DON’T SUGARCOAT IT: DIABETES PREVENTION SERVICES IN SOUTHERN NEW JERSEY—CURRENT REALITIES AND FUTURE OPPORTUNITIES

Janice M. Beitz, PhD, RN, CS, CNOR, CWOCN, CRNP, APNC, ANEF, FAAN
Professor of Nursing
Director, Wound Ostomy Continence Nursing Education Program (WOCNEP)
School of Nursing-Camden, Rutgers University
Walter Rand Institute Rutgers Camden Faculty Fellow
SPECIAL THANKS

• Dr. Gwendolyn Harris, PhD, Executive Director of the Senator Walter Rand Institute for Public Affairs for the invitation

• Substantive support with investigative activities from Luis Gonzalez-Arocho and Darleen Garcia, MUPP, graciously provided by the Walter Rand Institute
OBJECTIVES

• Describe faculty project sponsored by Walter Rand Institute
• Provide background on state of chronic illness in United States
• Describe current realities about Type 2 Diabetes Mellitus in the United States, across the world, with a focus on New Jersey
• Explain personal interest in selected topic
• Describe outcomes of investigative project related to existence of Diabetes Prevention versus Diabetes Treatment Services in Seven Counties of Southern New Jersey
• Present current challenges and possible strategies for the future
CHRONIC ILLNESS IN AMERICA (Not A Culture of Health!)

- Chronic Illness is paupering the Federal Government
- Statistics about heart disease, stroke, cancer, obesity, are sobering
- Over 85% of all healthcare spending in 2010 was for people with one or more chronic illnesses (CDC, 2016)
- These diseases are costly, common, and preventable.
- These diseases create complexity.
- Complexity is a SERIOUS contributing factor to the THIRD LEADING CAUSE of death in the United States: Medical Errors
CHRONIC ILLNESS IN USA

- Cost of diabetes care in USA in 2012 estimated to be $245 billion (ADA, 2016)
- Cost of obesity care in USA in 2012 estimated to be $147 billion (Related: “Diabesity”)
- Chronic illness unduly influenced by economic status, education, race/ethnicity, and location of “HOME” (County Health Rankings, 2016)
- Unhealthy lifestyle behaviors account for over fifty percent of preventable deaths in the United States
- CVD death not decreasing; likely due to rise in diabetes and obesity
DIABETES: TYPE 2

• Great exemplar for what is wrong with American health system
• Chronic illness which is progressive; has horrendous complications
• We know how to treat
• Do we know how to prevent?
• Risk Factors: physical inactivity, obesity, direct family member, and diverse background (ADA, 2016)
• Across planet, Diabetes Type 2 increasing (WHO, 2015)
• Worldwide prevalence 9% among Adults >18 years
• Will be 7th leading cause of death by 2030
• Diabetes predicted rise to 642 million by 2040 (International Diabetes Federation, 2015)
• Called the “Emerging Global Epidemic”
In United States, Diabetes Type 2 is rising
  - Nearly 30 million diagnosed (10 percent of population)
  - Nearly 2 million (aged 20 and above) diagnosed yearly
  - Nearly 86 million with pre-diabetes (ADA 2016; CDC, 2015)

On track to become the great health crisis of this quarter century-- 1 in 3 Americans will be affected. (every 21 seconds)

Nearly 700,000 New Jerseyans are diagnosed with diabetes (Katzen & Condra, 2014; Healthy New Jersey, 2020)

In 1994, New Jersey had a rate of 4.5%; predicted to rise to 13% by end of 2016 (Diabetes 2025, 2015)
Why My Interest?

- Decades of practice as a wound ostomy continence specialist nurse
- Encountered many patients with diabetic foot ulcers
- Well aware that DFU is most common cause for amputation
- More recent practice with adults in primary care
- Exquisitely aware of tsunami of diabetes
- Know Philadelphia – Wanted to know South Jersey
- SEVEN counties of South Jersey (Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem)
PROJECT’S AREAS OF FOCUS

• Prevalence of Type 2 Diabetes Mellitus in New Jersey (Focus South)
• Investigate Diabetes **Prevention** Services in Seven Counties
• Investigate Diabetes **Treatment** Services
• Investigate from perspective of busy provider (NOT a public health clinician nor expert)
• Investigate opportunities for Regional Planning/Reorganization of Services
• Compile Findings in One Paper
• Goal was to Identify What Busy Primary Care Providers could easily find related to diabetes prevention for their patients
• Primary Data Collection
  – Internet Services
• Focus on Primary Prevention
Definitions:

– Health Outcomes: “Represent how healthy a county is”

– Health Factors: “Represent what influences the health of the county” (University of Wisconsin, 2014, 2015, 2016)
<table>
<thead>
<tr>
<th>County</th>
<th>Rank 2014</th>
<th>Rank 2015</th>
<th>Rank 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunterdon</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somerset</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Morris</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Bergen</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Middlesex</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Monmouth</td>
<td>6</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Sussex</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Ocean</td>
<td>7</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Union</td>
<td>10</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Warren</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Burlington</td>
<td>11</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Mercer</td>
<td>12</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Passaic</td>
<td>14</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Hudson</td>
<td>16</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Cape May</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Gloucester</td>
<td>13</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Essex</td>
<td>20</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>Salem</td>
<td>18</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Camden</td>
<td>17</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Atlantic</td>
<td>19</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Cumberland</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>
## Health Factors

