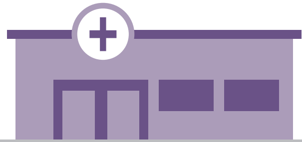
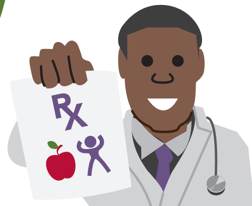
Key messages from Phase I: First two years of the project (2016 -2017)

The WRC grew substantially – in terms of participating clinics, providers, and patients served – in the first two program years.



Added 11 clinics to the program. 13 clinics currently participating



Engaged an additional 51 providers. Increased number of providers making referrals from 72 to 123

Served 674 more patients. Increased number of patients with diabetes, hypertension, and high cholesterol that were referred from 451 to 1,125

70% were Hispanic and 6% were American Indian people in 2017

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Community Health

Key messages from Phase 2: Final two years of the project (2019 -2020)

Patients who are likely to benefit from WRC are commonly referred. The program is serving its intended population.

Patients with elevated values on more of the four health indicators were more likely to be referred

Patients with elevated values on all four included health indicators made up 30% of the referred group and only 13% of the non-referred group while, in contrast…

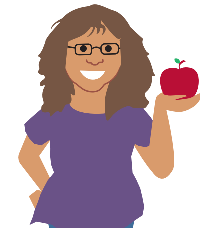
patients with only one elevated value made up 32% of the non-referred group and only 15% of the referred group

WRC referral was associated with improvements in A1c levels, especially for Hispanic and Latino patients.

The program is positively influencing health equity.

Patients who were referred to the WRC saw an average decrease in A1c from 2019 to 2020, while average A1c values among those who were not referred did not change

The improvements in A1c outcomes was experienced most by Hispanic and Latino (rather than white, non-Hispanic) referred patients.



For the subgroup of referred Hispanic and Latino patients, A1c improved 3 months after referral

Revised 10/17/2022