



# Don't Sugarcoat It Diabetes Prevention Services in Southern New Jersey Current Realities, Future Opportunities

Janice M. Beitz PhD, RN, CS, CNOR, CWOCN, CRNP, ANEF, FAAN,  
Professor of Nursing, Director, Wound, Ostomy,  
Continence Nursing Education Program (WOCNEP)

**RUTGERS**

Senator Walter Rand Institute  
for Public Affairs

## Acknowledgement

The author wishes to thank the Senator Walter Rand Institute for Public Affairs of Rutgers University in Camden, NJ for the opportunity to explore this topic. A special thank-you to Dr. Gwendolyn Harris, Executive Director of the Institute, for her support and insights. Thanks also to Luis Gonzalez-Arocho and Darleen Garcia, MUPP for their substantive assistance for this project.

Janice M. Beitz PhD, RN, APNC, ANEF, FAAN

Professor, School of Nursing-Camden

Rutgers University

215 North Third Street

Camden, NJ 08102

[Janice.beitz@camden.rutgers.edu](mailto:Janice.beitz@camden.rutgers.edu)

## Executive Summary

New Jersey, especially Southern New Jersey, and the United States are facing a tsunami of diabetes mellitus type 2 development in the next decade. If preventive strategies are not increased and coordinated in an efficient, meaningful manner, the counties of Southern New Jersey will become a diabetes disaster zone that is out of control and irreparable. Currently, diabetes mellitus and pre-diabetes in Southern New Jersey are a quiet, deadly, and expensive epidemic.

This Walter Rand Institute sponsored project targeted the identification of diabetes preventive services in the seven counties of South Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem) using primarily internet searching strategies. Management services were also identified. A brief review of diabetes occurrence in the 14 northern counties was also included. The project was launched in October 2014 and finished in December 2015 with limited added updates for federal, state, and professional society initiatives. The core of this report is to provide busy primary care providers with a resource via a targeted scrutiny of easily identified diabetes prevention services in the region along with extant management services. It can be used by policy makers and other advocates to target needed planning initiatives. This executive summary provides a review of the report's major findings and strategic recommendations.

Though the services provided for the management of diagnosed diabetics are more available in Southern New Jersey, not all affected persons have access. New federal and pending state legislative initiatives are aiming to improve this ongoing challenge. However the larger, more hidden part of the population is those individuals who are experiencing pre-diabetes, whether it is diagnosed formally or not.

Availability of diabetes prevention services is much less evident and not easily identified by busy primary care clinicians. Though multiple community health assessments have been conducted by Southern New Jersey health systems and community partners, they are not direct prevention services. Prevention services that been identified encompass federal, state, county, healthcare system, and private organizational initiatives.

## Strategic Recommendations

Given the urgency of the “chronic” epidemic of diabetes and pre-diabetes, several strategies are recommended for short- and long-term improvements:

- Reframe the diabetes mellitus challenge as a true “contagion” emphasizing the critical need for prevention.
- Utilize major marketing public awareness campaigns with greater visibility of the diabetes epidemic in New Jersey, especially the Southern region.
- Incentivize diabetes prevention in traditional health care and alternative settings via grant funding and demonstration projects from federal, state, and private sources.
- Incorporate multiple categories of primary care providers (MDs, NPs, PAs, Pharmacists) removing barriers to full practice for all to augment prevention services.
- Utilize “bundled” approaches linking initiatives on healthy nutrition, physical activity, and health education into integrated programs that are clearly labeled diabetes prevention.
- Create new public health/health services administration along with a regional task force to streamline prevention services across the seven counties of Southern New Jersey.
- Generate an up-to-date database of available and accessible diabetes prevention services for Southern New Jersey that is publicly available.
- Initiate a regional diabetes summit along with county level summits to plan and coordinate both prevention and management needs across the southern region.
- Augment existing Federally Qualified Health Centers (FQHCs) and the Patient-Centered Medical Home (PCMH) movement to boost prevention interventions.
- Incentivize health systems to digitally and structurally link primary care provider systems directly to both prevention and management services.
- Incentivize creative approaches to diabetes prevention services utilizing emerging structures for care such as neighborhood nursing centers and alternative uses of emergency personnel for non-emergency services.

- Boost digital communications of health systems and their affiliated providers focus on diabetes prevention incorporating digital coaching programs.

- Integrate resources of private organizations (universities, professional services) to augment awareness of and access to diabetes prevention services.

- Address challenges in travel distances by creating mobile primary care clinics targeting especially the worst counties of Southern New Jersey.

- Integrate schools, pre-schools, and similar sites with diabetes prevention services by incorporating screening, health education, and improved school nutrition for children and adolescents especially in the worst counties of Southern New Jersey.

The goal of this report is to provide support for increasingly overburdened primary care providers by providing a snapshot of current diabetes prevention realities. However, it can inform diabetes care advocates in planning future initiatives and strategies for the seven counties of South Jersey.

## Introduction

Diabetes mellitus is both a national and worldwide epidemic. In the United States (U.S.), nearly 30 million Americans are affected with over twice that number (86 million) having pre-diabetes (CDC, 2014; Mezuk & Green, 2015). In 2011 to 2012, the estimated prevalence of diabetes was 14% among United States adults with higher prevalence among non-Hispanic blacks, non-Hispanic Asians, and Hispanics (Menke et al, 2015). Though some authors suggest a possible slowing of growth rates (Herman & Rothberg, 2015), diabetes is on track to become the greatest public health crisis of this next quarter century as one in three American adults are diabetic or pre-diabetic. Diagnosed Type 2 diabetes has tripled in the U.S. in the last 30 years (CDC, 2014). New Jersey's health mirrors that of the U.S. as nearly 700,000 New Jersey residents have diabetes (Healthy New Jersey 2020, 2015; Katzen & Condra, 2014). The national crisis has reached nightmare-like dimensions with estimates of direct and indirect costs of diabetes at a staggering \$245 billion annually in 2012 (up from 2010) and the incidence continues to rise (American Diabetes Association, 2013, 2014, 2016).

Diabetes mellitus is a progressive metabolic disease characterized by hyperglycemia resulting from inadequate insulin secretion, defective insulin action, or both (Buysschaert & Bergman, 2011). Uncontrolled hyperglycemia is associated with microvascular complications like retinopathy and nephropathy as well as cardiovascular disease (Ratner & Sathasivam, 2011). The growing prevalence of obesity (a major type 2 diabetes risk factor) among American children and adolescents, especially African-American individuals, raises great concerns about metabolic consequences and the need to stop conversion to the actual disease, type 2 diabetes. (Fitzpatrick, Lai, Brancati, Golden, Hill-Briggs, 2013).

Diabetes is currently diagnosed via several approaches. Tests used include Fasting Plasma Glucose (FPG), a blood study called Hemoglobin A1C (A1C) and Oral Glucose Tolerance Test (OGTT). Diabetes is diagnosed as a FPG above 126 mg/dl, as an A1C above 6.5%, or a OGTT above 200 mg/d.

Pre-diabetes is prodromal condition in which blood glucose levels are higher than normal but not high enough for glucose diagnosis. Pre-diabetes is diagnosed as a FPG of 100 to 125mg/dl, as a A1C of 5.7% to 6.4%, or a OGTT result of 140 to 199 mg/dl (American Diabetes, Association, 2016; Buysschaert & Bergman, 2011). A recent meta-analysis examining progression of pre-diabetes to diabetes was 35.6 for 1,000 person years (Morris, Khunti, Achana, Srinivasan, Gray, Davies, Webb,

2013). Another study suggested an 11% per year incidence of diabetes in persons with pre-diabetes (Knowler et al, 2002).

Historically New Jersey had a low diabetes prevalence rate of 4.5% in 1994. By 2013 the incidence and prevalence had risen to 7.5 and 8.9% respectively, with a predicted increase in prevalence to approximately 13% in 2015 (Diabetes 2025, 2012). Pennsylvania is the only regional neighbor with a worse rate (+9%). Increasing rates will continue unless preventive measures are enacted. Persons who are over 45 years old, obese, and minorities are at highest diabetes risk. New Jersey's population is aging, increasing in obesity, and becoming increasingly diverse. For all New Jerseyans, diabetes is the sixth most common cause of death (New Jersey Health Assessment Data, 2015). For Hispanics and African-Americans in New Jersey, diabetes is the fourth leading cause of death (Healthy New Jersey 2020, 2015).

Given the expanding challenge of diabetes prevalence in New Jersey, the author proposed an initiative to examine the state of diabetes services and preventive care in New Jersey with a focus on the seven counties of South Jersey. They include Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties. The author proposed to engage the following areas of focus:

1. Assess the state of South Jersey diabetes prevalence statistics
2. Compare the prevalence statistics to North Jersey
3. Investigate available diabetes preventive services in the seven listed counties
4. Investigate state of diabetes support (treatment or management) services available to primary care providers
5. Examine opportunities for regional planning of diabetes services
6. Compile information in one accessible source, a scholarly paper on the Walter Rand Institute website

Internet-searching strategies included seeking information about state and county level diabetes statistics, preventative and treatment diabetes services available in South Jersey, and an analysis of Southern New Jersey county webpages for public health diabetes-related information. An anonymous brief survey of attendees participating in a Rand Institute conference was conducted. Phone contact was made by project assistants with selected employees of the seven South Jersey counties identified on web pages to clarify information posted on webpages.

The brief survey was provided to 76 participants. Eleven responded (14% response rate). The focus of this survey was to obtain information on diabetes mellitus prevention/activities in the seven counties of South Jersey including Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem. The five questions were:

- What diabetes prevention services or activities are occurring in these counties? Please specify county if known.
- What diabetes prevention services or activities would you like to see in these counties?
- What are some factors or activities that are occurring that are helping prevent diabetes?
- In your opinion, what are the greatest challenges you see to diabetes prevention in these counties and/or South Jersey?
- Please offer suggestions for improving current deficiencies or situations where diabetes prevention services are lacking.

### **What is Prevention?**

Because diabetes exerts a tremendous individual and societal burden, and because effective interventions are in existence, diabetes needs an aggressive coordinated approach. Key to population-based models of health is the concept of prevention. Prevention has three levels:

- Primary prevention: Strategies designed to prevent a disease or condition (e.g., diabetes type 2). Examples include regular physical activity and healthy nutrition.
- Secondary prevention: Attempts to identify a disease at its earliest stage so appropriate management can be implemented. Blood glucose screening is an example.
- Tertiary prevention: Strategies reducing or minimizing the consequences of a disease once it has developed. A diabetes self-management program is an example

Though all three levels are needed, prevention experts say that the farther “upstream” one is from a negative health outcome, the likelier it is that prevention will be effective (Institute for Work and Health, 2016). Hence, the need for primary preventive action on the diabetes and pre-diabetes epidemic.



## Background of Project

In summer of 2014, Dr. Janice Beitz was selected as a Rutgers University-Camden Walter Rand Institute Faculty Fellow after she proposed a primary care-related project examining diabetes prevention services and capabilities in South Jersey. Dr. Beitz was interested in the topic as she has been an adult primary care provider and wound care specialist. In the latter role, she had interacted with multiple people with diabetic foot ulcers and some with subsequent amputations. In addition, her primary care practice had exposed her to the challenges presented by the disorder. For example, diabetes is so widespread a burden to primary care (PC) providers that given current trends, a PC practice with 100,000 patients that has a high racial/ ethnic diversity rate among its participants could have as many as 66,000 patients with diagnosed diabetes or pre-diabetes (Menke et al, 2015). Consequently, diabetes prevention was (and is) a compelling focus. Particular attention targeted services and resources currently available to and *easily identified* by busy primary care providers for diabetes prevention referral. Secondly, patient access to diabetes management (treatment) support to resources was scrutinized. The goal was to ascertain what supports were easily identified via the Internet for busy clinicians.

Diabetes prevention services rather than treatment were the primary focus due to several issues some of which were present at the time of planning and some which have emerged since that time. The reality is that diabetes is still increasing nationally and within the state (New Jersey Department of Health Diabetes Action Plan Report, 2016). Secondly, research supports that diabetes prevention programs especially those that are behaviorally (lifestyle interventions) focused are effective (Nathan, 2015; Pillay et al, 2015). The U.S. Diabetes Prevention Program (DPP) has been demonstrated to prevent or delay diabetes onset (Knowler et al, 2002). Thirdly, the efficacy of diabetes prevention has finally been recognized at federal level as the Centers for Medicare/Medicaid Services (CMS) have formally supported covering the costs of the DPP for Medicare beneficiaries with pre-diabetes (Independent Experts Confirm...., 2016).

In addition, the U.S. Preventive Services Task Force (USPSTF) has formally recommended diabetes prevention referral and provided an accompanying evidence base. "Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity" (Level B) (Siu & USPSTF, 2015, p. 861). Clearly, the future is now.

To assist with project enactment, the Walter Rand Institute which selected Dr. Beitz as the Fellow for 2014-2015 generously provided graduate students as project assistants. Dr. Beitz and the

graduate project assistants (two over the course of the project) began internet searching to identify diabetes-related services in order to compile them and help direct the rest of the project. The report is written following the format of answering the five major project objectives/questions.

Limitations of the project have to be noted. Dr. Beitz has been a primary care provider and wound care specialist and is neither a public health nurse nor public health expert. The report is written from the perspective of what information is easily available to primary care clinicians. Secondly, financial support provided was modest and limits the extent of information obtained. Thirdly, data collection extended from October 2014 to November 30, 2015. Information after that date was not included except for selected new federal and state initiatives. In addition, diabetes statistics change over time. Results vary as newer data become available. Fourthly, the focus is on diabetes Type 2 services since that diabetes form is the bulk of diagnosed and undiagnosed persons. Fifthly, diabetes and obesity are epidemics that are intertwined. However, obesity-focused initiatives were not markedly emphasized in this report. Sixth, “wellness” initiatives were not included since they did not target diabetes prevention specifically. Finally, the report is not meant to be exhaustive nor “final” but rather illustrative. It is a beginning step to investigate diabetes prevention services in the seven counties of Southern New Jersey. Consequently, selective services may have been overlooked. An apology is offered to those that may have been missed

# Assessment of Diabetes Prevalence in South Jersey

## Overall Population Statistics

An initial review of state level data for New Jersey revealed a total population growth from 8,791,894 in 2010 to 8,938,175 in 2014 (United States Census Bureau, 2014). The South Jersey counties demonstrated a mixed population picture with four counties (Atlantic, Burlington, Cumberland, and Gloucester) showing an increase and three (Camden, Cape May, Salem) showing a slight decrease from 2010 to 2013 (See Table I). County population growth South versus North Jersey (United States Census Bureau, New Jersey Quick Facts, 2014) for 2013 and 2014 are listed in Table 1 and Table 1A.

The seven selected counties of South Jersey are generally diverse. Statistical data from the United States Census Bureau (2014) demonstrated the following distribution of population percentages.

County	Characteristic	Percentage
Atlantic	Black or African-American	17.3%
	Asian	8.1%
	Hispanic/Latino	18.2%
Burlington	Black or African-American	17.5%
	Asian	4.8%
	Hispanic/Latino	7.3%
Camden	Black or African American	21.0%
	Asian	5.6%
	Hispanic/Latino	15.4%
Cape May	Black or African American	5.0%
	Asian	1.0%
	Hispanic/Latino	7.0%
Cumberland	Black or African American	21.8%
	Asian	1.4%
	Hispanic/Latino	28.6%
Gloucester	Black or African American	10.6%
	Asian	2.9%
	Hispanic/Latino	5.4%
Salem	Black or African American	14.7%
	Asian	1.0%
	Hispanic/Latino	7.7%

The *County Health Rankings* (University of Wisconsin, 2014) have been very revealing as to the health status of South Jersey over recent years. Provided by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the *New Jersey 2014 County Rankings* showed a mostly dichotomous state in terms of health outcomes and health factors rankings. With the exception of Essex County (20 of 21 in health outcomes and 17 of 21 in health factors), the counties of the northern half of the state were healthier. Southern New Jersey was not so fortunate. Of the 21 counties in New Jersey, the seven selected southern counties were lower on performance in both health outcomes and factors. Specifically, for 2014 health outcomes they were ranked: Atlantic (19), Burlington (11), Camden (17), Cape May (15), Cumberland (21), Gloucester (13), and Salem (18). For 2014 health factors they were ranked as follows: Atlantic (19), Burlington (7), Camden (16), Cape May (14), Cumberland (21), Gloucester (13), and Salem (20). “Health outcomes represent how healthy a county is while health factors represent what influences the health of the county” (University of Wisconsin, 2014, p. 5). For the most part, the 2014 health status was essentially unimproved from the previous year of 2013 (University of Wisconsin, 2013):

Health Outcomes 2013		Health Factors 2013	
County	Rank	County	Rank
Atlantic	17	Atlantic	18
Burlington	11	Burlington	7
Camden	18	Camden	16
Cape May	16	Cape May	14
Cumberland	21	Cumberland	21
Gloucester	13	Gloucester	13
Salem	20	Salem	20

The pattern of poorer health rankings continued in 2015 with the exception of Burlington County (#11 in health outcomes and #7 in health factors). In 2015, the seven counties of Southern New Jersey were still at, or near, the bottom in health outcomes and health factors (Table 2, Table 3). The New Jersey Health Risk Index (NJHRI) (2011) was also disturbing in 2010 for South Jersey. The NJHRI combines seven indicators from the Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS): Health status, exercise, diabetes, flu vaccination, current smoking, binge drinking, and obesity. Based on a scale up to 100 (best “healthiest” score), South Jersey counties were worse in health indices than North Jersey: Atlantic (39), Burlington (48), Camden (33), Cape May (42), Cumberland (42),

Gloucester (40), and Salem (41). (New Jersey Data Bank, Rutgers University School of Public Affairs and Administration, 2011). The 2015 *County Health Rankings* and further investigations by West (2014) also showed disturbing health indicator trends in the seven counties of South Jersey. While some items stayed the same or improved, multiple significant indications worsened including poverty, unemployment, uninsured status, and adult obesity (Table 4). Sadly, the same pattern of greater problems in South Jersey counties is again evident in the 2016 *County Health Rankings* (University of Wisconsin, 2016) (See Tables 2A and 3A).

### **Diabetes Statistics in South Jersey**

Diabetes prevalence in the seven selected counties of South Jersey reflects pertinent populations, with higher rates in counties with higher diversity. This is unsurprising given higher rates of diabetes in people of color (CDC, National Diabetes Statistics Report, 2014).

Currently, nearly 30 million Americans (or nearly 10% of the population) are diabetic with 86 million pre-diabetic individuals nationally. Rates of diagnosed diabetes in people 20 and older vary by race/ethnicity. In 2010-2012, the following groups had associated rates: Non-Hispanic Whites (7.6%, Asian-Americans (9.0%), Hispanics (12.8%), Non-Hispanic Blacks (13.2%), and American Indian/Alaska Natives (15.9%). Specifically for Hispanics, diagnosed diabetes rates also varied. For Central and South Americans the rate was 8.5% with other groups having differing rates: Cubans (9.3%), Mexican-Americans (13.9%), and Puerto-Ricans (14.8%) (CDC, 2014, p.2).

