

# Hartford Healthcare Network (HHCN):

Reducing disparities to improve diabetic outcomes

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**Challenge:** A person's zip code has more influence on health outcomes than almost any other single factor; HHCN has identified a **4%-point difference in diabetic outcomes between patients in socially vulnerable zip codes and those in non-socially vulnerable zip codes.**

**Diabetic Outcomes = A1C Level + Date of Most Recent A1C Reading**

**About HHCN:** Hartford Healthcare Medical Group is physician organization within Hartford Healthcare Network; as Connecticut's largest healthcare provider, the primary care group serves ~33,000 diabetic patients annually; ~11,000 live in socially vulnerable zip codes.

**Objectives:** Thorough quantitative analysis of deidentified patient and aggregate data & an onsite visit to Hartford, CT, to investigate the following:

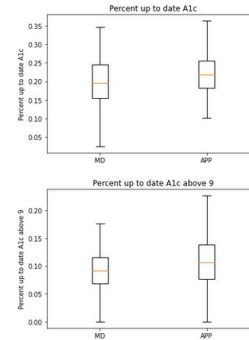
- What is **causing the disparity** in diabetic outcomes between priority and non-priority zip codes?
- What **can be done** to resolve disparities impacting diabetic outcomes?

## Qualitative Findings & Recommendations:

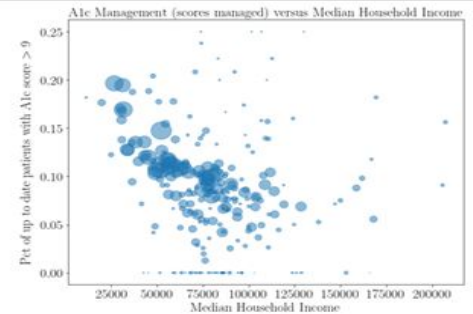
1. General Socialization and Stakeholder Buy-In
2. Culturally Tailored Care
3. Food Focused Patient Education and Counseling
4. Integration of Primary Care & Community Health Efforts

## Quantitative Findings & Discussion:

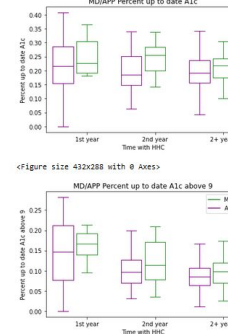
Statistical Significance of A1C Levels between populations; visit nonadherence



Median Household Income and % of Patients A1C >9



Provider Experience and Patient Diabetes Management



Interesting Observations: Wealth and High Diabetes Incidence

