



Diabetes Prevention and Control Program (DPCP)
Division of Chronic Disease
Maine Center for Disease Control and Prevention (Maine CDC)
Department of Health and Human Services (DHHS)

Introduction:

In 2006, the Diabetes Prevention & Control Program (DPCP) – Maine CDC conducted surveys of primary care providers, diabetes educators and individuals with diabetes to determine barriers to referral and participation to self-management education programs (DSME). In September 2006 results were published by the DPCP in a report, *Diabetes Self-Management Education Barrier Study*. A DSME Barrier Study Advisory committee comprised of many statewide partners interested in diabetes care was established. The report was reviewed at the DSME Barrier Study Advisory committee meetings held on September 21, November 16, 2006 and February 16, 2007. Recommendations to address the barriers outlined in the report were made by the committee and have been incorporated into the *DSME Barrier Study Action Plan*

Goals:

- Increase referrals and attendance at DSME Programs
- Encourage linkages to community resources to support DSME

Key Partners:

- Ambulatory Diabetes Education and Follow-up (ADEF)/Diabetes Self-Management Training (DSMT) Programs
- Anthem
- MaineGeneral Community Health
- MaineHealth
- Maine Primary Care Association
- Medical Care Development
- New England Quality Health Care Foundation
- Office of Elder Services
- Office of MaineCare Services
- University of Maine Cooperative Extension

Findings – DSME Barrier Study

The following chart presents the five top rank-ordered barriers to DSME by population surveyed

Rank Order	Referring Providers' Barriers	Diabetes Educators at DSME/ADEF Program Sites' Barriers	MaineCare Programs Members with Diabetes Barriers	Anthem Members with Diabetes Barriers
1	Transportation issues	Participants feel they do not need it	Aversion to groups	Can manage on own
2	Cost Issues	Cost Issues	Not Interested	Program at inconvenient times/dates
3	Aversion to groups	Conflicts with scheduling	Participants feel do not need it	Participants feel do not need it
4	Program at inconvenient times/dates	Transportation Issues	Don't know about DSME program	Time issues/too busy
5	Too long of wait to begin the program	Time/too busy	Transportation issues	Aversion to groups

Recommendations – DSME Action Plan

Recommendations to address barriers to DSME were made by the DSME Barrier Study Advisory committee members and other interested partners and are presented in the DSME Barrier Study Action Plan.

The following chart presents priority strategies from the Action Plan to Address Barriers to DSME:

**Priority Strategies from Action Plan to Address Barriers to DSME
2007/2008/2009**

Marketing Professionals	Marketing Consumers	Systems Issues	Community Linkage
Plan and conduct marketing conference	Develop universal brochure	Explore consistent terminology – ADEF vs. DSMT vs. DSME Define and review DSME (components & structure) DSME vs. DSME supports	Form committee to explore connection to community HMPs UMCE OES FQHCs MaineCare Program
Develop talking points for providers	Promote cross-referrals with Living with Chronic Conditions Program	Develop DSME RX referral pads	
Linkage with nurse practitioners and care managers	Develop social marketing campaign based on feedback from consumer focus groups	Summarize strategies to address structural issues and distribute to sites	