Given the diversity of the South Jersey counties, the diabetes death rate by county reveals a related clear pattern. Of the top 10 counties in New Jersey by diabetes death rate, five are South Jersey counties: (#2) Cumberland (36.93), (#4) Salem (31.91), (#6) Camden (31.36), (#9) Atlantic (27.33) and (#10) Gloucester (26.75) (World Life Expectancy: New Jersey Life Expectancy, 2014). In November 2013, New Jersey had a total diabetes-affected population of 479,800 (National Council of State Legislators, 2013) and which has now risen above 700,000 (Healthy New Jersey 2020, 2015; Katzen and Condra, 2014).

Mortality is not the only critical outcome in New Jersey. Adult diabetes prevalence estimates are highest for black residents. Compared to other racial/ethnic groups, diabetes complications (Diabetes hospitalizations, end-stage renal disease, and lower extremity amputations) are higher in black adults (New Jersey Department of Health, 2014). Poverty is also playing a role. Diabetes complications like lower extremity amputation and shortened re-hospitalizations are higher in areas

both nationally and locally with higher poverty rates (New Jersey Department of Health Chronic Disease Prevention and Program Plan 2013-2015, 2013; Stevens et al, 2014)

Diabetes incidence/ prevalence rates reflect a geographical distribution. For the most part, the highest incidence (2011) and prevalence rates (2011, 2013) were in the most southern counties:

County	Incidence (2011)	Prevalence (2011)	Prevalence (2013)
Atlantic	8.6	9.0	10.6
Burlington	8.5	8.6	9.5
Camden	9.0	9.0	10.0
Cape May	8.5	8.6	11.4
Cumberland	11.4	11.3	11.6
Gloucester	10.1	9.8	10.9
Salem	10.3	10.1	11.6

*South Jersey Counties Diabetes Incidence (2011)/Prevalence Rates (2011 and 2013)  
(Age-Adjusted Percentages) (CDC Diabetes Data and Statistics, 2015; NJDOH Diabetes Action Plan, 2016)*

An interesting phenomenon occurs in New Jersey related to its population status. No New Jersey counties are “rural” per the federal description of fewer than 2,500 people per square mile. Yet agriculture is a major component of New Jersey Industry. The New Jersey State Office of Rural Health developed an alternate definition of “rural,” that is, if there are fewer than 750 residents per square mile. In South Jersey, Atlantic, Burlington, Cape May, Cumberland, Gloucester, and Salem meet this definition. The challenges of rural health (e.g., travel distances to care; epidemiological exposures) are quite different from dense urban settings as are more common in North Jersey (Katzen & Condra, 2014). Based on current and emerging statistics, prevalence rates of diabetes in South Jersey counties are of great concern and are generally not continually improving or even stabilizing.

## Comparison of North & South Jersey's Diabetes Prevalence

Overall North Jersey population statistics reveal a mix of county growth and minor population loss. Of the total 21 counties in New Jersey, 14 are located in North Jersey. As noted by the *2014 New Jersey County Health Rankings*, Northern New Jersey counties ranked higher (better) in terms of health outcomes and factors. The exception was Essex County (University of Wisconsin, 2014) which was near the bottom rank (20) in health outcomes and health factors (17). In 2015, Essex County remained near the bottom (See Tables 2 and 3). A similar pattern emerges in the 2016 rankings for the North Jersey counties (See Tables 2A and 3A).

For Diabetes particularly, the Centers for Disease Control (2014) provide information on New Jersey county diabetes incidence and prevalence rates. The latest available data are from 2011 and 2013. The age adjusted incidence rates for North Jersey are generally lower than South Jersey with the exception of Essex and Mercer Counties.

County	Incidence (2011)	Prevalence (2011)	Prevalence (2013)
Bergen	5.8	6.3	7.6
Essex	9.6	9.5	10.2
Hudson	8.4	8.4	7.4
Hunterdon	5.2	5.7	6.4
Mercer	9.1	9.1	9.6
Middlesex	8.4	8.4	9.5
Monmouth	7.1	7.5	8.8
Morris	6.6	6.9	7.6
Ocean	8.7	9.0	10.9
Passaic	8.4	8.5	9.0
Somerset	6.7	7.0	8.3
Sussex	7.3	7.6	8.2
Union	7.9	8.2	7.9
Warren	7.7	8.0	8.7

*North Jersey Counties Diabetes Incidence (2011)/Prevalence Rates (2011 and 2013) (Age-adjusted percentage)  
(CDC Diabetes Data and Statistics, 2015; NJDOH Diabetes Action Plan, 2016)*

While Northern New Jersey has some diabetes “hot spots” and larger numbers of people are affected in northern counties due to population size (NJDOH New Jersey Action Plan Report, 2016), overall the issue of the diabetes epidemic is concerning but less immediate.

## Diabetes Preventative Services in South Jersey

Diabetes *prevention* services (See Table 5) are available in South Jersey but in a much more limited way than *treatment* (management) services (Table 6). Prevention services and resources are in a state of development in some instances (e.g., pending legislation) and more fully developed in others. The majority of information obtained was by internet analysis.

In general, prevention services are available in several categories of venues. To aid discussion, the resources are listed under private (businesses, professional groups, academia), state, county, federal, and health care system sources. Due to the partnering of support services between state and local organizations, there is some overlapping of categories. The same organizing pattern will be used for discussion of treatment services. The discussion of prevention resources begins with federal sources.

A major strength at national (federal) level is a proposed bill called the Medicare Diabetes Prevention Act of 2015 (H.B. 2102). The bill proposes that eligible individuals would receive Medicare coverage of diabetes prevention services. The bill was referred to the subcommittee on health on May 1, 2015. If enacted, this legislation would expedite availability of prevention services since health systems and qualified providers would be paid for their efforts (<https://goo.gl/s8KrOb>). Of course younger persons at risk would not be covered. However, diabetes prevention is on the federal “radar” for action.

Other resources at the federal level are available from the Centers for Disease Control (CDC). Multiple educational offerings related to diabetes prevention and diabetes treatment are available on the website and pertinent links. The quality of programming is generally excellent. There is a research supported, evidence-based Diabetes Prevention Program (DPP) available free for use. On the same CDC website, there is a focus on diseases. The third topic down is diabetes. A quick click on <https://goo.gl/TiAPPj> offers a self-assessment “risk” test. The results can be printed out and shared with a primary care provider (PCP) or given by the PCP to the patient in the office for some elucidating conversation.

From a state level perspective, legislation in the New Jersey legislature also targets diabetes prevention. New Jersey House Bill 3460 (Dated 2/5/2015) focuses on diabetes care with provisions for



diabetes prevention. As of January 19, 2016, the proposed bill was not yet acted on by the Governor though it had been passed by both houses (essentially a pocket veto) (<https://goo.gl/koUAgg>).

The state also works with the Center for Human Services (in Bridgeton, NJ) in having the latter function as a Diabetes Resources Coordinating Center (DRCC). Multiple diabetes prevention services are offered on its website, <https://goo.gl/ogP1rD>. The original focus of this DRCC was Cumberland County. It has now been expanded to Gloucester and Salem Counties. Another grant for an additional DRCC in Southern Jersey has been funded (<http://goo.gl/PpW2DO>) and was awarded to the Camden AHEC and targets Camden and Burlington Counties. No information was posted on the Camden AHEC webpage as of May 2016 but the award was announced at a regional diabetes coordinating meeting at Cumberland College (NJ DOH and Center for Human Services, 2016).

For clinicians who want to know what grant programs related to diabetes are available, the New Jersey Department of Health (NJDOH) has a directory of programs. However, it does clearly not specify what programs have ended. Some programs identified on the internet were contacted by project assistants, were found to be not currently available but still listed on the internet.

The *New Jersey Chronic Disease and Prevention Program Plan (2013-2018)* (NJDOH, 2013) (<http://goo.gl/Wkh8ym>) is a publication available on the Internet that provides an excellent overview of coalitions focused on various chronic disease challenges (one of which is diabetes) and has superb statistics for reference. Goals for the program are listed clearly. The strongest focus is cancer control in many coalitions. In addition to these resources, good data on diabetes and goals for prevention are listed in *Healthy New Jersey 2020* (<http://goo.gl/5aaNS8>) and on the webpage of the New Jersey Department of Health called “Diabetes in New Jersey” (NJDOH, 2014).

A recent addition to the state resources is the New Jersey Diabetes Action Plan. The report is completed biennially by the NJ Department of Health, NJ Division of Human Services, and NJ Division of Children and Families (2016). It gives an overview of how diabetes is affecting the state and is designed to offer proposed recommendations for action in addressing the diabetes epidemic.

County resources are also available on the topic of diabetes prevention. In Camden County “Eating Well” classes are offered and co-sponsored with the Food Bank of South Jersey (See Table 5). The Atlantic County Department of Human Services has web-based information on diabetes and approaches to diabetes prevention (See Table 5). They are easily identified by patients and providers.

Burlington County's Community Health Improvement Plan (CHIP) 2014 (Part of a Tri-County Health Assessment with Camden and Gloucester) also targets diabetes prevention (See Table 5). The cross county perspective is an aspect of a beginning to regional planning.

Health Care Systems offer a selected focus on diabetes prevention with a much greater emphasis on treatment and prevention of diabetes complications in those *already diagnosed* with diabetes rather than active diabetes prevention per se. A review of the Diabetes Programs listed on the hospital or health system webpages were reviewed for "diabetes prevention." Only one source, Our Lady of Lourdes Health System ABC (Achieving Better Control) Diabetes Program, had a digital link that targeted diabetes prevention and linked to primary care providers. (See Table 5 for web locations). The Complete Care Health Network (located heavily in Cumberland County) has education available on the web for diabetes prevention. In addition, patients with pre-diabetes can receive diabetes preventive primary care (See Table 5).

Other health systems have targeted diabetes and diabetes prevention in their community health assessment plans that are required by the Affordable Care Act. The assessments describe the state of diabetes in the county/counties associated with the health system. For brevity's sake and to avoid duplication, the web addresses of these documents are listed in Tables 5 and 6 and in the references list rather than here in the text. These community health assessments include the following: Virtua Community Health Needs Assessment 2013 (completed for Burlington, Camden, and Gloucester Counties), Cooper University Health Care 2013 Community Health Needs Assessment, Atlanticare/Bacharach Institute Atlantic County Community Health Needs Assessment 2013, Cape Regional Medical Center 2013 Community Health Needs Assessment Cape May County, Deborah Heart and Lung Center Community Health Needs Assessment 2013 (Burlington and Ocean Counties), Inspira Health System Elmer and Vineland (conducted with Cumberland/Salem Health and Wellness Alliance Community Health Needs Assessment (Cumberland-Salem Counties – 2013), Inspira Health System Woodbury Community Health Needs Assessment 2013 (Gloucester County), Lourdes Medical Center of Burlington County Community Health Improvement Plan 2014-2016 (developed along with Tri-county Health Assessment), Lourdes Health System 2013 Community Health Needs Assessment (Camden, Burlington, Gloucester Counties), and Kennedy Health System Community Health Needs Assessment 2013 (conducted as part of Tri-county Health Assessment (Camden, Burlington, and Gloucester Counties (See Table 5 for web locations).

Though not specifically called diabetes prevention, selected available programs impact *indirectly* on diabetes prevention. Inspira Health System has an inter-organizational obesity-related program: STEPS (Success Through Exercise Physical Fitness and Sharing). Focused on childhood obesity prevention, this health network project is a collaboration of Vineland public schools and Cumberland County Association of YMCA (CCAYMCA). The focus is strictly on Cumberland County Children (<http://goo.gl/RSA39U>), (<http://goo.gl/xE7vtN>). However, the link of a health system, public schools, and a private organization is a notable model for future planning.

The webpages of the hospital/health care system diabetes programs sponsored by South Jersey Health Systems display the emphasis on treatment (diabetes management) rather than prevention. No easily identified links between these diabetes management programs and primary care providers within their own health systems was identified except for the system mentioned previously.

A concerning aspect of the available diabetes prevention services is their limited availability within the Southern New Jersey Healthcare Systems. The current system of American healthcare does not offer specific compensation for providers helping patients improve their health or prevent disease. Few functional or structural mechanisms connect health care providers to their broader communities. This approach has been termed unsustainable because diet, exercise, smoking, substance abuse, violence, and environmental conditions have a greater influence on health than after the fact treatment or pills (Frist & Rivlin, 2015).

Private organizations are providing substantive diabetes prevention support at least in terms of educational materials. The American Association of Diabetes Educators (AADE) (<https://goo.gl/8EehhQ>) and the American Diabetes Association (ADA) (<http://goo.gl/F7iVVT>) have developed and accredited curricula and programs for Diabetes Self-Management Education (DSME). There is a focus on pre-diabetes in these programs as well as treatment of diabetes (National Association of County and City Health Officers (NACCHO), 2013) (See Table 5). The Garden State Association of Diabetic Educators (<http://goo.gl/HM1OOL>) is also readily identified and has resources for both North and South Jersey.

The American Medical Association (<http://goo.gl/F8UgRB>) in cooperation with the Centers for Disease Control (CDC) has developed the Prevent Diabetes STAT Program (Screen, Test, Act Today). With links to patients, health care providers, employers and insurers, the program aims to “sound the alarm” about pre-diabetes. The website links to a CDC-based pre-diabetes screening test, refers concerned individuals to primary care providers, and links to diabetes prevention programs “in your community.”

Notably, no analogous activity could be found in selected major nursing organizations (American Nurses Association, National League for Nursing, National Association of Clinical Nurse Specialists, or physician assistant organizations). The American Academy of Nurse Practitioners (AANP) (<https://goo.gl/pQsXgt>) has education tools for diabetes with a strong focus on diabetes management.

Pharmaceutical companies have provided financial support and developed educational materials for diabetes education (both prevention and treatment). Bristol Myers Squibb Foundation has developed a “Together on Diabetes” initiative. One consequence of this support is the PATHS Report (Providing Access to Healthy Solutions) (Katzen & Condra, 2014). The report focuses on opportunities to enhance prevention and management of Type 2 Diabetes. It also provides an excellent epidemiologic perspective on diabetes in New Jersey and associated challenges and opportunities.

Merck Foundation has provided the Camden Citywide Diabetes Collaborative with funding to support improved diabetes care to residents of Camden City. Some of the services target diabetes prevention (See Table 5).

Merck Pharmaceuticals (<http://goo.gl/tcCYsd>) has also developed superb diabetes education webpages and linked resources. Both prevention and treatment are addressed. Programs target patients *and* providers.

Novo-Nordisk New Jersey has developed healthy living programs in Mercer and Middlesex Counties. Novo-Nordisk (<https://goo.gl/11JKX6>) has also developed educational materials online for diabetes patients and health care providers. In addition, Novo-Nordisk has a program called “The Cornerstones 4 Care” (<https://goo.gl/bfB8XN>). It is a diabetes health program that provides digital coaching for pre-diabetics and diabetics. This is an interesting model for future endeavors.

Pfizer, Inc. has a webpage devoted to diabetes prevention called “It’s Never Too Early to Discuss Diabetes.” Videos with people of color (patients and health care professionals) discuss how diabetes can detrimentally affect quality of life.

The national YMCA has prioritized diabetes prevention as a major health issue and has begun a special local project in New Jersey. The YMCA diabetes prevention program of Vineland New Jersey YMCA (<http://goo.gl/85wutU>) is a multi-week program designed to prevent high risk individuals from becoming diabetic. Through a special grant, the program is free for the first groups’ participants. Thereafter the program will involve a fee to participate.

## Diabetes Treatment/Management Support for Primary Care Providers

Several types of diabetes treatment support are available to South Jersey primary care providers once the patient has been diagnosed with diabetes. Unsurprisingly, many services are associated with hospital and health systems located in the seven counties (Table 6). However, private, state, county, and federal initiatives are also occurring. The discussion begins with the federal level resources.

Notably, treatment services are much more available than designated prevention services. From a federal perspective, several supports are available. Multiple federally qualified health centers (FQHCs) provide diabetes care and primary care in South Jersey (FQHC, 2016). The Centers for Medicare/Medicaid Services Quality Insights and Quality Innovation Network work with local stakeholders in New Jersey to offer diabetes education classes periodically at several sites across the state including South Jersey. Two new activities recently identified include diabetes management programs at Shore Memorial Hospital (Somers Point, NJ) and at a nearby assisted living facility (Somers Point, NJ) in Atlantic County (Quality Insights, 2015) (<http://goo.gl/JOoyTi>); Sentinel Newspaper, Wednesday, January 13, 2016, p. B3). Email and phone inquiries about the Quality Insights and Quality Innovation Network by the author over the course of the project were not answered. Non-response may have been due to incorrect contact information on the webpage.

The state of New Jersey also offers access to high quality diabetes treatment or management. Information regarding the Stanford Model Chronic Disease Self-management Program is posted. Information about diabetes management activities within Southern New Jersey counties is available.

The counties of South Jersey also have information available to them from the State of New Jersey. The diabetes self-management program mentioned above is well developed and available for county use. In addition, school services are legally mandated for students with diagnosed diabetes. (See Table 6) However, interaction between schools and diabetes prevention programs was not evident on the web nor available from web-related contacts.

Specific counties web pages have some diabetes treatment sources listed. In Salem, Camden, and Atlantic Counties, web-based resources are available on diabetes treatment education. In Camden County, no easily identified link targets diabetes prevention (<http://goo.gl/BZ4cUx>). Resources listed include nutrition and diabetes mellitus management classes. Burlington County has little visible

education on diabetes though its focus on communicable diseases was strong (<http://goo.gl/acfTtR>). Cumberland County's webpage is linked to the Cumberland/Salem/Gloucester County Health and Wellness Alliance webpage (<http://goo.gl/aUqvrQ>). Diabetes information is available but somewhat "buried." (<http://goo.gl/OmtEzj>) (See Table 6). Cape May County had limited diabetes information that was buried deep inside the search mechanism. Some information was so old, data posted were collected during the Governorship of John Corzine, (i.e., *Burden of Diabetes in New Jersey 2005-2006*) (<http://goo.gl/dUF8Jw>).

Health care systems within the Southern New Jersey counties offer substantive diabetes treatment resources. Notably, these diabetes resources are dependent upon an established diabetes mellitus diagnosis *and* are fee based.

Inspira Health System has diabetes education classes in Elmer, Woodbury, and Vineland. They have a specific diabetes and pregnancy program as well. Inspira also has one-on-one support groups for diabetes patients.

Atlanticare Health System has a program called "Team Diabetes" targeting diabetes management. Both Cape Regional Health System in Cape May County and Memorial Hospital of Salem County offer accredited diabetes control and management courses. Shore Medical Center (serving Atlantic and Cape May Counties) also offers diabetes self-management education courses. Kennedy Health System offers similar classes on diabetes management with classes held at Cherry Hill, Somerdale, and Sewell. Cooper Health System (serving primarily Camden County), Virtua Health System (offering classes at multiple sites) and Deborah Hospital's program (serving primarily Burlington County) provide diabetes self-management courses/classes. All of the previously mentioned resources address needs of people with diabetes. All require some kind of fee.

Only one hospital system, Our Lady of Lourdes, has a web-page describing a diabetes program that addresses both diabetes treatment and diabetes prevention. The webpage also mentioned diabetes prevention and had linkages to primary care providers. When searching for diabetes treatment and prevention in one source, the Lourdes diabetes care website was the most quickly identifiable of all health system diabetes links (<http://goo.gl/pJ7MZG>) (see diabetes and endocrinology). Advocare, a partnership of physicians in New Jersey and Pennsylvania including family practice providers, has a webpage with resources available for diabetes self-care. (See Table 6).

