BRIDGING THE GAP: REDUCING DISPARITIES IN DIABETES CARE

An estimated 30 million Americans live with diabetes – about 9% of the population.¹

The disease is costly for both individuals with diabetes and the U.S. health care system, responsible for $176 billion in direct medical costs and $245 billion in total costs each year including lost productivity.¹,² Vulnerable and underserved populations are more likely to have diabetes and often experience barriers to effectively managing the disease, such as difficulty obtaining high-quality health care, lack of access to healthy food, and safe places for physical activity.¹,³,⁴ These challenges in diabetes management can increase the risk of serious complications – such as heart disease and stroke – and further widen disparities in health outcomes.

BRIDGING THE GAP IN DIABETES CARE: A CROSS-SECTOR APPROACH

Promoting health equity among people with diabetes requires a comprehensive approach that integrates high-quality health services with resources drawn from outside the health system. Collaboration across multiple sectors can address the many factors that influence health, such as access to nutritious foods, options for physical activity, housing, and education.⁵,⁶ Multi-sector partnerships can also strengthen health systems, improving health across the country.

To advance cross-sector approaches that improve diabetes outcomes, the MSD Foundation (the Foundation) established Bridging the Gap: Reducing Disparities in Diabetes Care (Bridging the Gap) with a $16 million, five-year commitment.

Bridging the Gap is a multi-site initiative that aims to increase access to high-quality diabetes care and reduce disparities in health outcomes for vulnerable and underserved populations with type 2 diabetes in the United States. Bridging the Gap partners will implement comprehensive diabetes programs that bring together stakeholders from inside and outside the health care system. Through these collaborations, people living with diabetes can benefit not only from improved medical care, but also from efforts to help address the social and environmental factors that affect their health.

BRIDGING THE GAP PROGRAM PARTNERS

The Foundation has selected The University of Chicago (Chicago, IL) to serve as the National Program Office for Bridging the Gap. The University of Chicago supports program efforts of the grantee organizations and provides leadership in building a national public-private partnership to help reduce disparities in diabetes care.
**BRIDGING THE GAP PROGRAM GOALS**

- Build sustainable partnerships between the health care sector and other sectors to address the medical and social factors that influence health
- Redesign health care systems, particularly primary care, to improve diabetes care for vulnerable and underserved populations
- Improve health outcomes for individuals with type 2 diabetes through measures such as better glucose and lipid control
- Disseminate key findings and lessons learned to advance cross-sector approaches that improve population health and reduce diabetes disparities

**BRIDGING THE GAP APPROACH**

*Bringing the Gap* programs will implement interventions that improve the delivery of diabetes care and address disparities in health outcomes by:

- Transforming the delivery of primary care, including team-based, coordinated care tailored to the patient’s level of risk for complications from diabetes and social factors that can complicate treatment and care management
- Engaging multiple levels of the health care system, such as patients, families, health care teams, and health care organizations
- Using cross-sector collaborations to address factors inside and outside the health care system that influence diabetes outcomes

**ADVANCING BEST PRACTICES IN CROSS-SECTOR COLLABORATION**

Through an independent cross-site evaluation, the Foundation will evaluate the impact of the *Bringing the Gap* initiative and its programs. A key goal will be to identify and promote best practices in primary care transformation and innovative multi-sectoral strategies that advance health equity among vulnerable and underserved populations.

**REFERENCES**