doi:10.1007/s11606-022-07928-0