Private organizations are also providing substantive supports for diabetes treatment. The American Diabetes Association and the National Association of Chronic Disease Directors have excellent web-based materials for diabetes self-management. The School of Medicine at Stanford University has resources specific to New Jersey. Their webpage has a list of New Jersey organizations licensed to offer its chronic disease self-management program (DSME). Its program (Stanford Model) is well respected for high quality (See Table 6).

Pharmaceutical companies are assisting with diabetes management. Bristol-Myers Squibb Foundation and Merck Foundation have partnered with local groups (e.g., Camden Coalition of Health Care Providers) to create new resources and initiatives on diabetes management. The Diabetes Foundation helps with treatment of diabetics in New Jersey by providing short-term medical assistance (diabetes medications and supplies). Unfortunately, the public education initiatives via ongoing programs are offered through hospitals and health care organizations in North Jersey only (Jersey City, Bayonne, Englewood, and Parsippany) (<http://goo.gl/iM6qQo>). Conversely, their website has a “resources” page that clearly identifies links for patient assistance and multiple sources for information and education. A special focus is on New Jersey (<http://goo.gl/5kjUBL>).

Several Area Health Education Centers (AHECs) provide care for those with diabetes. Specifically the Camden AHEC, the Shore AHEC, and Garden AHEC (now called the New Jersey AHEC) provide classes and services on diabetes self-management for the seven counties of South Jersey. A final activity representing private organization support of diabetes management is Project Hope Camden. A partnership funded by CVS Pharmacy and the National Association of Community Health Centers (NACHC), Project Hope Camden provides classes on healthy cooking/eating for homeless diabetes mellitus patients (<http://goo.gl/8JVzCs>) (December 11, 2013).

Though not a direct form of diabetic services, excellent data sources are available for primary care providers requiring good statistical information and “big picture” information about diabetes. These include the New Jersey Data Bank from Rutgers University School of Public Health, the *PATHS Report* (Katzen & Condra, 2014) of the Bristol Myers Squibb Foundation and the Harvard Law School Health Law and Policy Center, and, of course, the Centers for Disease Control (CDC) web-based information.

## Assessment of Diabetes Services in South Jersey

This year-long scrutiny of the state of diabetes services in the seven counties of South Jersey provided an opportunity to evaluate both positive and negative findings and offer suggestions for future delivery of diabetes services. The status of the current services is strongly focused on disease management, that is, diabetes care in South Jersey is an Illness Care System, not a health care system. Diabetes prevention is undeveloped, apparently underfunded, and limited in availability. Signs of development are present, however.

From a positive perspective, diabetes services in South Jersey have strengths. Minor regional planning has begun especially for Hospital Systems performing community assessments. Cross hospital system planning was not identified in any publicly available location to provide diabetes prevention services. However, some cross-county regional planning was occurring (Burlington Camden County Regional Chronic Disease Coalition) (BCCRDC) (<http://goo.gl/YxAbMV>). Diabetes treatment services were relatively plentiful for a person who had a *diagnosis* of DM and who had *insurance*. All hospital systems in the seven counties had some form of diabetes services (classes on nutrition, exercise, how to take insulin, etc.). Redundancy of services was identified in terms of types of offerings. For areas particularly affected (e.g., Camden City), private organizations partnered with community resources and providers to improve available care. However, interventions were targeting management, not prevention per se.

Other notable strengths were identified related to diabetes prevention. Legislation and funding (Grant Programs) are increasing at federal and state levels targeting diabetes prevention. The issue is “on the radar” at a beginning level. Funding grants for diabetes regional coordinating centers targeting diabetes prevention from the state are an example.

Other strengths in terms of prevention include private organizations’ resources. Professional societies like the American Diabetes Association, the Merck Company’s Diabetes Education Resources, and the American Medical Association’s Focus on Diabetes Care STAT Program (e.g., early screening and education) are easily accessed for both patients and providers.

One strength for diabetes care in New Jersey is the availability of diabetes educators. Their association (AADE) has state level information easily identified so certified diabetes educators are



available especially in the presence of insurance/financial support for those already diagnosed as diabetic.

Though not specifically diabetes prevention focused, the New Jersey Supplemental Nutrition Assistance Program-Education (SNAP-ED), offered through the Rutgers University School of Environmental and Biological Sciences and USDA support, provides nutrition support and education to populations with limited resources. NJ SNAP-ED targets healthy nutrition choices and increasing physical activity, indirectly benefiting diabetes prevention (<http://goo.gl/vxXHU6>). Other strengths include high quality federal (Centers for Disease Control; Center for Medicare/Medicaid Services) diabetes education resources and excellent professional society and private organization diabetes educational programs.

An exciting finding was a New Jersey House Bill (HB3460) that addresses the issue of prevention. Though not yet approved, the bill would provide for coverage of Medicaid recipients for treatment of pre-diabetes for prevention purposes.

One notable strength was the activity of academia and private organizations and foundations in raising concern about the diabetes epidemic. Examples like the *PATHS Report* (developed by BMS Foundation and Harvard Law School) and activity by Walter Rand Institute showing county profiles and *Public Health Coalitions in South Jersey* (West, 2015) and associated challenges provide crucial big picture information.

From a negative perspective, diabetes care has areas of needed improvement. Currently, most diabetes care programs in health systems of South Jersey require a diagnosis of diabetes. Therefore, needed preventive services are limited.

While regional assessment of community needs (including diabetes, obesity etc.) has begun with the Affordable Care Act asking health systems to know and better understand the people and communities they serve, (See Table 5), the planning resulting from these assessments in its beginning stages. In addition, limited coordination is occurring *across* health systems to create regions of care and avoid duplication of services.

A continuing difficulty in completing this project was easily identifying diabetes-related services (either treatment or prevention). It was difficult to find information on the Internet, especially for

prevention services. For example, several webpages posted diabetes prevention services but the contact information was defunct as “the number is no longer in service.”

In addition, non-current programs were still listed on the web as offering services. An example is “Dulce” a culturally-based program targeting diabetes care for diagnosed diabetics. More exhaustive searching revealed the project’s final report listed as December 2009. It is noteworthy that this “statewide project” administered by the Health Research and Educational Trust (HRET) of New Jersey and the New Jersey Hospital Association (NJHA) was conducted via partnerships with St. Michael’s Medical Center (Essex) Beth Israel Newark Hospital (Essex) and St. Joseph’s Regional Medical Center (Passaic), all North Jersey locales. (HRET, 2009; Dulce New Jersey: Diabetes disease management program – final report – December 2009). Yet the greatest “hot spots” for diabetes are clearly in South Jersey. Even some County webpages had “ancient” (over 10 years old data) information posted.

A notable finding was lack of visible (identifiable) coordination. Initiatives were occurring in various constituencies and at state, county, and local levels but limited evidence of “big picture” implementation was discernible. The *PATHS Report* (Katzen & Condra, 2014) report offered some larger perspectives but also captured the need for improved coordination and redundancy avoidance.

In terms of identifying diabetes prevention services, several New Jersey Department of Health webpages offered information. However, data were limited, and some phone contacts were nonfunctioning. In addition, in some county web pages it was difficult to identify direct contact information. Critical information was buried behind several layers of information. Over the course of the project, it was difficult to gather information from the internet about diabetes services for either prevention or treatment. Some entities with listed diabetes prevention foci never responded to multiple contacts by the author and project assistants. It is unknown whether posted contact information had been altered.

Another outcome of data collection was the finding of a lack of regional focus. Though initial cross-county activities related to diabetes are occurring, most activity was individualized. Some contacts mentioned a “slower pace mentality” in the Southern half of the state despite an enlarging prevalence and incidence of diabetes and predisposing associated conditions like childhood and adult obesity.

Another negative finding was the periodic nature of much of the diabetes prevention initiatives. Much current activity whether privately or governmentally (federal, state, local) funded was time-limited. Private partners or organizations created programs or activities that were not necessarily

sustained beyond the grant. While noteworthy in attempting to address the huge challenge of the diabetes and pre-diabetes epidemic, the disparate initiatives are likely inadequate in the face of current and emerging prevalence rates.

A notable finding in conducting this project was the lack of evidence for conversation occurring between primary care providers and public health sectors. The author attended several diabetes-related meetings held in South Jersey locales and they were attended by state and/or county personnel and community-based representatives. Few primary care clinicians were in attendance, if at all. Digital presence of visible linkages between diabetes prevention and primary care was limited.

## Conclusions

The current realities about the state of diabetes prevention services in the seven counties of South Jersey present future opportunities for strategic directions in the contemporary American diabetes epidemic. These strategies have emerged from the current infrastructure underlying the situation and from the suggestions of the clinicians/practitioners/people within it (See Table 7). The strategies will fall under four categories: General approaches, federal/state/county actions, healthcare system/provider changes, and private endeavors.

1) To truly address the diabetes mellitus challenge looming over the United States, diabetes has to be envisioned differently and the language and/or rhetoric changed. Diabetes has to be addressed as if it were a true contagious epidemic (Think Ebola or Zika). Using examples like poliomyelitis may help change the approach. Just as the “March of Dimes” and public health/health system/academic/ societal concerted efforts eradicated the threat of polio, South Jersey would benefit from a “War on Diabetes” with the seven counties envisioned as “Battlefield NJ.” While diabetes does not usually paralyze and immediately threaten life like polio, its long-term consequences are just as devastating (blindness, kidney failure, heart disease, stroke, amputation). The new “War on Diabetes” would necessitate a change in language and thinking. Epidemics are usually traced back to their origins. Consequently, metabolic syndrome and pre-diabetes, obesity, and other known precipitating factors would gain immediacy and need for targeting.

2) From a societal perspective, one approach to addressing the challenge is mass communication. If diabetes could be described as “contagious” from unhealthy lifestyle habits, then the “NJ Battle Against Diabetes” would gain public attention. Commercial media like television notifications, billboards, web-postings would be effective in raising consciousness. Recent effective TV advertisements on the effects of smoking on people’s appearance and quality of life could be a model. A major marketing campaign with great visibility and success was the “Jersey Fresh” initiative. Art Brown, former Secretary of Agriculture for New Jersey, was successful in promoting New Jersey agriculture (his major goal) and concomitantly promoted the power of eating local fresh fruit and produce for healthy lifestyle. The “Jersey Fresh” logo entered public consciousness. Interventions that combine multiple good purposes are a role model for future endeavors (“Always Jersey Fresh,” Explorations, Fall 2015, p. 19).

Media advertising especially television commercials should consider the populations being affected by the epidemic. A recent TV commercial sponsored by the CDC and the National Association of Chronic Disease Directors discussed diabetes prevention and pre-diabetes. While the focus was timely and exemplary, the speaker, Ann Albright, PhD, was a thin white woman dressed in a lovely blue suit, and the critical message was not presented in a memorable manner. More seriously, the commercial was neither representative of high-risk groups nor culturally appropriate. Campaigns like this initiative have to be delivered in a more distinctive approach to enter “public radar.”

3) The change in language or diabetes rhetoric would also permit new approaches to the disease. That is, after the fact approaches (like an already paralyzed child affected by polio) would be viewed as extremely inefficient and unacceptable. Prevention would assume major importance. Waiting for a diagnosis to institute preventive care would be inappropriate. Consequently, prevention therapy would be incentivized and covered in health insurance systems.

4) A change in language in describing primary care services is also needed. At several regional meetings and even in national publications that the author has utilized, participating speakers and/or authors continue to refer to primary care physicians as if they are the only persons present (and able to make decisions). The language needs to change to primary care providers. In many settings, primary care is being delivered heavily by alternative personnel such as nurse practitioners and physician assistants who maintain their own roster of patients. This arrangement is likely to intensify rather than decrease. Given the supply of NPs and PAs versus primary care physicians, it is time to consider the abilities of the NPs and PAs functioning in preventive nature settings like primary care (Naylor and Kurtzmann, 2010). In addition, pharmacists could become involved in increasing access to both prevention and management services (Katzen & Condra, 2014) via creative programs in non-traditional settings like pharmacies. More NPs and PAs could become certified diabetes educators to provide specialized education.

5) Just as a contagious epidemic requires optimal efficiency via coordinating interventions, changing the rhetoric of diabetes care may involve a “bundled” approach. Current separate programs on physical activity, healthy nutrition and obesity control could be linked under a “War on Diabetes” control stratagem. An excellent example of concerted efforts promoting hugely positive outcomes was the War on Cancer “waged” starting in the 1960’s and 1970’s and particularly effective for childhood cancer. The prominence of cancer as a disease focus is still evident across all information sources on the Internet.

Bundling could also be used in approaching epidemiological sources. The County Health Rankings of recent years and West's (2014) work on South Jersey coalitions suggest that three indicators are worsening: obesity (both adult and child), unemployment, and childhood poverty. Any discussion on diabetes prevention has to include these foci as an intervention basis.

6) A change in epidemiologic thinking from chronic disease to acute crisis would also support what participants and the literature suggested about the diabetes epidemic. The new view would support creation of a true regional approach that could be called (as one person suggested) "United Counties of South Jersey" with what could be called a "Diabetes Czar." Supporting the person or persons charged with coordinating and streamlining regional services from prevention through treatment would be the diabetes "War Council" composed of public health and primary care providers representing all major health systems. Components of the council would be academic representatives and persons from private organizations and foundations.

7) Once the language and understanding of diabetes as a "highly contagious" disease worthy of more imperative actions occurs, strategies within other areas could occur including federal/state/county areas, healthcare systems and private organizations/entities. From a federal/state/county level perspective, the "Diabetes General" could work with the seven counties of United South Jersey to assess basic available services for prevention and for diabetes management to create a database that is correct, complete, and current. Funding would be made available to accomplish this outcome.

Concurrently, the diabetes task force (War Council) would generate a Diabetes Summit within each of the seven counties immediately and then have a cross-county South Jersey Diabetes Summit within a year. Each county would be tasked with creating goals and tangible short-term and longer-term outcomes. Those data would inform the regional summit within one year. The within and between county conversations would also permit more rapid dissemination of available data analyses and target future development of "best practices." A major task imposed on counties would be goals/outcomes that target regional (cross-county) services. Funding and grants to support this activity could become available. Prompt responses would be financially incentivized; information from the community assessments started by the Affordable Care Act would assist with this endeavor.

8) Existing federally qualified health centers (FQHCs) in South Jersey (See Table 8) would be more substantively funded to offer increased preventive services. FQHCs could work with health systems to deliver prevention-focused activities. Health systems and FQHCs would work with the NJ

Diabetes Summit to address meeting needs more efficiently. The emerging patient-centered medical home could be funded to target DPP as well as DSME. (See Table 9)

9) Primary care networks have to be used more effectively within and among health systems and with public health initiatives. Primary care providers (MDs, APNs, PAs) need to be involved in restructuring the prevention system. Innovation grants from federal, state, private and academic sources can be used to drive the restructuring and provide coverage for participation. All primary care provider networks have to be digitally linked for easy access for high risk patients.

10) Creative approaches have to be considered such as are present in regional states. The nurse-led primary care centers that are part of the Neighborhood Nursing Centers Consortium (NCCC) that exist in Philadelphia and nationally have increased access and quality to low-income persons in the city of Philadelphia and across the country. Counties like Cumberland, Cape May, Salem and Atlantic with the highest risk issues may benefit from innovative approaches like the NCCC. The ADA recognized diabetes management programs could be incentivized to provide prevention services (See Table 10)

Another primary care intervention with a public health focus is being tested currently. In a clinical trial, the National Institutes of Health (NIH) has funded a project targeting Type II Diabetes in Chicago. Called the South Side Diabetes Project, a primary care physician is implementing the Diet Prescription Program where she and colleagues are writing prescriptions for diet and activity, including oversight by a nutritionist. The program, being hosted by a health care provider system, includes diabetes prevention and management classes (for both the diseased and those at-risk), farmer market and grocery store tours, and free fitness classes. The program has demonstrated some substantive outcomes in a very high risk population. (Oaklander, 2016, p. 44-47)

11) Many literature resources and data sources commented on the power of digital communication to address disease prevention. Hospital systems in South Jersey need to analyze their disease management resources (e.g., the diabetes management programs) and revise to include and emphasize diabetes prevention. Concomitantly, digital supports reflecting diet, activity, blood sugar monitoring can be incorporated into care. The digital coaching program of Novo-Nordisk is a model for innovation and future research on outcomes. The age of “Fitbit” is here.

12) Private organizations (non-healthcare) are also an opportunity to improve diabetes prevention activities. A source of intervention for prevention is the innovation in nursing education called the Doctor of Nursing Practice (DNP) degree. A clinical doctorate, the DNP focuses on translation

of evidence-based approaches to community and clinical settings to improve care and patient health. A recent DNP project (Geria, 2016) focusing on implementing the CDC DPP was conducted with over 100 adolescents at the Leap Academy in Camden, NJ. Positive outcomes were obtained and lessons learned from the experience were generated. Multiple DNP capstone projects are targeting diabetes care in the School of Nursing-Camden, Rutgers University. One action to consider is for state and local agencies to monitor interventions that are occurring in doctoral and master's programs across Southern New Jersey. An innovation would be to generate grant funding to allow DNP students to enlarge projects targeting diabetes prevention and therapy in patients and for quality improvement projects in health providers' care settings.

13) The unique problem of long travel distance to access care for the rural New Jersey counties in the South could be addressed by approaches used in more rural states. The "Health Wagon" was featured on 60 Minutes and has a website that describes its approach ([www.thehealthwagon.org](http://www.thehealthwagon.org)). In West Virginia, a primary care clinic is provided in a Winnebago. Two DNP nurse practitioners travel TO patients in need (most often those with no health insurance). Similar creative approaches could be used in South Jersey and funded by governmental and private partnerships. This approach is just one suggestion but displays creative thinking on providing both preventive and treatment interventions to those most at-risk for diabetes development or those who have already experienced the disease progression.

14) With larger perspective thinking and an "epidemic" perspective, the focus on child and adolescent obesity would assume greater strength. Public and private schools and academia could be included in the summit planning and delivery of prevention services on site at schools. School nurses, especially school family nurse practitioners, could substantially increase prevention and screening using infrastructure that is already present.



## Summary

The goal of this project was to investigate the availability of diabetes prevention programs from the perspective of busy primary care providers seeking help for their high-risk patients. Notably, initial goals did not emphasize diabetes treatment services. However, during the timeframe of the internet-based project, it became clear that treatment initiatives for diabetes far outstripped diabetes prevention services. In addition, prevention-related activities like the multiple community health assessments that were identified were included to show beginning awareness of the need for increased resources for diabetes prevention. However, they are not direct diabetes prevention services. Consequently, the actual availability of easily identified and accessible diabetes prevention services in the seven counties of South Jersey is limited. Evidence of active regional coordination across counties, health systems, and private organizations is just beginning. Modest strategies for altering the status quo are presented. Given current epidemiological realities, tremendous efforts will need to happen in the near future to meet the tsunami of new diabetes cases in the nation and in the state. If action does not occur now, the engulfing wave of new diabetics will drown remediation efforts as health providers tread water in treating those already diseased.

## References

Always Jersey Fresh. (2015, Fall). *Explorations*. George H. Cook Campus Magazine. Rutgers, The State University of New Jersey, p. 19.

