

## **BUILDING COMMUNITY SUPPORT “IDENTIFIED BARRIERS”**

### **PATIENT RESPONSES:**

**Answers to the question: “What is the most difficult part of managing your diabetes?”**

#### **Comments related to food:**

**“I have to cook for a lot of people.”**

**“The food: limiting fatty foods, limiting tortillas, egg yolks and fruit juice.”**

**Also – “because my wife doesn’t always cook low fat”**

**“I have to give up sweets”**

**“What you eat”**

**“Taking care of what you’re eating”**

#### **Comments related to money:**

**“I don’t have money to buy the food I should eat.”**

**“I don’t have money to buy the strips.”**

#### **Comments related to physical activity:**

**“I can’t walk as much as I used to – because of foot problems.”**

**“Getting into the habit of doing some physical activity.”**

**“I refuse to wear sneakers, or to sweat.”**

#### **Comments related to transportation:**

**“I don’t like to drive at night.”**

**“I have to rely on my neighbor, relative, friend or spouse to drive me!”**

#### **Comments related to work:**

**“I had to stop working because I got sick, and was missing too many days of work.”**

**Answers to the question: “What do you think would help you to better manage your diabetes?”**

**“To have more self-control to manage portions”**

**“To have my family be more supportive”**

## **BUILDING COMMUNITY SUPPORT “OBSERVED BARRIERS”**

### **COMMITTEE RESPONSES:**

**Answers to the question: “What barriers do our patients face in trying to manage their diabetes?”**

- 1. Misinformation – e.g. They think they just need to stay away from sweets.  
They think that if they take medication, they can eat whatever they want.  
They think that if their blood sugar is low, they can stop taking their medication.**
  
- 2. Lack of knowledge – e.g. They do not know when to check their blood sugars.  
They do not know what an appropriate fasting blood sugar is.  
They do not know what a “diabetic meal plan” is.  
They are unaware of appropriate portion sizes.  
Many cannot read and/or write.  
They do not understand the long-term effects of unmanaged blood sugars.  
Patients do not know where to go for assistance.**
  
- 3. Lack of resources – e.g. There are >60,000 uninsured persons living in So. Dade.  
More free clinics are needed.  
A site is needed in South Dade, where patients can go to pick up free medication (the closest prescription medication distribution center is 100 miles away!).  
Blood glucose monitoring strips are needed.  
Low-literacy educational materials are needed.  
A Diabetic Support Group (in Spanish) is needed.  
More “safe” locations for patients to walk are needed.**
  
- 4. Lack of “ownership” – e.g. They do not take their diabetes seriously.  
They have limited problem solving skills.  
They do not show up for medical appointments**
  
- 5. Socio-cultural – e.g.  
In some cultures, it is considered “beautiful” for a man or woman to be “heavy.”  
They are comfortable with their present weight.  
They do not want to lose weight.  
Many do not have supportive families.**
  
- 6. Learned Apathy – Some people think that because their family members have diabetes, there’s nothing they can do to prevent it, so they do “nothing.”**