

Bridging the Gap: Reducing Disparities in Diabetes Care Communication Brief**La Clínica del Pueblo****RESEARCH REFLECTIONS**

Team-based care supported medical and social needs of patients



Collaboration with a food justice nonprofit improved retention in patient education class



Medical-legal partnership supported complex needs for patients during the pandemic



Assessing partnerships was critical to redirecting, strengthening, and maintaining them

BACKGROUND

La Clínica del Pueblo is a federally qualified health center that serves a predominantly low-income, Latino/a/x community in the Washington D.C. metropolitan area. La Clínica provides culturally tailored primary care, medical interpretation and language access advocacy, and health education programs to improve health outcomes while reducing barriers for patients. Many patients served have unrecognized immigration status, limited English proficiency, and unfamiliarity with U.S. health care – any of these barriers can cause difficulties in improving diabetes-related outcomes. La Clínica became a grantee of the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*. This five-year program aims to improve care and reduce health disparities for populations with diabetes through multi-disciplinary teams to address clinical outcomes and underlying social needs. **La Clínica's team includes physicians, behavioral health, care coordinators, health educators, and medical interpreters who collaborate with patients to organize care. Staff screen patients for social needs to navigate them to resources. They stratify patients by medical and social risk to tailor care to patients' unique circumstances.** In a special supplement of the *Journal of General Internal Medicine*, La Clínica patient, Bessie Anaya, shares her healthcare experiences as an immigrant in the U.S. and the critical support role La Clínica has played in her diabetes and chronic condition care over the years.



La Clínica has partnered with local organizations to support the needs of their patients. For over 30 years, La Clínica has partnered with CARECEN, a legal aid organization that serves D.C. Latino/a/x populations through direct legal services, human rights advocacy, civic engagement, and grassroots empowerment. Turner et al. highlight that during the COVID-19 pandemic, housing insecurity and burden of eviction among immigrants pushed the partnership towards advocacy and legal services. In addition to their medical-legal partnership, La Clínica collaborates with FRESHFARM, a D.C.-based non-profit focused on creating resilient, equitable, and sustainable access to food. The FRESHFARM partnership aided La Clínica's patients enrolled in chronic disease self-management, education and class retention. La Clínica also purchased and distributed farmers market tokens to increase vegetable intake. **La Clínica aligned their partnerships through mutual discussions.**

KEY TAKEAWAYS

La Clínica's model of care supported medical and social needs while empowering patients' diabetes self-management goals. Partnerships with local social service organizations helped meet patient needs.

Based on the following publications:

- Turner C, Suarez A, Tanumihardjo JP, Stein R, Linhales Barker S. Implementing the Partnership Assessment Tool for Health to Assess and Strengthen Cross-sector Partnerships: Lessons from a Federally Qualified Health Center. *J Health Care Poor Underserved*. [doi:10.1353/hpu.2022.0171](https://doi.org/10.1353/hpu.2022.0171)
- Tanumihardjo JP, Gunter KE, Chin MH, Kraus RN, Smith RA, de Oliveira L, Peek ME. Integrating Technology and Human Capital to Address Social Needs: Lessons to Promote Health Equity in Diabetes Care. *J Health Care Poor Underserved*, 32(2), 241-261. [doi:10.1353/hpu.2021.0061](https://doi.org/10.1353/hpu.2021.0061)
- Anaya B, Suarez A, Stein R, Hernandez M. Cuando el Acceso es la Mayor Barrera: La Determinación de Bessie de Mantenerse Sana (When Access is the Main barrier: Bessie's Determination to Stay Healthy). *J Gen Intern Med*. 2023; [doi:10.1007/s11606-022-07924-4](https://doi.org/10.1007/s11606-022-07924-4)