American Diabetes Association. (2013). Cost of diabetes. Retrieved 5/21/2016 from [www.diabetes.org/diabetes-basics/statistics](http://www.diabetes.org/diabetes-basics/statistics).

American Diabetes Association (2013). Economic costs of diabetes in the US in 2012. *Diabetes Care*, 36(4), 1033-1046.

American Diabetes Association (2014). Statistics about diabetes. Retrieved 11/11/2014 from [www.diabetes.org/diabetes-basics/statistics/?loc=superfooter](http://www.diabetes.org/diabetes-basics/statistics/?loc=superfooter).

American Diabetes Association. (2016). Statistics about diabetes. Retrieved 5/20/2016 from [www.diabetes.org/diabetes-basics/statistics/?loc=superfooter](http://www.diabetes.org/diabetes-basics/statistics/?loc=superfooter).

American Diabetes Association. (2016). Diagnosing diabetes and learning about pre-diabetes. Retrieved 6/21/2016 from [www.diabetes.org/diabetes-basics/diagnosis](http://www.diabetes.org/diabetes-basics/diagnosis).

Atlanticare and Bacharach Institute for Rehabilitation (2013). A Picture of Health: 2013 Community Health Needs Assessment, Atlantic County New Jersey. Retrieved 6/20/2015 from [www.atlanticarewellylife.org/content/documents/atlanticare-community-need](http://www.atlanticarewellylife.org/content/documents/atlanticare-community-need).

Burlington County Health Department (2014). Community Health Improvement Plan. Retrieved 9/3/2015 from [www.co.burlington.nj.us/documentcenter/view/404](http://www.co.burlington.nj.us/documentcenter/view/404).

Buyschaert, M., Bergman, M (2011). Definition of pre-diabetes. *Medical Clinics of North America*, 95, 289-297.

Cape Regional Medical Center (2013). 2013 Community Health Needs Assessment-Cape May County New Jersey. Retrieved 5/20/2015 from [www.caperregional.com/media/chna-overview.pdf](http://www.caperregional.com/media/chna-overview.pdf).

Centers for Disease Control (2012). Diabetes Public Health Resource. Retrieved 2/2/15 from [www.cdc.gov/diabetes/atlas/countyrank](http://www.cdc.gov/diabetes/atlas/countyrank).

Centers for Disease Control (2014). Maps of Trends in Diagnosed Diabetes: November 2011. Retrieved 8/21/2014 from [www.cdc.gov/diabetes/statistics](http://www.cdc.gov/diabetes/statistics)

Centers for Disease Control (2014). National Diabetes Statistics Report 2014. Bethesda, MD: CDC. Retrieved 2/8/2015 from [www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html](http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html).

Centers for Disease Control (2015). Diabetes data and statistics. Retrieved 5/26/2016 from <http://www.cdc.gov/diabetes/atlas/countydata> (filter for New Jersey)

Centers for Disease Control. (2016). The concept of prevention. Retrieved 6/21/2016 from [www.cdc.gov/prevention](http://www.cdc.gov/prevention).

Cooper University Health Care. (2013). Community Health Needs Assessment. Retrieved 1/30/2014 from [https://www.cooperhealth.org/sites/cooper/file/site/pdf/chna\\_december\\_2013.pdf](https://www.cooperhealth.org/sites/cooper/file/site/pdf/chna_december_2013.pdf)

Cumberland/Salem/Gloucester Health and Wellness Alliance (2015). Community Needs Assessments. Conducted with Inspira and Tri-county (Cooper, Our Lady of Lourdes, and Kennedy Hospitals). Retrieved 5/15/2015 from <http://gethealthycumberlandsalem.org/data/>

Cumberland/Salem/Gloucester Health and Wellness Alliance (2015). Healthy Communities Institute. Retrieved 9/3/2015 from <http://gethealthycumberlandsalem.org/data/>.

Deborah Heart and Lung Center (2013). Community Health Needs Assessment. December 16, 2013. Retrieved 4/1/2015 from <http://demanddeborah.org/wp-content/uploads/2014/12/chna.pdf>.

Diabetes 2025 State and Metropolitan Trends (2012). New Jersey Diabetes Projected Prevalence. Retrieved 2/3/2015 from <http://www.changingdiabetesbarometer.com/diabetes-data/countries/USA/new-jersey.aspx>.

Diabetes Education. Diabetes Support Group and Education. Retrieved 2/8/2015 from [www.atlanticare.org](http://www.atlanticare.org).

Diabetes Education. Self-management Program. Retrieved 2/8/2015 from [www.inspirahealthnetwork.org/diabetes](http://www.inspirahealthnetwork.org/diabetes).

Federally Qualified Health Centers-Primary Care Clinics – South Jersey (7 counties) (2014). Retrieved 1/27/2016 from <http://web.doh.state.nj.us/apps2/fhs/cphc/cphclist.aspx>.

Fitzpatrick, S. L., Lai, B. S., Brancati, F. L., Golden, S. H., Hill-Briggs, F. (2013). Metabolic syndrome risk profiles among African-American adolescents. *Diabetes Care*, 36(2), 436-442.

Frist, W., & Rivlin, A. (2015). The power of prevention. *US News* (May 28, 2015). Retrieved 6/22/2015 from [www.usnews.com/opinion/blogs/policy-dose/2015/05/28focus-on-prevention-to-cut-us-health-care-costs](http://www.usnews.com/opinion/blogs/policy-dose/2015/05/28focus-on-prevention-to-cut-us-health-care-costs).

Geria, K. (2016). Application of a modified version of the Diabetes Prevention Program with adolescents. Unpublished doctoral capstone project. School of Nursing-Camden, Rutgers University, Camden, NJ, May.

Healthy New Jersey 2020 – State of New Jersey. (2015). Retrieved 1/18/2015 from [www.state.nj.us/health/chs/hnj20201](http://www.state.nj.us/health/chs/hnj20201).

Herman, W.H., & Rothberg, A.E. (2015). Prevalence of diabetes in the United States: A glimmer of hope? *JAMA*, 314(10), 1005-1007.

Independent Experts Confirm That Diabetes Prevention Model Supported By The Affordable Care Act Saves Money and Improves Health. (2016, March 23). Retrieved 5/24/2016 from <http://www.hhs.gov/about/news/2016/03/23/independent-experts-confirm-diabetes-prevention>

Inspira Health Network Vineland and Elmer (2013). Community Health Needs Assessment. (Conducted along with Cumberland/Salem health and wellness alliance. Retrieved 9/2/2015 from [www.inspirahealthnetwork.org/?id=5496&sid=1](http://www.inspirahealthnetwork.org/?id=5496&sid=1).

Inspira Medical Center (Woodbury) (2013). Community Health Needs Assessment: Final Summary Report – Gloucester County. Retrieved 6/25/2015 from [www.inspirahealthnetwork.org/?id=5496&sid=1](http://www.inspirahealthnetwork.org/?id=5496&sid=1).

Inspira Health Network and The Cumberland/Salem Health and Wellness Alliance (2012). Community Health Needs Assessment Executive Summary. Retrieved 2/2/2015 from [www.inspirahealthnetwork.org](http://www.inspirahealthnetwork.org).

Institute for Work and Health. (2016). What researchers mean by primary secondary and tertiary prevention. Retrieved 6/21/2016 from <https://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention>.

Katzen, A., & Condra, A. (2014). *New Jersey State Report: PATHS – Providing access to healthy solutions*. Center for Health Law and Policy Innovation: Harvard Law School. Retrieved 1/15/2015 from [http://www.chlpi.org/wp-content/uploads/2013/12/PATHS\\_NJ\\_Report\\_3.18.14.pdf](http://www.chlpi.org/wp-content/uploads/2013/12/PATHS_NJ_Report_3.18.14.pdf).

Kennedy Health System (2014). Community Health Needs Assessment Implementation Strategy. (Part of Tri-county Health Assessment Collaborative). Retrieved 9/3/2015 from tri-county implementation plan February 2014. Pdf within [www.kennedyhealth.org](http://www.kennedyhealth.org).

Knowler, W.C., Barrett-Connor, E., Fowler, S.E., (2002). Diabetes prevention program research group: Reduction in the incidence of type 2 diabetes with lifestyle interventions or metformin. *NEJM*, 346(6), 393-403.

Lourdes Medical Center of Burlington County (2014). Community Health Improvement Plan. Retrieved 9/2/2015 from [www.lourdesnet.org/wp-content/uploads/2014/03/chip-lmcbc-final.pdf](http://www.lourdesnet.org/wp-content/uploads/2014/03/chip-lmcbc-final.pdf).

Lourdes Health System (2013). Community Health Needs Assessment Final Summary Report-Camden, Burlington, & Gloucester Counties. Retrieved 3/20/2015 from [www.lourdesnet.org/wp-content/uploads/2013/11chna-tri-county-final-report\\_our-lady-of-lourdes.pdf](http://www.lourdesnet.org/wp-content/uploads/2013/11chna-tri-county-final-report_our-lady-of-lourdes.pdf).

Menke, A., Casagrande, S., Geiss, L., & Cowie, C. (2015). Prevalence and trends in diabetes among adults in the United States, 1998-2012. *JAMA*, 314(10), 1021-1029.

Mezuk, B., & Green, T. (2015). Culture of health: Diabetes- the case for considering context. Robert Wood Johnson Foundation Human Capital Blog. Retrieved 7/25/2015 from [http://www.rwjf.org/en/culture-of-health/2015/01/diabetes-the\\_casef.html](http://www.rwjf.org/en/culture-of-health/2015/01/diabetes-the_casef.html).

Morris, D. H., Khunti K., Achana, F., Srinivasan, L.J., Gray, L. J., Davies, M J., & Webb, D. (2013). Progression rates from HbA1C 6.0-6.4% and other pre-diabetes definitions to type 2 diabetes: A meta-analysis. *Diabetologia*, 56(7), 1489-1493.

Nathan, D. M. (2015). Diabetes: Advances in diagnosis and treatment. *JAMA*, 314(10), 1052-1062.

National Association of County and City Health Officers (2013). Diabetes resources: Toolbox, publications, webinars. Retrieved 10/15/2013 from <http://www.naccho.org> (search diabetes).

National Council of State Legislators (2013). Providing diabetes health coverage: State laws and programs (New Jersey). Retrieved 12/4/2014 from [www.ncsl.org/research/health/diabetes-health-coverage-state-laws-andprograms.aspx](http://www.ncsl.org/research/health/diabetes-health-coverage-state-laws-andprograms.aspx).

Naylor, M. & Kurtzmann, E.T. (2010). The role of nurse practitioners in primary care. *Health Affairs*, 29(5), 893-899.

New Jersey Data Bank (2011). Health Risk Index. Rutgers School of Public Affairs and Administration/Newark. Retrieved 12/2/2014 from <http://njatabank.newark.rutgers.edu>.

New Jersey Department of Health. (2013). Partnering for a Healthy New Jersey: Chronic Disease Prevention and Health Promotion Plan. Retrieved 5/21/2016 from [http://www.nj.gov/health/fhs/chronic/documents/chronic\\_disease\\_prevention\\_plan.pdf](http://www.nj.gov/health/fhs/chronic/documents/chronic_disease_prevention_plan.pdf).

New Jersey Department of Health (2014). Diabetes in New Jersey. Retrieved 8/22/2014 from [www.nj.gov/health/fhs/diabetes/nj.shtml](http://www.nj.gov/health/fhs/diabetes/nj.shtml).

New Jersey State Health Assessment Data Site. Diabetes mortality. (2015). Retrieved 5/27/2016 from <https://www26.state.nj.us/doh-shad/query/result/mort/MortStateICD10/CrudeRate.html>

New Jersey Department of Health and Center for Human Services. (2016). Southern Regional Diabetes Meeting: Cumberland Community College. Vineland, NJ. May 24, 2016.

New Jersey Department of Health, Department of Human Services, Department of Children and Families. (2016). New Jersey Diabetes Action Plan Report (April 13, 2016). Retrieved 5/24/2016 from [http://www.nj.gov/health/fhs/diabetes/documents/dap\\_report2016.pdf](http://www.nj.gov/health/fhs/diabetes/documents/dap_report2016.pdf)

Legiscan. (2016). New Jersey Legislation on Diabetes. NJA3460/2014-2015/regularsession/legiscan. Retrieved 5/28/2016 from <https://legiscan.com/nj.bill.A3460>.

Oaklander, M. (2016). The diet prescription. *Time*, 187(2), 44-47.

Pillay, J., Armstrong, M., Butalia, S., Donovan, L., Sigal, R., Vandermeer, B., Chordiya, P., Dhakal, S., Hartling, L., Nuspl, M., Featherstone, R., & Dryden, D. M. (2015). Behavioral programs for type 2 diabetes mellitus. A systematic review and network meta-analysis. *Annals of Internal Medicine*, 163(11), 848-860.

Ratner, R.E., Sathasivam, A. (2011). Treatment recommendations for pre-diabetes. *Medical Clinics of North America*, 95, 385-395.

Siu, A.L., on Behalf of U.S. Preventive Services Task Force. (2015). Screening for abnormal blood glucose and type 2 diabetes mellitus: U.S. Preventive Services Task Force recommendations statement. *Annals of Internal Medicine*, 163(11), 861-868.

Stevens, C.D., Schriger, D.L., Raffeto, B., Davis, A.C., Zingmond, D., & Roby, D.H. (2014). Disparities: Geographic clustering of diabetic lower extremity amputations in low income regions of California. *Health Affairs*, 33(8), 1383-1390.

United States Census Bureau (2014). New Jersey quick facts. Retrieved 11/5/2014 from <http://quickfacts.census.gov/qfd/states/34000.html>.

University of Wisconsin Population Health Institute (2013). County Health Rankings and Roadmaps: 2013 Rankings: New Jersey. Retrieved 1/29/2015 from [www.countyhealthrankings.org/newjersey](http://www.countyhealthrankings.org/newjersey).

University of Wisconsin Population Health Institute (2014). County Health Rankings and Roadmaps: 2014 Rankings: New Jersey. Retrieved 1/29/2015 from [www.countyhealthrankings.org/newjersey](http://www.countyhealthrankings.org/newjersey).

University of Wisconsin Population Health Institute (2015). County Health Rankings and Roadmaps: 2015 Rankings: New Jersey. Retrieved 11/30/2015 from [www.countyhealthrankings.org/newjersey](http://www.countyhealthrankings.org/newjersey).

University of Wisconsin Population Health Institute. (2016). County Health Rankings and Roadmaps: 2016 Rankings: New Jersey. Retrieved 5/21/2016 from [www.countyhealthrankings.org/newjersey](http://www.countyhealthrankings.org/newjersey).

Virtua Health System. (2013). Community Health Needs Assessment. Retrieved 9/2/2015 from [https://www.virtua.org/about/community-health/chna\\_action\\_plan](https://www.virtua.org/about/community-health/chna_action_plan).

West, Bernadette. Public Health Coalitions in South Jersey. Camden: The Senator Walter Rand Institute, at Rutgers, Oct. 2014. Retrieved 11/26/2015 from <http://dept.camden.rutgers.edu/rand-institute/files/final-sj-publichealthcoalitions.pc>

World Life Expectancy (2014). New Jersey Life Expectancy – New Jersey diabetes death rates per 100,000. Retrieved 11/18/2014 from [www.worldlifeexpectancy.com/usa/new-jersey-diabetes](http://www.worldlifeexpectancy.com/usa/new-jersey-diabetes).

**Table I**  
**New Jersey and County Population, 2013**

United States Census Bureau Quick Facts (<http://www.census.gov/quickfacts>)

**New Jersey - Population**

	2013	2010	Growth
<b>Statewide</b>	8,899,339	8,791,894	>

**South Jersey Counties**

County	2013	2010	Growth
Atlantic	275,862	274,549	>
Burlington	450,838	448,731	>
Camden	512,854	513,657	<
Cape May	95,897	97,265	<
Cumberland	157,332	156,898	>
Gloucester	290,265	288,288	>
Salem	65,166	66,083	<

**Northern Jersey Counties**

County	2013	2010	Growth
Bergen	925,328	905,116	>
Essex	789,565	783,969	>
Hudson	660,282	634,277	>
Hunterdon	126,250	127,351	<
Mercer	370,414	367,511	>
Middlesex	828,919	809,860	>
Monmouth	629,672	630,378	<
Morris	499,397	492,279	>
Ocean	583,414	576,565	>
Passaic	505,672	501,616	>
Somerset	330,585	323,438	>
Sussex	145,992	148,878	<
Union	548,256	563,499	<
Warren	107,379	108,692	<



**Table 1A**  
**New Jersey and County Population, 2014**

United States Census Bureau Quick Facts (<http://www.census.gov/quickfacts>)

**New Jersey - Population**

	2014	2010	Growth
<b>Statewide</b>	8,938,175	8,791,894	>

**South Jersey Counties**

County	2014	2010	Growth
Atlantic	275,209	274,549	>
Burlington	449,722	448,731	>
Camden	511,038	513,657	<
Cape May	95,344	97,265	<
Cumberland	157,389	156,898	>
Gloucester	290,951	288,288	>
Salem	64,715	66,083	<

**Northern Jersey Counties**

County	2014	2010	Growth
Bergen	933,572	905,116	>
Essex	795,723	783,969	>
Hudson	669,115	634,277	>
Hunterdon	126,067	127,351	<
Mercer	371,537	367,511	>
Middlesex	836,297	809,860	>
Monmouth	629,279	630,378	<
Morris	499,727	492,279	>
Ocean	586,301	576,565	>
Passaic	508,856	501,616	>
Somerset	332,568	323,438	>
Sussex	144,909	148,878	<
Union	552,939	536,499	>
Warren	106,917	108,692	<

**Table 2**  
**Ranking of New Jersey Counties When Considering Health Outcomes, 2015**

County Health Rankings 2015: New Jersey ([countyhealthrankings.org](http://countyhealthrankings.org))

Rank	County	Southern NJ	Northern NJ
1	Hunterdon		X
2	Somerset		X
3	Morris		X
4	Bergen		X
5	Middlesex		X
6	Monmouth		X
7	Sussex		X
8	Ocean		X
9	Union		X
10	Warren		X
11	Burlington	X	
12	Mercer		X
13	Passaic		X
14	Hudson		X
15	Cape May	X	
16	Gloucester	X	
17	Essex		X
18	Salem	X	
19	Camden	X	
20	Atlantic	X	
21	Cumberland	X	

**Table 2A**  
**Ranking of New Jersey Counties When Considering Health Outcomes, 2016**

County Health Rankings 2016: New Jersey ([countyhealthrankings.org](http://countyhealthrankings.org))

Rank	County	Southern NJ	Northern NJ
1	Hunterdon		X
2	Morris		X
3	Somerset		X
4	Bergen		X
5	Sussex		X
6	Middlesex		X
7	Monmouth		X
8	Union		X
9	Burlington	X	
10	Warren		X
11	Ocean		X
12	Hudson		X
13	Mercer		X
14	Passaic		X
15	Cape May	X	
16	Gloucester	X	
17	Salem	X	
18	Atlantic	X	
19	Camden	X	
20	Essex		X
21	Cumberland	X	

**Table 3**  
**Ranking of New Jersey Counties When Considering Health Factors, 2015**

County Health Rankings 2015: New Jersey ([countyhealthrankings.org](http://countyhealthrankings.org))

Rank	County	Southern NJ	Northern NJ
1	Hunterdon		X
2	Morris		X
3	Somerset		X
4	Bergen		X
5	Monmouth		X
6	Middlesex		X
7	Burlington	X	
8	Mercer		X
9	Warren		X
10	Sussex		X
11	Union		X
12	Ocean		X
13	Gloucester	X	
14	Cape May	X	
15	Essex		X
16	Hudson		X
17	Camden	X	
18	Passaic		X
19	Salem	X	
20	Atlantic	X	
21	Cumberland	X	

**Table 3A**  
**Ranking of New Jersey Counties When Considering Health Factors, 2016**

County Health Rankings 2016: New Jersey ([countyhealthrankings.org](http://countyhealthrankings.org))

Rank	County	Southern NJ	Northern NJ
1	Hunterdon		X
2	Somerset		X
3	Morris		X
4	Bergen		X
5	Monmouth		X
6	Middlesex		X
7	Burlington	X	
8	Sussex		X
9	Warren		X
10	Mercer		X
11	Union		X
12	Ocean		X
13	Gloucester	X	
14	Cape May	X	
15	Camden	X	
16	Hudson		X
17	Essex		X
18	Passaic		X
19	Atlantic	X	
20	Salem	X	
21	Cumberland	X	

**Table 4**  
**Public Health Indicators of the Seven Counties in the South Jersey**

**Robert Wood Johnson Foundation's County Health Rankings & Roadmaps 2014, 2015, 2016**

Observable changes by county:

- Atlantic – The Uninsured moved from being at the same level at 2015 to worse 2016.
- Burlington – Children in poverty remained around 9%.
- Camden – Adult obesity worsened from 2015 to 2016..
- Cape May – Adult obesity took a turn for the worse in 2016; while Physical Inactivity, remained the same as it was in 2015.
- Cumberland – Selected factors either getting minimally better or worse, with childhood poverty staying at the same percentage (28%).
- Gloucester –Numbers of the unemployed are improving slightly.
- Salem –Several areas of minimal improvement but the continuing areas of concern given the degree of “improvement.”

