

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

# Minneapolis Health Department

## RESEARCH REFLECTIONS



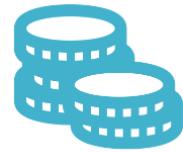
Collaboration among Health Department, health centers, and CHW organization established community health workers within medical care models



Innovative care models and partnerships integrated support for unmet social needs



Health Department engaged with state agencies to advocate for improved reimbursement for community health workers



Upfront funding supported innovative care models in resource constrained settings

## BACKGROUND

As part of the Merck Foundation initiative, *Bridging the Gap: Reducing Disparities in Diabetes Care*, the Minneapolis Health Department established partnerships with three federally qualified health centers located in areas with high rates of diabetes morbidity and mortality and a community health worker (CHW) service organization, CHW Solutions, to improve diabetes outcomes in Minneapolis. Native American Community Clinic, Neighborhood Healthsource, and Southside Community Health Services worked with the Health Department and utilized upfront funding to transform their diabetes care teams and partner with community agencies. Clinics implemented population health management, outreach, enhanced diabetes education including both one-on-one and group-based support, community health workers and community partnerships to address patients' social needs. **Integrated medical and social care via CHW services is a growing area of interest to health care organizations that offer care for underserved populations.** In a special supplement of the *Journal of General Internal Medicine*, Gunter et al. provide an overview of the barriers and strategies to operationalize Medicaid reimbursement for CHW services in the state of Minnesota, through the experience of a CHW service and technical assistance provider. **They share lessons learned to facilitate improved access to CHW services for clinics including how to operationalize payment from Medicaid.**



## KEY TAKEAWAYS

Federally qualified health centers implemented innovative care models including CHWs, diabetes educators, and population health management. **Funding from the health department and the Merck Foundation allowed clinics to tailor care coordination components.** The health department facilitated partnerships with community-based agencies to help serve patients' non-medical needs such as food insecurity. The Minneapolis-based collaborative navigated implementation barriers including organization capacity, regulation, and bi-directional communication. The **Minneapolis Health Department initiative improved clinical experiences and supported population health across federally qualified health centers.**

Based on the following publication and report developed for the *Journal of General Internal Medicine* supplement:

- Gunter KE, Ellingson MK, Nieto M, Jankowski R, Tanumihardjo JP. Barriers and Strategies to Operationalize Medicaid Reimbursement for CHW services in the State of Minnesota: a Case Study. *J Gen Intern Med*. 2023; doi:10.1007/s11606-022-07925-3
- Pratt, LK, Carlson, A, Ellingson, MK, Nieto, M, Zahler, A, Johnson, M, Fahey, S, Palmer, A. Bridging Public Health and Clinical Care to Improve Diabetes Outcomes: Experience of a Public Health and Healthcare Collaboration. Site Evaluation Report for the *Bridging the Gap: Reducing Disparities in Diabetes Care* initiative.