

Access

Lack of Education

- Information on Diabetes/A1c (how to lower/control, what symptoms are, why its important to address, frequency for appointments, etc)
- Education on what insurance covers
- Education on resources available in the community
- Culturally appropriate resources and education (take into account cultural practices around food, lifestyle, etc)
- Clear, simplified, accessible information
- Properly translated education materials

Access to healthcare related resources

- Access to A1c tests (on a regular basis)
- Access to Doctors appointment (ability to get appointments, adherence to appointment and A1c checks)
- Access to insurance to cover costs of visits and medication
- Access to ongoing, consistent affordable medication

Access to Community Resources

- Accessible, affordable and culturally appropriate foods
- Safe spaces to be physically active --gyms, parks, sidewalks, green spaces
- Transportation --bus routes, shuttles, etc
- Childcare
- Social support Networks
- Access to community health workers

What are barriers causing eligible enrollees to have Poor HbA1c control?

- Support to take individual to appointments
- Support for medication adherence
- Support to regularly check A1c levels
- Support in being physically active
- Support in eating healthier
- Childcare
- Access to Diabetes Support Groups

- Distrust of healthcare system
- Unable to get appointments
- No telehealth available
- Unable to get to appointments
- Participation in goal setting
- Referrals to specialty care and services (eye exam, foot exam, lifestyle coaches, diabetes care specialists)
- Provider Bias
- Bilingual staff and providers

- Ability to take time off work to go to appointment
- Language/translation -- properly translated materials, food labels, information, etc
- Fear/stigma of having diabetes
- Cost -- medication, appointments, buying healthy foods, being physically active

Limited Personal/Social Support

Interaction with the Healthcare System

Additional Barriers