Atlantic County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Sexually transmitted infections (STIs)	Adult Obesity
Preventable Hospital Stays	STIs	Uninsured	Preventable Hospital Stays	STIs	Mammography Screening	Alcohol-Impaired driving deaths	<u>Uninsured</u>	Physical Inactivity
Diabetic Screening	<u>Unemployment</u>	Mammography Screening	Diabetic	<u>Unemployment</u>	Violent Crime	Preventable Hospital Stays	<u>Children in Poverty</u>	Mammography Screening
Air Pollution	<u>Childhood Poverty</u>	Violent Crime	Screening	<u>Childhood Poverty</u>		Diabetic Monitoring		Violent Crime
			Air Pollution	<u>Uninsured</u>		Air Pollution		
						Unemployment		

\*\*\**Underlined words represent changes within the status of that particular county that are common across both counties and years of reporting. The factors getting worse represent troubling news; and when they get “better” they do not improve many percentage points across years of comparison. Uninsured status, unemployment, childhood poverty and adult obesity are continuing issues of concern.*

Burlington County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Adult Obesity	Physical Inactivity	Premature	STIs	Adult Obesity
Uninsured	STIs	Preventable Hospital Stays	Uninsured	STIs		Physical Inactivity	<u>Children in poverty</u>	Uninsured
Diabetic Screening and Mammography Screening	<u>Unemployment</u>		Diabetic Screening and Mammography Screening	<u>Unemployment</u>		Alcohol-Impaired Driving Deaths		
Violent Crime	<u>Childhood Poverty</u>		Violent Crime	<u>Childhood Poverty</u>		Uninsured		
Air Pollution			Air Pollution			Preventable Hospital Stays		
			<u>Preventable Hospital Stays</u>			Diabetic Monitoring		
						Unemployment		

Camden County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Adult Obesity	Physical Inactivity Uninsured	Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Adult Obesity	Physical Activity
Preventable Hospital Stays	STI's	Violent Crime	Preventable Hospital Stays	STI's	Uninsured	Alcohol-impaired Driving Deaths		Uninsured
Diabetic and Mammography Screening	<u>Unemployment</u>		Diabetic and Mammography Screening	<u>Unemployment</u>		Preventable Hospital Stays		
Air Pollution	<u>Childhood Poverty</u>		Air Pollution	<u>Childhood Poverty</u>		Diabetic Monitoring		
				Violent Crime		Mammography Screening		
						Air Pollution – Particulate Matter		
						STI's		
						Unemployed		
						Children in Poverty		

Cape May County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Physical Inactivity	Adult Obesity	Premature Death	STI's	Physical Inactivity	Premature Death	Adult Obesity	Physical Inactivity
Uninsured	STI's		Uninsured Preventable	<u>Unemployment</u>		Preventable Hospital Stays	Sexually Transmitted Infections	Alcohol-Impaired Driving Deaths
Preventable Hospital Stays	<u>Unemployment</u>		Hospital Stays	<u>Childhood Poverty</u>		Diabetic Monitoring	<u>Unemployment</u>	Uninsured
Diabetic and Mammography Screening	<u>Childhood Poverty</u>		Diabetic and Mammography Screening	Adult Obesity		Mammography Screening	Children in Poverty	
Violent Crime			Violent Crime			Violent Crime		
Air Pollution			Air Pollution			Air Pollution – Particulate Matter		

Cumberland County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Adult Obesity	Physical inactivity	Premature Death	STI's	Mammography Screening
Preventable Hospital Stays	STI's		Preventable Hospital Stays	STI's	Mammography Screening	Physical Inactivity	<u>Children in Poverty</u>	Adult Obesity
Diabetic and Mammography Screening	Uninsured		Diabetic Screening	Uninsured		Alcohol-Impaired Driving Deaths		Uninsured
Violent Crime	Unemployment		Violent Crime	Unemployed		Preventable Hospital Stays		
Air Pollution	Childhood Poverty		Air Pollution	Childhood Poverty		Diabetic Monitoring		
						Violent Crime		
						Air Pollution – Particulate Matter		
						Unemployed		



Gloucester County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Premature Death	Adult Obesity	Physical Inactivity	Premature Death	Adult Obesity	Physical Inactivity	Alcohol-Impaired Driving Deaths	<u>Unemployment</u>	Premature Death
Preventable Hospital Stays	STI's	Uninsured	Preventable Hospital Stays	STI's		Preventable Hospital Stays	<u>Children in Poverty</u>	Physical Inactivity
Diabetic and Mammography Screening	<u>Unemployment</u>		Diabetic and Mammography Screening	<u>Unemployment</u>		Diabetic Monitoring	<u>Uninsured</u>	Adult Obesity
Violent Crime	<u>Childhood Poverty</u>		Violent Crime	<u>Childhood Poverty</u>		Mammography Screening		
Air Pollution			Air Pollution			Violent Crime		
			<u>Uninsured</u>			Air Pollution – Particulate Matter		
						STI's		

Salem County								
2014			2015			2016		
Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same	Getting Better	Getting Worse	Stayed the Same
Preventable Hospital Stays	Adult Obesity	Premature Death	Preventable Hospital Stays	Adult Obesity	Uninsured	Preventable Hospital Stays	STI's	Adult Obesity
Diabetic Screening	Physical Inactivity	Uninsured	Diabetic Screening	STI's	Mammography Screening	Children in Poverty	Mammography Screening	Premature Death
Air Pollution	STI's	Mammography Screening	Air Pollution	<u>Unemployment</u>	Physical Inactivity	Diabetic Monitoring		Physical Inactivity
	<u>Unemployment</u>	Violent Crime	<u>Premature Death</u>	<u>Childhood Poverty</u>		STI's		Alcohol-Impaired Driving Deaths
	<u>Childhood Poverty</u>		<u>Violent Crime</u>			Violent Crime		Uninsured
						Unemployment		
						Air Pollution – Particulate Matter		

**Table 5**  
**Index of Prevention Sources**

Resource	Website	Type
AADE +ADA accredited DSMP/Treatment (CDSMP) Programs (National Association of County and City Health Officials (NACCHO, 2013)	<a href="http://goo.gl/6WTkrn">http://goo.gl/6WTkrn</a> <a href="https://goo.gl/ogW5iE">https://goo.gl/ogW5iE</a>	Private
Johnson & Johnson Research on Type I Prevention	<a href="http://goo.gl/Ffp1hD">http://goo.gl/Ffp1hD</a>	Private
Pfizer "It's Never Too Early to Discuss Diabetes"	<a href="http://goo.gl/P2DIYt">http://goo.gl/P2DIYt</a>	Private
The Bristol-Myers Squibb Foundation Together on Diabetes Initiative's "PATHS Report on NJ" & Camden Coalition of Healthcare Providers joint efforts to provide focus on Prevention	<a href="http://goo.gl/LsNmdO">http://goo.gl/LsNmdO</a>	Private
Merck Foundation's Partnership with CCHP - Camden Citywide Diabetes Collaborative	<a href="http://goo.gl/mcW9G4">http://goo.gl/mcW9G4</a>	Private
Merck's Diabetes Education Webpages and Linked Resources	<a href="http://goo.gl/tcCYsd">http://goo.gl/tcCYsd</a>	Private
Novo-Nordisk NJ's Diabetes Education Programs (For Patients and Health Care Providers)	<a href="http://goo.gl/dWydkM">http://goo.gl/dWydkM</a>	Private
Novo-Nordisk Educational Materials for Diabetes Patients, in Multiple Languages	<a href="https://goo.gl/7zRnnH">https://goo.gl/7zRnnH</a>	Private
Novo-Nordisk " The Cornerstones 4 Care <sup>®</sup> Diabetes Health Coach (Digital Coaching Program)	<a href="http://goo.gl/t3gK8D">http://goo.gl/t3gK8D</a>	Private
American Medical Association and Centers for Disease Control Prevent Diabetes STAT (Screen Test Act Today)	<a href="http://goo.gl/OaZDeu">http://goo.gl/OaZDeu</a>	Private
YMCA's in Vineland Diabetes Prevention Program	<a href="http://goo.gl/85wutU">http://goo.gl/85wutU</a> <a href="http://goo.gl/OU7cY4">http://goo.gl/OU7cY4</a>	Private
National Association of County and City Health Officials' 2013 DSM and Training fact sheet - describes types of DM Programs	<a href="http://goo.gl/6WTkrn">http://goo.gl/6WTkrn</a> <a href="https://goo.gl/ogW5iE">https://goo.gl/ogW5iE</a>	Private
The Bristol-Myers Squibb Foundation Together on Diabetes Initiative's "PATHS Report on NJ" (with Harvard Law School)	<a href="http://goo.gl/IMwc4o">http://goo.gl/IMwc4o</a>	Private
NJ Primary Care Association Quick facts about New Jersey's FQHCs	<a href="http://goo.gl/oERFmm">http://goo.gl/oERFmm</a>	Private
American Diabetes Association Pathway to Stop Diabetes Grants Program URL:	<a href="http://goo.gl/yqpgYq">http://goo.gl/yqpgYq</a>	Private
The Diabetes Foundation Inc. Diabetes Public Education Program (addresses Prevention and Management)	<a href="http://goo.gl/QLmnka">http://goo.gl/QLmnka</a>	Private
New Jersey AHEC (Camden, Garden and Shore) Partners with Rowan University Diabetes education for professionals and patients	<a href="http://goo.gl/pdmtl2">http://goo.gl/pdmtl2</a>	Private

Camden Area Health Education Center (AHEC) Programs on Diabetes for Seniors	<a href="http://goo.gl/9dcbj9">http://goo.gl/9dcbj9</a>	Private
YMCA of the USA; has State Alliances-Offers YMCA Diabetes Prevention Program	<a href="http://goo.gl/6FqLWE">http://goo.gl/6FqLWE</a>	Private
Faith in Prevention Project Partnership between Camden Coalition of Healthcare Providers and Camden AHEC and Faith-Based communities (call for proposals-March 2015)	<a href="https://goo.gl/TPBpPn">https://goo.gl/TPBpPn</a>	Private
Rutgers University School of Public Affairs and Administration's New Jersey Data Bank Index Health Risk Index	<a href="http://goo.gl/mdLpGS">http://goo.gl/mdLpGS</a>	Private
Defeat Diabetes Foundation Programs Focusing on Prevention and Early Detection	<a href="http://goo.gl/ZD9Wst">http://goo.gl/ZD9Wst</a>	Private
Complete Care Health Network's Diabetes Mellitus Education Classes	<a href="http://goo.gl/HLxBRb">http://goo.gl/HLxBRb</a>	Health Care System
Virtua's 2013 Community Health Needs Assessment (Burlington, Camden and Gloucester Counties) and CHNA Action Plan 2014-2016	<a href="https://goo.gl/fd8oPZ">https://goo.gl/fd8oPZ</a>	Health Care System
Cooper University Health Care 's 2013 Community Health Needs Assessment	<a href="https://goo.gl/dhmF2F">https://goo.gl/dhmF2F</a>	Health Care System
Atlanticare/Bacharach Institute's 2013 Community Health Needs Assessment, of Atlantic County	<a href="http://goo.gl/EQO3XK">http://goo.gl/EQO3XK</a> <a href="https://goo.gl/sVuGd3">https://goo.gl/sVuGd3</a>	Health Care System
Cape Regional Medical Center's 2013 Community Health Needs Assessment, of Cape May County	<a href="https://goo.gl/yFRrjC">https://goo.gl/yFRrjC</a>	Health Care System
Deborah Heart and Lung Center's 2013 Community Health Needs Assessment of Burlington and Ocean Counties	<a href="http://goo.gl/octi2J">http://goo.gl/octi2J</a>	Health Care System
INSPIRA Health System's Elmer and Vineland (With Cumberland/Salem Health Wellness Alliances) CHNA (Cumberland/Salem Counties - 2013)	<a href="http://goo.gl/hRgORH">http://goo.gl/hRgORH</a>	Health Care System
INSPIRA Health System's (Woodbury) 2013 CHNA of Gloucester County	<a href="https://goo.gl/l03k7q">https://goo.gl/l03k7q</a>	Health Care System
Lourdes Medical Center's 2013 CHNA (Camden, Burlington and Gloucester Counties)	<a href="http://goo.gl/pJ7MZG">http://goo.gl/pJ7MZG</a>	Health Care System
Lourdes Medical Center of Burlington's 2014 CHIP (Done along the CHNA)	<a href="http://goo.gl/pJ7MZG">http://goo.gl/pJ7MZG</a>	Health Care System
Kennedy Health System's 2013 CHNA, conducted as part of Multi County CHA (Camden, Burlington and Gloucester Counties)	<a href="https://goo.gl/OJMPWZ">https://goo.gl/OJMPWZ</a> <a href="http://goo.gl/COlpyu">http://goo.gl/COlpyu</a>	Health Care System
Lourdes Health System's Diabetes Prevention Program (as well as treatment)	<a href="https://goo.gl/QzvJRo">https://goo.gl/QzvJRo</a>	Health Care System

INSPIRA's Childhood Obesity STEPS (Success Through Exercise Physical Fitness and Sharing Information) Program (Collaborative of Vineland Public Schools and CCAYMA) (Point of focus is Cumberland County)	<a href="http://goo.gl/RSA39U">http://goo.gl/RSA39U</a>	Health Care System
Southern Jersey Family Medical Centers, In. (Sites in Atlantic and Burlington cities, Hammonton, Pemberton and Salem) Diabetes Preventive Services and Screenings	<a href="http://goo.gl/6TsUSL">http://goo.gl/6TsUSL</a>	Health Care System
Health Presentations (Salem County)	<a href="http://goo.gl/CAu4c2">http://goo.gl/CAu4c2</a>	County
Camden County "Eating Well" classes (sponsored along with Food Bank)	<a href="http://goo.gl/pQdzQo">http://goo.gl/pQdzQo</a>	County
Atlantic County Dept of Human Services Web-based Information on Diabetes	<a href="http://goo.gl/sni74h">http://goo.gl/sni74h</a>	County
Burlington County Community Health Improvement Plan (CHIP) of 2014 (Part of TRI-County Health Assessment [Burlington, Camden and Gloucester])	<a href="http://goo.gl/EEqfKk">http://goo.gl/EEqfKk</a>	County
New Jersey Chronic Disease and Prevention Program Plan for 2013-2018 (Good overview of coalitions and Chronic Disease; great statistics for prevalence)	<a href="http://goo.gl/Wkh8ym">http://goo.gl/Wkh8ym</a>	County
Diabetes Resources Coordinating Centers (DRCC) (Funded by NJ DOH)	<a href="http://goo.gl/rnS6Ss">http://goo.gl/rnS6Ss</a>	State
Center for Human Services (Bridgeton) multiple DPP offerings (Focus on Cumberland, Salem and Gloucester Counties)	<a href="https://goo.gl/ogP1rD">https://goo.gl/ogP1rD</a>	State
Camden AHEC (newly funded DRCC to focus on Camden and Burlington Counties)	<a href="http://goo.gl/9dcbj9">http://goo.gl/9dcbj9</a>	State
NJ 2-1-1 Partnership Diabetes Prevention with NJDOH partnership	<a href="https://goo.gl/Y9FBEV">https://goo.gl/Y9FBEV</a>	State
Directory of NJ DOH Grants for Diabetes Services 2014-2015 (Does not specify what has ended)	<a href="https://goo.gl/vH2eyU">https://goo.gl/vH2eyU</a>	State
NJ House Bill 3460, focuses Diabetes Care includes prevention (Medicaid coverage for Pre-Diabetes)	<a href="http://goo.gl/hpQQnz">http://goo.gl/hpQQnz</a> (Search Bill #3460 for year 2014—2015)	State
Centers for Disease Control linked to All States Diabetes Prevention and Control Programs	<a href="http://goo.gl/nkyPYv">http://goo.gl/nkyPYv</a>	State
Healthy NJ 2020 (NJ Dept. of Health Diabetes in NJ)	<a href="http://goo.gl/vixTeX">http://goo.gl/vixTeX</a>	State
State of NJ Grant Programs Targeting Obesity and Physical Activity (Indirect Influence)	<a href="http://goo.gl/Gg6qmD">http://goo.gl/Gg6qmD</a>	State
New Jersey Supplemental Nutrition Assistance Program-Education (Offered through Rutgers, the State University)	<a href="http://goo.gl/vxXHU6">http://goo.gl/vxXHU6</a>	State
New Jersey Diabetes Prevention and Control Program	<a href="http://goo.gl/3TJc4X">http://goo.gl/3TJc4X</a>	State

New Jersey Department of Health, Department of Human Services, Department of Children and Families Diabetes Action Plan Report (April 13, 2016)	<a href="http://goo.gl/4qD5FZ">http://goo.gl/4qD5FZ</a>	State
Medicare Diabetes Prevention Act of 2015 (Sponsored by Sen. Al Franken and referred to subcommittee on 5/1/2015)	<a href="http://goo.gl/bBNKgl">http://goo.gl/bBNKgl</a>	Federal
CDC's Information on Prevention and Treatment; National Diabetes Prevention Program	<a href="http://goo.gl/o2fPRl">http://goo.gl/o2fPRl</a>	Federal
Federally Qualified Health Centers of New Jersey provide numerous services and primary care	<a href="http://goo.gl/Bu4nuw">http://goo.gl/Bu4nuw</a>	Federal
FQHC Diabetes Care is Primarily Treatment Focused, 20 Centers and Satellites	<a href="http://goo.gl/AdnuqU">http://goo.gl/AdnuqU</a> <a href="http://goo.gl/CwtR9v">http://goo.gl/CwtR9v</a>	Federal
Quality Improvement Organization, Quality Improvement Network patient & provider Diabetes Resources on Prevention	<a href="http://goo.gl/JOoyTi">http://goo.gl/JOoyTi</a>	Federal
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	<a href="https://goo.gl/r7Ygkq">https://goo.gl/r7Ygkq</a>	Federal

**Table 6**  
**Index of Treatment Sources**

Resource	Website	Type
ADA (American Diabetes Association)'s Home-Based Self-Management Program	1-800-DIABETES (342-2383) <a href="http://goo.gl/bf9JXp">http://goo.gl/bf9JXp</a>	Private
National Association of Chronic Disease Directors - Has web-based materials for how to offer Diabetes Self-Management Education (DSME) Training URL	<a href="http://goo.gl/VnxwnL">http://goo.gl/VnxwnL</a>	Private
School of Medicine, Stanford University - Information on New Jersey organizations offering licensed Chronic Disease Self-Management Programs	<a href="http://goo.gl/MBVGkc">http://goo.gl/MBVGkc</a>	Private
New Jersey Data Bank - Good Statistics on Diabetes Management form the Rutgers School of Public Health	<a href="http://goo.gl/fBuwso">http://goo.gl/fBuwso</a>	Private
Project Hope Camden's Classes on Healthy Cooking for Diabetes Management Purposes (Founded by CVS + NACHC)	<a href="http://goo.gl/Xowh83">http://goo.gl/Xowh83</a> <a href="http://goo.gl/iKgSiZ">http://goo.gl/iKgSiZ</a>	Private
Bristol-Myers Squibb Foundation's Together on Diabetes Initiative with CCHP - Camden Coalition of Healthcare Providers (Focus on Management issues)	<a href="http://goo.gl/LsNmdO">http://goo.gl/LsNmdO</a>	Private
Merck Foundation's Partnership with CCHP - Camden Citywide Diabetes Collaborative Alliance to Reduce Disparities in Diabetes	<a href="http://goo.gl/TaqBv6">http://goo.gl/TaqBv6</a>	Private
Rutgers & Nicholson Foundation's Healthcare Delivery Challenge Diabetes Management "APP" (Smartphone application)	<a href="http://goo.gl/VwH1ZF">http://goo.gl/VwH1ZF</a>	Private
Stanford University Better Choices Better Health Online Works with National Council on Aging DM Workshops (Free)	<a href="http://goo.gl/DgAckI">http://goo.gl/DgAckI</a> <a href="http://goo.gl/jP9Imv">http://goo.gl/jP9Imv</a>	Private
PATHS Report for NJ, by from BMS Foundation and Center for Health Law & Policy Innovation Center, Harvard Law School	<a href="http://goo.gl/LsNmdO">http://goo.gl/LsNmdO</a>	Private
The Diabetes Foundation Inc. Helps With Treatment of Diabetes in New Jersey (Provides short-term medical assistance)	<a href="http://goo.gl/SwZZdc">http://goo.gl/SwZZdc</a>	Private
The Cornerstones 4 Care Diabetes Health Coach. Novo-Nordisk (Digital Coaching Program for Diabetes)	<a href="https://goo.gl/P4kn1g">https://goo.gl/P4kn1g</a>	Private
Camden AHEC (Camden Area Health Educational Center) - Nonprofit Agency providing senior services, which include the Stanford CDSMP)	<a href="http://goo.gl/BZT6lq">http://goo.gl/BZT6lq</a>	Private

Shore AHEC, serves: Atlantic, Cape May and Ocean Counties (Now called New Jersey AHEC)	<a href="http://goo.gl/pdmtl2">http://goo.gl/pdmtl2</a>	Private
Garden AHEC, serves: Cumberland, Gloucester and Salem Counties (Part of INSPIRA Health) (Classes on Obesity & Diabetes Management)	<a href="http://goo.gl/y1wpaq">http://goo.gl/y1wpaq</a>	Private
American Association of Diabetes Educators Accredited Diabetes Education Programs	<a href="http://goo.gl/xfGLwA">http://goo.gl/xfGLwA</a>	Private
INSPIRA Health Network's Diabetes Education Classes at the following counties: Elmer, Woodbury and Vineland. (Focus on Diabetes Self-Management)	<a href="http://goo.gl/TpG7va">http://goo.gl/TpG7va</a>	Health Care System
INSPIRA Health Network's Diabetes in Pregnancy Program	<a href="http://goo.gl/AGyZTX">http://goo.gl/AGyZTX</a>	Health Care System
INSPIRA Health Network's One-on-One Small Groups Programs	<a href="https://goo.gl/l03k7q">https://goo.gl/l03k7q</a>	Health Care System
AtlantiCare Health System - Offers "TEAM Diabetes" Classes (Focus on Diabetes Management) (Fee based)	<a href="http://goo.gl/1bX9TF">http://goo.gl/1bX9TF</a>	Health Care System
Advocare Publishes Web Page for Diabetes Management Support Service	<a href="http://goo.gl/uyUTUd">http://goo.gl/uyUTUd</a>	Health Care System
Cape Regional Health System, County's Diabetes Control & Management courses	<a href="http://goo.gl/JRG1cc">http://goo.gl/JRG1cc</a>	Health Care System
Memorial Hospital of Salem County's Diabetes Education Program, for diagnosed diabetics	<a href="http://goo.gl/3Hg0HI">http://goo.gl/3Hg0HI</a>	Health Care System
Shore Medical Center - DSME, focused on patients with diagnosis, need Physician referral program and fee-based)	<a href="http://goo.gl/Qkzbeu">http://goo.gl/Qkzbeu</a>	Health Care System
Kennedy Health System - Diabetes Health Center (Focus on People with Diabetes) (Classes at: Cherry Hill, Somerdale and Sewell sites)	<a href="http://goo.gl/86YiEF">http://goo.gl/86YiEF</a>	Health Care System
Lourdes Health System has both Diabetes Clinic and treatment Center and offers webpage on Diabetes Prevention	<a href="http://goo.gl/G8up4C">http://goo.gl/G8up4C</a>	Health Care System
Cooper University Health Care Diabetes Education Center, DSME (fee-based) (Focuses on Management for Diagnosed diabetics)	<a href="http://goo.gl/IOeojg">http://goo.gl/IOeojg</a>	Health Care System
Deborah Hospital's Joslin Diabetes TEAM (Focus on DM & Treatment)	<a href="http://goo.gl/octl2J">http://goo.gl/octl2J</a>	Health Care System
Virtua Health System's Nutrition and Diabetes Care (focuses on people with Diabetes)	<a href="https://goo.gl/vUXsUs">https://goo.gl/vUXsUs</a>	Health Care System
DSMP Information from NJ Dept. of Health's Division of Aging	<a href="http://goo.gl/nVRmec">http://goo.gl/nVRmec</a>	County
NJ Statute (N.J.S.A. 18A:40-12.11-21 on In-School Services for Diabetic Students	<a href="http://goo.gl/Ktg1By">http://goo.gl/Ktg1By</a>	County
Health Presentations (Salem and Camden Counties) Nutrition and Diabetes Management Classes (Camden) Diabetes Treatment (Salem)	<a href="http://goo.gl/CAu4c2">http://goo.gl/CAu4c2</a> <a href="http://goo.gl/r73NVq">http://goo.gl/r73NVq</a>	County

Atlantic County Department of Human Services Web-Based Information on Diabetes Treatment	<a href="http://goo.gl/SXzPqC">http://goo.gl/SXzPqC</a>	County
Chronic DSMP (Stanford Model) & DSMP (only DM management focus) Information on Webpage of State of New Jersey Sites in Counties Posted	<a href="http://goo.gl/nVRmec">http://goo.gl/nVRmec</a>	State
Southern New Jersey Diabetes Outreach and Education Services (DOES) (For Atlantic, Cape May, Cumberland, Salem and Ocean Counties). Partners with Local Organizations	<a href="http://goo.gl/xjCS7J">http://goo.gl/xjCS7J</a>	State
Federally Qualified Health Centers (FQHC) in New Jersey - These provide Diabetes Care and Primary Care	<a href="http://goo.gl/Bu4nuw">http://goo.gl/Bu4nuw</a>	Federal
CMS Quality Improvement Organization's Quality Insights & Quality Innovation Network, which offers Diabetes Classes, works in partnership with stakeholders in NJ	<a href="http://goo.gl/aOjIND">http://goo.gl/aOjIND</a>	Federal
Project H.O.P.E. Medical Services (Diabetes care for Homeless in Camden (FQHC)	<a href="http://goo.gl/pw14De">http://goo.gl/pw14De</a>	Federal
National Diabetes Education Program (NDEP) (NIH, CDC, Private Partners) (Has both prevention but more management focus)	<a href="http://goo.gl/IWuXOe">http://goo.gl/IWuXOe</a>	Federal



**Table 7**  
**Diabetes Prevention and Support Services Survey Responses Summary**

Five Question Survey: 76 persons invited; 11 responses; 14 % response rate

1. What Diabetes Prevention services or activities are occurring in these counties? Please specify county if known.
Burlington-Camden County Regional Chronic Disease Coalition partners with public-private partners for chronic disease self-management (treatment focused [Diabetes Self-Management Education {DSME}]).
Camden County’s Health Department; has Diabetes Screenings available through a mobile unit (van).
Hospitals, at county level (within Camden and Burlington) and the Camden Diabetes Coalition provide management services on diabetes for persons diagnosed with Diabetes; can refer at-risk patients to CamCare.
Cumberland County’s YMCA offers free a Diabetes Prevention Program, in collaboration with the Vineland Health Department (program is free currently).
Burlington, Camden, Cumberland Counties – Hospitals offer Diabetes Self-Management (Virtua, Lourdes, Inspira & Cooper). (Diabetes Management focused)
Camden AHEC operates under the Stanford Management Model. A diabetes prevention focused program in development.
Cumberland – Complete Care (Health Network under the Community Health Improvement Program [CHIP]) has a DSME program and does not require diagnosis of Diabetes. They <u>do</u> require a previous diagnosis of Diabetes for the classes that diabetes educators at their facilities may offer, as well as for coordinating classes on locations outside of. The individual has to be one of their own in order for them to be able to work the case. They do provide screenings, but they have to come accompanied by a referral from the primary care provider.
Several Hospitals across the counties run diabetes management programs; Not sure about prevention per se

2. What Diabetes Prevention services or activities would you like to see in these counties?
Collaboration of community agencies with Primary Care Practices and providers, could refer patients with, or at-risk for, Diabetes to education programs.
Increased activities for Diabetes Prevention run through health ministries in churches.
Use of current pre-hospital paramedic care providers to engage diabetic patients and those with pre-diabetes with frequent hospital admissions for health promotion/disease prevention interventions.
Need more classes across the seven counties for intensive diabetes prevention ( <i>almost non-existent</i> ) and diabetes management (still necessary, as we cannot leave those already suffering from it out in the cold).
More available “Healthy Living” type programs (walking programs  safe walking activities)
More available and affordable nutrition counseling rewards for primary care physicians
Free YMCA Diabetes Prevention Programs across all the seven counties of SJ, using the CDC Diabetes Prevention Program approach.
Development of Mobile Programs taken to High-Risk Communities for diabetes prevention
Free Apps for Phones; Could be effective if used well.
More use of Stanford/YMCA program and modeling of said programs with a Bilingual approach for minority communities, which are abundant within SJ.
Increased Diabetes screenings at schools, food pantries, soup kitchens and places of employment.

**3. What Diabetes Prevention services or activities would you like to see in these counties?**

Collaboration of community agencies with Primary Care Practices and providers, could refer patients with, or at-risk for, Diabetes to education programs.
Increased activities for Diabetes Prevention run through health ministries in churches.
Use of current pre-hospital paramedic care providers to engage diabetic patients and those with pre-diabetes with frequent hospital admissions for health promotion/disease prevention interventions.
Need more classes across the seven counties for intensive diabetes prevention ( <i>almost non-existent</i> ) and diabetes management (still necessary, as we cannot leave those already suffering from it out in the cold).
More available "Healthy Living" type programs (walking programs  safe walking activities)
More available and affordable nutrition counseling rewards for primary care physicians
Free YMCA Diabetes Prevention Programs across all the seven counties of SJ, using the CDC Diabetes Prevention Program approach.
Development of Mobile Programs taken to High-Risk Communities for diabetes prevention
Free Apps for Phones; Could be effective if used well.
More use of Stanford/YMCA program and modeling of said programs with a Bilingual approach for minority communities, which are abundant within SJ.
Increased Diabetes screenings at schools, food pantries, soup kitchens and places of employment.

**4. What are some factors or activities that are occurring that are helping prevent Diabetes?  
Please be specific and name the county, if possible.**

BCCRCDC has programs somewhat pertaining to Diabetes which tackle Obesity control specifically.
Camden County has classes on healthy food preparation and healthy eating offered by Food Bank, Campbell Soup and Rutgers Extension Service. Universities and Colleges should require students to take courses like this, which would hopefully allow what is learned to be passed onto others. The campus I attended back home required a similar course on proper food preparation to guarantee the safety and well-being of the community if you were a member of a student organization.
Camden County has a Planet Fitness with inexpensive monthly memberships. Which is not accessible to those who live in the city or north of the county, as it is located in the south of and closer to Gloucester Co.
Cumberland Co. – Vineland Health Dept. and CCYMCA has a grant from the CDC; Program to target physical activity and healthy eating in the hopes of increasing it.
Cumberland Co. has the STEPS (Success Through Exercise, Physical Fitness and Sharing Information) Program. Some Hospitals have sponsored weight management programs.
All counties have EDNEP and SNAP-Ed programs, with nutrition and healthy eating classes.
Food Bank of SJ provides healthy cooking/food shopping classes for adults/children in Camden Co. Gloucester Co. Burlington Co. and Salem Co.
Nutrition Education offered as a form of diabetes prevention in Burlington, Camden, Gloucester and Salem counties from Food Trust and Rutgers SNAP-Ed.
YMCA of Burlington and Camden Counties have designated programs for physical activity.

**5. In your opinion, what are the greatest challenges you see to Diabetes Prevention in these counties and/or South Jersey?**

A perceived (or real) sense of competition among organizations affects Public Health initiatives and their cohesive ability to prevent diabetes.

Convincing people that Diabetes Mellitus is a serious illness with long-term consequences.

Some places are food deserts and the only real access to food comes in the form of highly sweetened, salted and processed food.

Cultural resistance to changing eating habits, which is mostly impacted by the lack of fresh produce or availability of healthier options for the particular traditional lifestyle mentioned above.

For low-income families and senior citizens, it is hard to lead healthy lifestyles as their funds are usually restrained by the day-to-day struggle for survival. Social inequity in an economy that is still facing challenges from every angle keeps them from really developing different behaviors. Vouchers for farmer markets are in short supply.

Insufficient private investment buy-in and funding.

Inability of general public, private developers, and public administrators to see real cost savings impact of prevention measures.

Greatest challenge in South Jersey is obesity rates: i.e., Cumberland Co. dead last in County Health Rankings.

Lack of safe outdoor space (parks, sidewalks, walking trails, etc.)

Too easy to access fast food, but not supermarkets in Camden.

Lack of health education and resources for under and uninsured populations (especially undocumented).

Need increased coordination of services and working cooperativity across counties. There is a lot of repetition and redundancy. Should be a united front. [The United Counties of Southern New Jersey or United Cohort of Public Agencies and Private Entities Against Diabetes of Southern New Jersey (Needs to be worked out, but there is dire need for a southern block for action,, discussion, collaboration, lobbying and negotiation)]

National insurance system for preventive services.

Inadequate public transportation and transformation.

Low literacy | low health literacy.

Poor self-care habits.

Food companies continue to “invent” unhealthy patterns continuously.

**6. Please offer suggestions for improving current deficiencies or situations where diabetes prevention services are lacking.**

Would like a diabetes summit for multiple Southern New Jersey Counties. (Cohesive Regional Coalitions)
Recommend two or three summits to include all seven counties, so as to have tangible goals and deliverables.
Engage primary care providers, businesses, communities and faith-based organizations.
Engage schools.
Have primary care providers and public health talk to each other.
Mount a marketing campaign, making everyone aware of diabetes prevention, treatment and maintenance.
Convince primary care doctors to routinely educate about diabetes prevention and to refer to support programs (but need to increase the support programs).
Incentivizing corner stores and bodegas to increase healthy foods offering, as well as farmers/orchards to bring Jersey Fresh into cities and provide reasonable prices. They receive tax breaks and incentives, after all.
Incorporate health and wellness principles into construction of affordable housing projects.
Need more registered dietitians (e.g., as promoted by ShopRite) to help in better food shopping.
Create a coalition of existing organizations and services, to provide coordination in the hopes of reducing duplicity.
Obtain reimbursement for regional coalitions to promote sustainability.
Provide free programs (DSME) that are geographically diverse and disperse, to avoid travel issues.
Create mobile resources that can reach populations in more suburban and rural areas.
Market prevention services so people know about them.
Incentivize to refer patients to existing services.
There has to be more access to healthier sources. Incentivizing sustainable, organic and local, urban agriculture operations/hubs/markets could be one solution to mitigate the rising Diabetes crisis in this southern region of the Garden State. There needs to be ample access to healthier and fresh, nutrient-rich foods.

**Table 8**  
**Federally Qualified Health Centers in South Jersey (FQHCs) April 2016**

NJ Department of Health (<http://web.doh.state.nj.us/apps2/fhs/cphc/cphcSearch.aspx>)

Resource	Address	County
AtlantiCare Health Services	2009 Bacharach Blvd. Atlantic City, NJ 08401	Atlantic
AtlantiCare Health Services	1401 Atlantic Avenue Suite 2600 Atlantic City, NJ 08401	Atlantic
Southern Jersey Family Medical Center - Women's & Children's Pavilion	1125 Atlantic Avenue Atlantic City, NJ 08041	Atlantic
Southern Jersey Family Medical Centers	860 S. White Horse Pike – Bldg. A Hammonton, NJ 08037	Atlantic
Southern Jersey Family Medical Centers - Atlantic City Center	1301 Atlantic Avenue Atlantic City, NJ 08401	Atlantic
Southern Jersey Family Medical Centers - Pleasantville Center	932 South Main Street Pleasantville, NJ 08232	Atlantic
Southern Jersey Family Medical Centers - The Mobile Medic	860 S. White Horse Pike, Bldg. A Hammonton, NJ 08037	Atlantic
Southern Jersey Family Medical Center - New Lisbon Center	600 Pemberton/Browns Mills Road Pemberton, NJ 08068	Burlington
Southern Jersey Family Medical Centers	651 High Street Burlington City, NJ 08016	Burlington
Southern Jersey Family Medical Centers - The Mobile Medic for Mt. Holly	600 Pemberton/Browns Mills Rd. Pemberton, NJ 08068	Burlington
CAMcare Health Corporation - Clementon Office	121 Whitehorse Pike Clementon, NJ 08021	Camden
CAMcare Health Corporation - East Office	2610 Federal Street Camden, NJ 08105	Camden
CAMcare Health Corporation - Gateway Health Center	817 Federal Street, Suite 300 Camden, NJ 08103-1539	Camden
CAMcare Health Corporation - North Office	6th and Erie Streets Camden, NJ 08102-1820	Camden
CAMcare Health Corporation - Odessa Polk Jones Health Center	813 Ferry Ave Camden, NJ 08105	Camden
CAMcare Health Corporation - South Office	8th and Carl Miller Blvd Camden, NJ 08103-1025	Camden
Project H.O.P.E. - West Street Health Center	519-525 West Street Camden, NJ 08103	Camden
CompleteCare Health Network - CompleteCare Medical & Dental Professionals	3 Broadway Cape May Court House, NJ 08210	Cape May
CompleteCare Health Network - RiteCare	1700 New Jersey 47 Rio Grande, NJ 08242	Cape May

CompleteCare Health Network - Wildwood Crest Community Health Center	3700 New Jersey Avenue Wildwood Crest, NJ 08260	Cape May
CompleteCare Health Network	105 Manheim Avenue Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network	785 W Sherman Avenue Vineland, NJ 08360	Cumberland
CompleteCare Health Network - Bridgeton Family and Youth Health and Fitness Center	265 Irving Avenue Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network - Bridgeton High School	111 N. West Ave. Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network - Broad Street School	251W. Broad Street Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network - Cohansey Medical Center	70 Cohansey Street Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network - Community Health Care-Rite Care	1255 West Landis Ave. Vineland, NJ 08360	Cumberland
CompleteCare Health Network - Deerfield Community Health Center	1000 North Pearl St. Bridgeton, NJ 0830	Cumberland
CompleteCare Health Network - Millville Community Health Center	1200 N. High Street Millville, NJ 08332	Cumberland
CompleteCare Health Network - Upper Deerfield School	1369 Highway 77 Seabrook, NJ 08302	Cumberland
CompleteCare Health Network - Vineland OB/GYN Professional Assoc.	484 South Brewster Rd Vineland, NJ 08360	Cumberland
CAMcare Health Corporation - Paulsboro Office	1315 North Delaware Street Paulsboro, NJ 08066	Gloucester
CompleteCare Health Network - CompleteCare Family Medicine Center in Woodbury	75 West Red Bank Ave. Woodbury, NJ 08096	Gloucester
CompleteCare Health Network - Glassboro Community Health Center	335 N. Delsea Drive Glassboro, NJ 08028	Gloucester
Southern Jersey Family Medical Centers - Salem Center	238 East Broadway Salem, NJ 08079	Salem

**Table 9**  
**Patient Centered Medical Homes in New Jersey**

New Jersey Primary Care Association Website & Home Websites for each Health Center

Resource	Address	County
AtlantiCare Health Services NCQA PCMH	AtlantiCare Regional Medical Center 1925 Pacific Avenue Atlantic City, NJ 08401	Atlantic
AtlantiCare Health Services NCQA PCMH	353 12th Street South Brigantine, NJ 08203	Atlantic
AtlantiCare Health Services NCQA PCMH	HealthPlex 1401 Atlantic Avenue Atlantic City, NJ 08401	Atlantic
AtlantiCare Health Services NCQA PCMH	AtlantiCare Health Park 2500 English Creek Avenue Building 900, Suite 910 Egg Harbor Township, NJ 08234	Atlantic
AtlantiCare Health Services NCQA PCMH	AtlantiCare Regional Medical Center 65 W. Jimmie Leeds Road Pomona, NJ 08240	Atlantic
AtlantiCare Health Services NCQA PCMH	AtlantiCare Health Park at Hammonton 219 N. White Horse Pike Hammonton, NJ 08037	Atlantic
AtlantiCare Health Services NCQA PCMH	1601 Tilton Road Northfield, NJ 08225	Atlantic
AtlantiCare Health Services NCQA PCMH	443 Shore Rd Somers Point, NJ 08244	Atlantic
AtlantiCare Health Services NCQA PCMH	6725 Ventnor Avenue Ventnor, NJ 08406	Atlantic
Southern Jersey Family Medical Center: NCQA PCMH	Atlantic City Center 1301 Atlantic Avenue Atlantic City, New Jersey 08401	Atlantic
Southern Jersey Family Medical Center: NCQA PCMH	Women and Children's Health Pavilion 1125 Atlantic Avenue Atlantic City, New Jersey 08401	Atlantic
Southern Jersey Family Medical Center: NCQA PCMH	Hammonton Medical and Dental Center Augusta Professional Building 860 South White Horse Pike Hammonton, New Jersey 08037	Atlantic
Southern Jersey Family Medical Center: NCQA PCMH	Pleasantville Center 932 South Main Street Pleasantville, New Jersey 08232	Atlantic
Southern Jersey Family Medical Center: NCQA PCMH	Burlington City Health Center 651 High Street Burlington City, NJ 08016	Burlington

Southern Jersey Family Medical Center: NCQA PCMH	Buttonwood Medical and Dental Center 600 Pemberton-Browns Mills Road Pemberton, New Jersey 08064	Burlington
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	Gateway Health Center CAMcare Administrative Office 817 Federal Street Camden, New Jersey 08103	Camden
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	North Office 6th and Erie Streets Camden, New Jersey 08102	Camden
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	East Office 2610 Federal Street Camden, New Jersey 08105	Camden
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	South Office 8th and (Van Hook) Carl Miller Blvd. Camden, New Jersey 08103	Camden
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	Clementon Office 121 White Horse Pike Clementon, New Jersey 08021	Camden
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	Odessa Paulk-Jones 813 Ferry Avenue Camden, NJ 08104	Camden
Project H.O.P.E.: NCQA PCMH	West Street Health Center 519-525 West Street Camden, NJ 08103	Camden
AtlantiCare Health Services NCQA PCMH	106 South Dennis Road Bldg. 200, Suite 202 Cape May Court House, NJ 08210	Cape May
AtlantiCare Health Services NCQA PCMH	Hope Medical Commons 210 South Shore Road – Suite 201 Marmora, NJ 08223	Cape May
AtlantiCare Health Services NCQA PCMH	650 Town Bank Road Cape May, NJ 08204	Cape May
AtlantiCare Health Services NCQA PCMH	201 West Avenue Ocean City, NJ 08226	Cape May
AtlantiCare Health Services NCQA PCMH	6410 New Jersey Ave Wildwood Crest, NJ	Cape May
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Medical Professionals 3 Broadway Cape May Court House, NJ 08210	Cape May
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	RiteCare - Rio Grande (Inside ShopRite) 1700 New Jersey 47 Rio Grande, NJ 08242	Cape May
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Medical & Dental Professionals – Wildwood 3700 New Jersey Avenue Wildwood, NJ 08260	Cape May



CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Upper Deerfield Medical Professionals – Seabrook 1369 Highway 77 Seabrook, NJ 08302	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	RiteCare - Vineland (Inside ShopRite) 1255 West Landis Avenue Vineland, NJ 08360	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Women's Medical Professionals - Vineland 484 South Brewster Avenue Vineland, NJ 08361	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	RiteCare - Upper Deerfield (Inside ShopRite) 1000 North Pearl Street Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Vineland Health Campus - Vineland 785 West Sherman Avenue Vineland, NJ 08360	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Smile Center - Bridgeton 105 Manheim Avenue Suite 11 Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Women's Medical Professionals - Bridgeton 105 Manheim Avenue Ste. 7 -9 Bridgeton, NJ 08210	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Pediatric & Family Medical Professionals - Bridgeton 265 Irving Avenue Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Adult & Specialty Medical Professionals - Bridgeton 70 Cohansey Street Bridgeton, NJ 08302	Cumberland
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Medical & Dental Professionals - Millville 1200 North High Street Millville, NJ 08332	Cumberland
CAMcare Health Corporation: Joint Commission Medical Home and NCQA PCMH	Paulsboro Office 1315 North Delaware Avenue Paulsboro, NJ 08066	Gloucester
CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Medical & Dental Professionals - Glassboro 335 North Delsea Drive Glassboro, NJ 08028	Gloucester

CompleteCare Health Network: Joint Commission Medical Home and NCQA PCMH	CompleteCare Family Medicine Center at Inspira Medical Center 75 West Red Bank Avenue Woodbury, NJ 08096	Gloucester
AtlantiCare Health Services NCQA PCMH	AtlantiCare Home Care (888) 569-1000 (888) 686-8773 (609) 484-7300	N/A

*Note - None of the health networks are specific with the indication or use of the words 'Patient Centered Medical Homes'. The public would likely not know this designation unless they first found this terminology on the New Jersey Primary Care Association's materials*

**Table 10**  
**ADA Recognized Programs in South Jersey**

American Diabetes Association ([http://professional.diabetes.org/erp\\_list.aspx](http://professional.diabetes.org/erp_list.aspx))

<b>Atlanticare</b> <b>Atlanticare Team Diabetes, AC</b> 1401 Atlantic Avenue Atlantic City NJ 08401	<b>CamCare Health Corporation</b> <b>Diabetes Management Program</b> 817 Federal Street Camden NJ 08103
<b>ABC Diabetes Programs</b> <b>Lourdes Medical Center</b> 1601 Haddon Avenue Camden NJ 08103	<b>Virtua Center for Nutrition &amp; Diabetes Care</b> 1000 Atlantic Avenue Camden, NJ 08104
<b>Cape Regional Medical Center</b> <b>Diabetes Self-Management Education Program</b> 2 Stone Harbor Blvd. Cape May Court House, NJ 08210	<b>Cooper University Hospital</b> <b>Center for Health and Wellness</b> 1210 Brace Rd., Suite 101 Cherry Hill, NJ 08034
<b>Atlanticare</b> <b>Alanticare – Team Diabetes – EHT</b> 2500 English Creek Avenue Building 800 Egg Harbor Township, 08234	<b>Atlanticare</b> <b>Atlanticare Team Diabetes – Galloway</b> 310 South Chris Gaupp Drive, Suite 102 Galloway, NJ 08205
<b>Atlanticare</b> <b>Atlanticare Team Diabetes, Hammontown</b> 120 South White Horse Pike Hammontown, NJ 08037	<b>Virtua</b> <b>Virtua Center for Nutrition &amp; Diabetes Care</b> 401 Young Avenue, Suite 305 Moorestown, NJ 08057
<b>Kennedy Health System</b> <b>Washington Township</b> 445 Hurftville – Crosskeys Rd. Sewell, NJ 08080	<b>Kennedy Health system</b> <b>Somerdale</b> 1 Somderdale Square Somerdale, NJ 08083
<b>Virtua Health</b> <b>Virtua Center for Nutrition and Diabetes Care</b> 2225 Evesham Rd., Suite 103 Voorhees, NJ 08043	<b>Atlanticare</b> <b>Atlanticare Team Diabetes, Northfield</b> 1601 Tilton Rd. Northfield, NJ 08225
<b>ABC Diabetes Program</b> <b>Memorial Hospital of Salem County</b> 310 Woodstown Rd. Salem, NJ 08079	<b>Virtua</b> <b>Virtua Center for Nutrition &amp; Diabetes Care</b> 239 Hurfville-Cross Keys Rd., Suite 365 Sewell, NJ 08080
<b>ABC Diabetes Program</b> <b>Lourdes Health System</b> 218 Sunset Road Willingboro, NJ 08046	<b>Inspira Medical Center Woodbury</b> <b>Diabetes Self-Management Education Program</b> 509 North Broad St. Woodbury, NJ 08096
<b>Deborah Heart &amp; Lung Center Operated by</b> <b>Deborah Cardiovascular Group</b> <b>Joslyn Diabetes Center Affiliate at Deborah Heart</b> <b>&amp; Lung</b> 212 Trenton Rd. Browns Mills, NJ 08015	

## Appendix I URL Shortcode Index

Shortcode	URL
<a href="http://goo.gl/HLxBRb">http://goo.gl/HLxBRb</a>	<a href="http://completecarenj.org/news-extended.php?68">completecarenj.org/news-extended.php?68</a>
<a href="http://goo.gl/sni74h">http://goo.gl/sni74h</a>	<a href="http://aclink.org/publichealth/mainpages/diabetes.asp">http://aclink.org/publichealth/mainpages/diabetes.asp</a>
<a href="http://goo.gl/TaqBv6">http://goo.gl/TaqBv6</a>	<a href="http://ardd.sph.umich.edu">http://ardd.sph.umich.edu</a>
<a href="http://goo.gl/dUF8Jw">http://goo.gl/dUF8Jw</a>	<a href="http://capemaycountynj.gov/documentcenter/view/1743">http://capemaycountynj.gov/documentcenter/view/1743</a>
<a href="http://goo.gl/Xowh83">http://goo.gl/Xowh83</a>	<a href="http://cvshealth.com">http://cvshealth.com</a>
<a href="http://goo.gl/iM6qQo">http://goo.gl/iM6qQo</a>	<a href="http://diabetesfoundationinc.org/publiceducation">http://diabetesfoundationinc.org/publiceducation</a>
<a href="http://goo.gl/5kjUBL">http://goo.gl/5kjUBL</a>	<a href="http://diabetesfoundationinc.org/resources/">http://diabetesfoundationinc.org/resources/</a>
<a href="http://goo.gl/hRgORH">http://goo.gl/hRgORH</a>	<a href="http://gethealthycumberlandsalem.org">http://gethealthycumberlandsalem.org</a>
<a href="http://goo.gl/OmtEzj">http://goo.gl/OmtEzj</a>	<a href="http://gethealthycumberlandsalem.org/?id=5998&amp;sid=11">http://gethealthycumberlandsalem.org/?id=5998&amp;sid=11</a>
<a href="http://goo.gl/CAu4c2">http://goo.gl/CAu4c2</a>	<a href="http://health.salemcountynj.gov/education/programs/">http://health.salemcountynj.gov/education/programs/</a>
<a href="http://goo.gl/Gg6qmD">http://goo.gl/Gg6qmD</a>	<a href="http://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx">http://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx</a>
<a href="http://goo.gl/Ktg1By">http://goo.gl/Ktg1By</a>	<a href="http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=527576&amp;Depth=4&amp;TD=WRAP&amp;advquery=diabetes%2c%20student&amp;headingswithhits=on&amp;infobase=statutes.nfo&amp;rank=&amp;record={8615}&amp;softpage=Doc_Frame_Pg42&amp;wordsaroundhits=2&amp;x=0&amp;y=0&amp;zz=">http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=527576&amp;Depth=4&amp;TD=WRAP&amp;advquery=diabetes%2c%20student&amp;headingswithhits=on&amp;infobase=statutes.nfo&amp;rank=&amp;record={8615}&amp;softpage=Doc_Frame_Pg42&amp;wordsaroundhits=2&amp;x=0&amp;y=0&amp;zz=</a>
<a href="http://goo.gl/jP9Imv">http://goo.gl/jP9Imv</a>	<a href="http://ncoa.org/resources/better-choices-better-health-diabetes-overview/">http://ncoa.org/resources/better-choices-better-health-diabetes-overview/</a>
<a href="http://goo.gl/VwH1ZF">http://goo.gl/VwH1ZF</a>	<a href="http://news.rutgers.edu/news/treating-diabetes-help-app/20150503#.Vzx0nk32aUk">http://news.rutgers.edu/news/treating-diabetes-help-app/20150503#.Vzx0nk32aUk</a>
<a href="http://goo.gl/Bu4nuw">http://goo.gl/Bu4nuw</a>	<a href="http://nj.gov/health/fhs/fqhc/index.shtml">http://nj.gov/health/fhs/fqhc/index.shtml</a>
<a href="http://goo.gl/mdLpGS">http://goo.gl/mdLpGS</a>	<a href="http://njdatabank.newark.rutgers.edu/county-comparisons">http://njdatabank.newark.rutgers.edu/county-comparisons</a>
<a href="http://goo.gl/fBuwso">http://goo.gl/fBuwso</a>	<a href="http://njdatabank.newark.rutgers.edu/health">http://njdatabank.newark.rutgers.edu/health</a>
<a href="http://goo.gl/DgAck">http://goo.gl/DgAck</a>	<a href="http://patienteducation.stanford.edu/">http://patienteducation.stanford.edu/</a>
<a href="http://goo.gl/MBVGkc">http://goo.gl/MBVGkc</a>	<a href="http://patienteducation.stanford.edu/organ/cdsitenewjersey.html">http://patienteducation.stanford.edu/organ/cdsitenewjersey.html</a>
<a href="http://goo.gl/iKgSiZ">http://goo.gl/iKgSiZ</a>	<a href="http://projecthopecamden.org">http://projecthopecamden.org</a>
<a href="http://goo.gl/pw14De">http://goo.gl/pw14De</a>	<a href="http://projecthopecamden.org/about/">http://projecthopecamden.org/about/</a>
<a href="http://goo.gl/SXzPqC">http://goo.gl/SXzPqC</a>	<a href="http://www.aclink.org/PublicHealth/health_topics/pdf_files/diabetes_factsheet.pdf">http://www.aclink.org/PublicHealth/health_topics/pdf_files/diabetes_factsheet.pdf</a>
<a href="http://goo.gl/uyUTUd">http://goo.gl/uyUTUd</a>	<a href="http://www.advocare.com/science/faqs.aspx">http://www.advocare.com/science/faqs.aspx</a>
<a href="http://goo.gl/F8UgRB">http://goo.gl/F8UgRB</a>	<a href="http://www.ama-assn.org/ama">http://www.ama-assn.org/ama</a>
<a href="http://goo.gl/OaZDeu">http://goo.gl/OaZDeu</a>	<a href="http://www.ama-assn.org/sub/prevent-diabetes-stat/">http://www.ama-assn.org/sub/prevent-diabetes-stat/</a>
<a href="http://goo.gl/EQO3XK">http://goo.gl/EQO3XK</a>	<a href="http://www.atlanticare.org/index.php/community-home">http://www.atlanticare.org/index.php/community-home</a>
<a href="http://goo.gl/dWydkM">http://goo.gl/dWydkM</a>	<a href="http://www.biospace.com/news/novo-nordisk-nj-diabetes-education-program/351351">http://www.biospace.com/news/novo-nordisk-nj-diabetes-education-program/351351</a>

<a href="http://goo.gl/LsNmdO">http://goo.gl/LsNmdO</a>	<a href="http://www.bms.com/togetherondiabetes/pages/home.aspx">http://www.bms.com/togetherondiabetes/pages/home.aspx</a>
<a href="http://goo.gl/9dcbj9">http://goo.gl/9dcbj9</a>	<a href="http://www.camden-ahec.org/">http://www.camden-ahec.org/</a>
<a href="http://goo.gl/pQdzQo">http://goo.gl/pQdzQo</a>	<a href="http://www.camdencounty.com/events/eating-well-diabetes-class">http://www.camdencounty.com/events/eating-well-diabetes-class</a>
<a href="http://goo.gl/r73NVq">http://goo.gl/r73NVq</a>	<a href="http://www.camdencounty.com/health/health-human-services/public-health-nursing-services">http://www.camdencounty.com/health/health-human-services/public-health-nursing-services</a>
<a href="http://goo.gl/JRG1cc">http://goo.gl/JRG1cc</a>	<a href="http://www.caperegional.com/hospital-Diabetes.htm">http://www.caperegional.com/hospital-Diabetes.htm</a>
<a href="http://goo.gl/o2fPRI">http://goo.gl/o2fPRI</a>	<a href="http://www.cdc.gov/diabetes/prevention">http://www.cdc.gov/diabetes/prevention</a>
<a href="http://goo.gl/LsNmdO">http://goo.gl/LsNmdO</a>	<a href="http://www.chlpi.org/wp-content/uploads/2013/12/PATHS_NJ_Report_3.18.14.pdf">http://www.chlpi.org/wp-content/uploads/2013/12/PATHS_NJ_Report_3.18.14.pdf</a>
<a href="http://goo.gl/VnxwnL">http://goo.gl/VnxwnL</a>	<a href="http://www.chronicdisease.org/?page=DiabetesDSMEresource">http://www.chronicdisease.org/?page=DiabetesDSMEresource</a>
<a href="http://goo.gl/EEqfKk">http://goo.gl/EEqfKk</a>	<a href="http://www.co.burlington.nj.us/documentcenter/view/2437">http://www.co.burlington.nj.us/documentcenter/view/2437</a>
<a href="http://goo.gl/bBNKgl">http://goo.gl/bBNKgl</a>	<a href="http://www.congress.gov/bill/114th-congress/house-bill/2102/text">http://www.congress.gov/bill/114th-congress/house-bill/2102/text</a>
<a href="http://goo.gl/IOeoig">http://goo.gl/IOeoig</a>	<a href="http://www.cooperhealth.org/departments-programs/diabetes-center">http://www.cooperhealth.org/departments-programs/diabetes-center</a>
<a href="http://goo.gl/t3gK8D">http://goo.gl/t3gK8D</a>	<a href="http://www.cornerstones4care.com">http://www.cornerstones4care.com</a>
<a href="http://goo.gl/ZD9Wst">http://goo.gl/ZD9Wst</a>	<a href="http://www.defeatdiabetes.org/what-we-do/">http://www.defeatdiabetes.org/what-we-do/</a>
<a href="http://goo.gl/octl2J">http://goo.gl/octl2J</a>	<a href="http://www.demanddeborah.org">http://www.demanddeborah.org</a>
<a href="http://goo.gl/bf9JXp">http://goo.gl/bf9JXp</a>	<a href="http://www.diabetes.org">http://www.diabetes.org</a>
<a href="http://goo.gl/yqpgYq">http://goo.gl/yqpgYq</a>	<a href="http://www.diabetes.org/pathway/program">http://www.diabetes.org/pathway/program</a>
<a href="http://goo.gl/xfGLwA">http://goo.gl/xfGLwA</a>	<a href="http://www.diabeteseducator.org/professionalresources/accred/programs.html">http://www.diabeteseducator.org/professionalresources/accred/programs.html</a>
<a href="http://goo.gl/TpG7va">http://goo.gl/TpG7va</a>	<a href="http://www.inspirahealthnetwork.org/diabetes-education">http://www.inspirahealthnetwork.org/diabetes-education</a>
<a href="http://goo.gl/y1wpaq">http://goo.gl/y1wpaq</a>	<a href="http://www.inspirahealthnetwork.org/gardenahec">http://www.inspirahealthnetwork.org/gardenahec</a>
<a href="http://goo.gl/AGyZTX">http://goo.gl/AGyZTX</a>	<a href="http://www.inspirahealthnetwork.org/high-risk-pregnancy">http://www.inspirahealthnetwork.org/high-risk-pregnancy</a>
<a href="http://goo.gl/pdmtl2">http://goo.gl/pdmtl2</a>	<a href="http://www.inspirahealthnetwork.org/n-jersey-ahec">http://www.inspirahealthnetwork.org/n-jersey-ahec</a>
<a href="http://goo.gl/xE7vtN">http://goo.gl/xE7vtN</a>	<a href="http://www.inspirahealthnetwork.org/steps-for-kids">http://www.inspirahealthnetwork.org/steps-for-kids</a>
<a href="http://goo.gl/COlpyu">http://goo.gl/COlpyu</a>	<a href="http://www.kennedyhealth.org/about-us/community-needs-assessment.html">http://www.kennedyhealth.org/about-us/community-needs-assessment.html</a>
<a href="http://goo.gl/mcW9G4">http://goo.gl/mcW9G4</a>	<a href="http://www.merck.com/about/featured-stories/diabetes_burden.html">http://www.merck.com/about/featured-stories/diabetes_burden.html</a>
<a href="http://goo.gl/tcCYsd">http://goo.gl/tcCYsd</a>	<a href="http://www.merck.com/index.html">http://www.merck.com/index.html</a>
<a href="http://goo.gl/6WTkrn">http://goo.gl/6WTkrn</a>	<a href="http://www.naccho.org">http://www.naccho.org</a>
<a href="http://goo.gl/IWuXOe">http://goo.gl/IWuXOe</a>	<a href="http://www.ndep.nih.gov/">http://www.ndep.nih.gov/</a>
<a href="https://goo.gl/r7Ygkq">https://goo.gl/r7Ygkq</a>	<a href="https://www.niddk.nih.gov/health-information/diabetes">https://www.niddk.nih.gov/health-information/diabetes</a>
<a href="http://goo.gl/Ffp1hD">http://goo.gl/Ffp1hD</a>	<a href="http://www.nj.com/news/index.ssf/2015/06/johnson_johnson_starts_project_to_prevent_type_1_d.html">http://www.nj.com/news/index.ssf/2015/06/johnson_johnson_starts_project_to_prevent_type_1_d.html</a>
<a href="http://goo.gl/Wkh8ym">http://goo.gl/Wkh8ym</a>	<a href="http://www.nj.gov/health/fhs/chronic/documents/chronic_disease_prevention_plan.pdf">http://www.nj.gov/health/fhs/chronic/documents/chronic_disease_prevention_plan.pdf</a>

<a href="http://goo.gl/rnS6Ss">http://goo.gl/rnS6Ss</a>	<a href="http://www.nj.gov/health/fhs/diabetes/">http://www.nj.gov/health/fhs/diabetes/</a>
<a href="http://goo.gl/4qD5FZ">http://goo.gl/4qD5FZ</a>	<a href="http://www.nj.gov/health/fhs/diabetes/documents/dap_report2016.pdf">http://www.nj.gov/health/fhs/diabetes/documents/dap_report2016.pdf</a>
<a href="http://goo.gl/xjCS7J">http://goo.gl/xjCS7J</a>	<a href="http://www.nj.gov/health/fhs/diabetes/what.shtml">http://www.nj.gov/health/fhs/diabetes/what.shtml</a>
<a href="http://goo.gl/OU7cY4">http://goo.gl/OU7cY4</a>	<a href="http://www.njhealthykids.org/diabetes-prevention-underway-in-Vineland">http://www.njhealthykids.org/diabetes-prevention-underway-in-Vineland</a>
<a href="http://goo.gl/hpQQnz">http://goo.gl/hpQQnz</a>	<a href="http://www.njleg.state.nj.us/bills/bills0001.asp">http://www.njleg.state.nj.us/bills/bills0001.asp</a>
<a href="http://goo.gl/CwtR9v">http://goo.gl/CwtR9v</a>	<a href="http://www.njpca.org/">http://www.njpca.org/</a>
<a href="http://goo.gl/oERFmm">http://goo.gl/oERFmm</a>	<a href="http://www.njpca.org/?page=quickfacts2015">http://www.njpca.org/?page=quickfacts2015</a>
<a href="http://goo.gl/vxXHU6">http://goo.gl/vxXHU6</a>	<a href="http://www.njsnap-ed.org/">http://www.njsnap-ed.org/</a>
<a href="http://goo.gl/6TsUSL">http://goo.gl/6TsUSL</a>	<a href="http://www.SJFMC.org">http://www.SJFMC.org</a>
<a href="http://goo.gl/AdnuqU">http://goo.gl/AdnuqU</a>	<a href="http://www.spanadvocacy.org/">http://www.spanadvocacy.org/</a>
<a href="http://goo.gl/P2DIYt">http://goo.gl/P2DIYt</a>	<a href="http://www.startswithyou.com/healthstudio/1264_It_s_Never_Too_Early_to_Discuss_Diabetes/">http://www.startswithyou.com/healthstudio/1264_It_s_Never_Too_Early_to_Discuss_Diabetes/</a>
<a href="http://goo.gl/vixTeX">http://goo.gl/vixTeX</a>	<a href="http://www.state.nj.us/health/chs/hnj2020/">http://www.state.nj.us/health/chs/hnj2020/</a>
<a href="http://goo.gl/3TJc4X">http://goo.gl/3TJc4X</a>	<a href="http://www.state.nj.us/health/fhs/diabetes/index.shtml">http://www.state.nj.us/health/fhs/diabetes/index.shtml</a>
<a href="http://goo.gl/85wutU">http://goo.gl/85wutU</a>	<a href="http://www.vinelandymca.org/programs/y_diabetes_prevention_program.php">http://www.vinelandymca.org/programs/y_diabetes_prevention_program.php</a>
<a href="http://goo.gl/6FqLWE">http://goo.gl/6FqLWE</a>	<a href="http://www.ymca.net/diabetes-prevention">http://www.ymca.net/diabetes-prevention</a>
<a href="https://goo.gl/ogP1rD">https://goo.gl/ogP1rD</a>	<a href="https://chs-urc.org/">https://chs-urc.org/</a>
<a href="https://goo.gl/TiAPPj">https://goo.gl/TiAPPj</a>	<a href="https://dolhaveprediabetes.org">https://dolhaveprediabetes.org</a>
<a href="https://goo.gl/vH2eyU">https://goo.gl/vH2eyU</a>	<a href="https://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx">https://healthapps.state.nj.us/noticeofgrant/noticegrants.aspx</a>
<a href="https://goo.gl/koUAgg">https://goo.gl/koUAgg</a>	<a href="https://legiscan.com/nj/bill/A3460/2016">https://legiscan.com/nj/bill/A3460/2016</a>
<a href="https://goo.gl/Y9FBEV">https://goo.gl/Y9FBEV</a>	<a href="https://nj211.org/diabetes-management-and-prevention">https://nj211.org/diabetes-management-and-prevention</a>
<a href="https://goo.gl/pQsXgt">https://goo.gl/pQsXgt</a>	<a href="https://www.aanp.org/education/education-toolkits/diabetes">https://www.aanp.org/education/education-toolkits/diabetes</a>
<a href="https://goo.gl/sVuGd3">https://goo.gl/sVuGd3</a>	<a href="https://www.bacharach.org/wp-content/uploads/2015/06/FinalCommunityAssessment2013.pdf">https://www.bacharach.org/wp-content/uploads/2015/06/FinalCommunityAssessment2013.pdf</a>
<a href="https://goo.gl/TPBpPn">https://goo.gl/TPBpPn</a>	<a href="https://www.camdenhealth.org/faith-based-health-initiative-kicks-off-second-year/">https://www.camdenhealth.org/faith-based-health-initiative-kicks-off-second-year/</a>
<a href="https://goo.gl/yFRrjC">https://goo.gl/yFRrjC</a>	<a href="https://www.caperegional.com/community-health-needs-assessment.htm">https://www.caperegional.com/community-health-needs-assessment.htm</a>
<a href="https://goo.gl/s8Kr0b">https://goo.gl/s8Kr0b</a>	<a href="https://www.congress.gov/bill/114th-congress/house-bill/2102/all-info">https://www.congress.gov/bill/114th-congress/house-bill/2102/all-info</a>
<a href="https://goo.gl/dhmF2F">https://goo.gl/dhmF2F</a>	<a href="https://www.cooperhealth.org/sites/cooper/files/site/pdf/CHNA_December_2013.pdf">https://www.cooperhealth.org/sites/cooper/files/site/pdf/CHNA_December_2013.pdf</a>
<a href="https://goo.gl/bfB8XN">https://goo.gl/bfB8XN</a>	<a href="https://www.cornerstones4care.com/about-diabetes.html">https://www.cornerstones4care.com/about-diabetes.html</a>
<a href="https://goo.gl/P4kn1g">https://goo.gl/P4kn1g</a>	<a href="https://www.cornerstones4care.com/about-diabetes/making-your-care-plan-work/diabetes-health-coach.html">https://www.cornerstones4care.com/about-diabetes/making-your-care-plan-work/diabetes-health-coach.html</a>
<a href="https://goo.gl/8EehhQ">https://goo.gl/8EehhQ</a>	<a href="https://www.diabeteseducator.org/">https://www.diabeteseducator.org/</a>
<a href="https://goo.gl/ogW5iE">https://goo.gl/ogW5iE</a>	<a href="https://www.diabeteseducator.org/practice/diabetes-prevention-">https://www.diabeteseducator.org/practice/diabetes-prevention-</a>

	<a href="#">program/national-diabetes-prevention-program</a>
<a href="https://goo.gl/I03k7q">https://goo.gl/I03k7q</a>	<a href="https://www.inspirahealthnetwork.org">https://www.inspirahealthnetwork.org</a>
<a href="https://goo.gl/OJMPWZ">https://goo.gl/OJMPWZ</a>	<a href="https://www.kennedyhealth.org">https://www.kennedyhealth.org</a>
<a href="https://goo.gl/QzvRo">https://goo.gl/QzvRo</a>	<a href="https://www.lourdesnet.org/programs-and-services/diabetes-and-endocrinology/diabetes-prevention/">https://www.lourdesnet.org/programs-and-services/diabetes-and-endocrinology/diabetes-prevention/</a>
<a href="https://goo.gl/11JKX6">https://goo.gl/11JKX6</a>	<a href="https://www.novomedlink.com/content/novomedlink/en/diabetes-patient-support/educational-materials.html?category=Diabetes%20Basics">https://www.novomedlink.com/content/novomedlink/en/diabetes-patient-support/educational-materials.html?category=Diabetes%20Basics</a>
<a href="https://goo.gl/7zRnnH">https://goo.gl/7zRnnH</a>	<a href="https://www.novomedlink.com/diabetes-patient-support/educational-materials.html">https://www.novomedlink.com/diabetes-patient-support/educational-materials.html</a>
<a href="https://goo.gl/fd8oPZ">https://goo.gl/fd8oPZ</a>	<a href="https://www.virtua.org/about/community-health/chna-action-plan">https://www.virtua.org/about/community-health/chna-action-plan</a>
<a href="https://goo.gl/vUXsUs">https://goo.gl/vUXsUs</a>	<a href="https://www.virtua.org/services/diet-nutrition">https://www.virtua.org/services/diet-nutrition</a>
<a href="http://goo.gl/1bX9TF">http://goo.gl/1bX9TF</a>	<a href="http://www.atlanticare.org/index.php/diabetes/diabetes-education-team-diabetes">www.atlanticare.org/index.php/diabetes/diabetes-education-team-diabetes</a>
<a href="http://goo.gl/YxAbMV">http://goo.gl/YxAbMV</a>	<a href="http://www.bccrcdc.org">www.bccrcdc.org</a>
<a href="http://goo.gl/BZT6lq">http://goo.gl/BZT6lq</a>	<a href="http://www.camden-ahec.org/seniorservices.html">www.camden-ahec.org/seniorservices.html</a>
<a href="http://goo.gl/BZ4cUx">http://goo.gl/BZ4cUx</a>	<a href="http://www.camdencounty.com">www.camdencounty.com</a>
<a href="http://goo.gl/nkyPYv">http://goo.gl/nkyPYv</a>	<a href="http://www.CDC.gov/diabetes/states">www.CDC.gov/diabetes/states</a>
<a href="http://goo.gl/acfTtR">http://goo.gl/acfTtR</a>	<a href="http://www.co.burlington.nj.us/290/health-department">www.co.burlington.nj.us/290/health-department</a>
<a href="http://goo.gl/aUqvrQ">http://goo.gl/aUqvrQ</a>	<a href="http://www.co.cumberland.nj.us">www.co.cumberland.nj.us</a>
<a href="http://goo.gl/8JVzCs">http://goo.gl/8JVzCs</a>	<a href="http://www.csrwire.com">www.csrwire.com</a>
<a href="http://goo.gl/F7iVVT">http://goo.gl/F7iVVT</a>	<a href="http://www.diabetes.org">www.diabetes.org</a>
<a href="http://goo.gl/SwZZdc">http://goo.gl/SwZZdc</a>	<a href="http://www.diabetesfoundationinc.org/org/programs2/">www.diabetesfoundationinc.org/org/programs2/</a>
<a href="http://goo.gl/QLmnka">http://goo.gl/QLmnka</a>	<a href="http://www.diabetesfoundationinc.org/programs2/">www.diabetesfoundationinc.org/programs2/</a>
<a href="http://goo.gl/HM1O0L">http://goo.gl/HM1O0L</a>	<a href="http://www.gsade.org">www.gsade.org</a>
<a href="http://goo.gl/86YIEF">http://goo.gl/86YIEF</a>	<a href="http://www.kennedyhealth.org/programs-and-services/diabetes-control-center.html">www.kennedyhealth.org/programs-and-services/diabetes-control-center.html</a>
<a href="http://goo.gl/pJ7MZG">http://goo.gl/pJ7MZG</a>	<a href="http://www.lourdesnet.org">www.lourdesnet.org</a>
<a href="http://goo.gl/G8up4C">http://goo.gl/G8up4C</a>	<a href="http://www.lourdesnet.org/programs-and-services/diabetes-and-endocrinology/diabetes-prevention/">www.lourdesnet.org/programs-and-services/diabetes-and-endocrinology/diabetes-prevention/</a>
<a href="http://goo.gl/3Hg0HI">http://goo.gl/3Hg0HI</a>	<a href="http://www.MHSCHealth.com">www.MHSCHealth.com</a>
<a href="http://goo.gl/JOoyTi">http://goo.gl/JOoyTi</a>	<a href="http://www.qualityinsights-qin.org">www.qualityinsights-qin.org</a>
<a href="http://goo.gl/aOjIND">http://goo.gl/aOjIND</a>	<a href="http://www.QualityInsights-Qin.org/Initiatives/Diabetes-care/diabetes-classes.aspx">www.QualityInsights-Qin.org/Initiatives/Diabetes-care/diabetes-classes.aspx</a>
<a href="http://goo.gl/Qkzbeu">http://goo.gl/Qkzbeu</a>	<a href="http://www.shoremedicalcenter.org/Diabetes-self-management-education">www.shoremedicalcenter.org/Diabetes-self-management-education</a>
<a href="http://goo.gl/RSA39U">http://goo.gl/RSA39U</a>	<a href="http://www.sjhsteps.com/about/parents.html">www.sjhsteps.com/about/parents.html</a>
<a href="http://goo.gl/5aaNS8">http://goo.gl/5aaNS8</a>	<a href="http://www.state.nj.us/health/chs/hnj2020">www.state.nj.us/health/chs/hnj2020</a>
<a href="http://goo.gl/PpW2DO">http://goo.gl/PpW2DO</a>	<a href="http://www.state.nj.us/health/fhs/diabetes/documents/drcc_rfa_2016.pdf">www.state.nj.us/health/fhs/diabetes/documents/drcc_rfa_2016.pdf</a>
<a href="http://goo.gl/nVRmec">http://goo.gl/nVRmec</a>	<a href="http://www.state.nj.us/humanservices/doas/home/cdsmpprograms.html">www.state.nj.us/humanservices/doas/home/cdsmpprograms.html</a>