### County Health Rankings of New Jersey (21 Counties) (2014, 2015, 2016)

<table>
<thead>
<tr>
<th>County</th>
<th>Rank 2014</th>
<th>Rank 2015</th>
<th>Rank 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunterdon</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Somerset</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Morris</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Bergen</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Middlesex</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Monmouth</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Sussex</td>
<td>10</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Ocean</td>
<td>11</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Union</td>
<td>12</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Warren</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Burlington</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Mercer</td>
<td>8</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Passaic</td>
<td>15</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Hudson</td>
<td>18</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Cape May</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Gloucester</td>
<td>13</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Essex</td>
<td>17</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Salem</td>
<td>20</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Camden</td>
<td>16</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Atlantic</td>
<td>19</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Cumberland</td>
<td>21</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>
## SOUTH JERSEY POPULATION CENSUS
(U.S. Census Bureau)

<table>
<thead>
<tr>
<th>County</th>
<th>2014</th>
<th>2010</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>8,938,175</td>
<td>8,791,894</td>
<td>&gt;</td>
</tr>
<tr>
<td><strong>Southern Counties</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atlantic</td>
<td>275,209</td>
<td>274,549</td>
<td>&gt;</td>
</tr>
<tr>
<td>Burlington</td>
<td>449,722</td>
<td>448,734</td>
<td>&gt;</td>
</tr>
<tr>
<td>Camden</td>
<td>511,038</td>
<td>513,657</td>
<td>&lt;</td>
</tr>
<tr>
<td>Cape May</td>
<td>95,344</td>
<td>97,265</td>
<td>&lt;</td>
</tr>
<tr>
<td>Cumberland</td>
<td>157,389</td>
<td>156,898</td>
<td>&gt;</td>
</tr>
<tr>
<td>Gloucester</td>
<td>290,951</td>
<td>288,288</td>
<td>&gt;</td>
</tr>
<tr>
<td>Salem</td>
<td>64,715</td>
<td>66,083</td>
<td>&lt;</td>
</tr>
<tr>
<td><strong>Southern County Totals</strong></td>
<td>1,844,368</td>
<td>1,845,474</td>
<td>&lt;</td>
</tr>
</tbody>
</table>
## DIABETES INCIDENCE/PREVALENCE IN NEW JERSEY

### Southern Counties (NJDOH, 2013)

<table>
<thead>
<tr>
<th>County</th>
<th>Incidence</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>8.6</td>
<td>9.0</td>
</tr>
<tr>
<td>Burlington</td>
<td>8.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Camden</td>
<td>9.0</td>
<td>9.0</td>
</tr>
<tr>
<td>Cape May</td>
<td>8.5</td>
<td>8.6</td>
</tr>
<tr>
<td>Cumberland</td>
<td>11.4</td>
<td>11.3</td>
</tr>
<tr>
<td>Gloucester</td>
<td>10.1</td>
<td>9.8</td>
</tr>
<tr>
<td>Salem</td>
<td>10.3</td>
<td>10.1</td>
</tr>
</tbody>
</table>
WORSENING HEALTH ISSUES IN SEVEN SOUTH JERSEY COUNTIES 2014-2016 (Per West, 2014 and RWJ Foundation)

<table>
<thead>
<tr>
<th>County</th>
<th>Indicators Worsening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>Adult Obesity Unemployment ● Uninsured ● Childhood Poverty ● Sexually Transmitted Infections (STI’s)</td>
</tr>
<tr>
<td>Burlington</td>
<td>Adult Obesity ● Unemployment ● Childhood Poverty</td>
</tr>
<tr>
<td>Camden</td>
<td>Adult Obesity ● Unemployment ● STI’s</td>
</tr>
<tr>
<td>Cape May</td>
<td>Adult Obesity ● Unemployment ● Children in Poverty ● STI’s</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Adult Obesity ● Unemployment ● Children in Poverty ● STI’s ● Uninsured</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Adult Obesity ● Unemployment ● Children in Poverty ● STI’s</td>
</tr>
<tr>
<td>Salem</td>
<td>Adult Obesity ● Unemployment ● Children in Poverty ● STI’s</td>
</tr>
</tbody>
</table>

Diabetes Screening is “Getting Better” in Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem Counties
DIABETES PREVENTIVE SERVICES IN SEVEN Southern New Jersey Counties

• Had to Develop Organizational Schema for Data Collection
• Categorized Resources as to primary affiliation (some overlapping)
• Identified Five “Sources”
  – Federal Level Sources
  – State level Sources
  – County Level Sources
  – Health Care Systems
  – Private (Business, Professional Groups, Academia)
PREVENTION OF DIABETES
Federal

• Medicare Diabetes Prevention Act (2015) - HB 2102
  – Reimbursement for Diabetes Prevention Services (No Coverage for Younger People)
  – In Congress Currently; Referred to Committee

• Centers for Disease Control (CDC)
  – Multiple Educational Offerings
  – Diabetes is Third Under “Diseases”
  – Quick Click to https://DoIhaveprediabetes.org (Offers Risk Assessment)
  – Can be printed out and taken to PCP**
PREVENTION OF DIABETES
State Level

• Pending Legislation: House Bill 3460 (Dated 2/5/2015)
  – has provisions for diabetes prevention coverage
    – Passed both Houses
    – Not acted on by Governor (pocket veto)
      (HTTP://legiscan.com/NJ/Bill/A3460/2014)
    – Stay tuned

• Grant Funding for Diabetes Prevention via Diabetes Resources Coordinating Centers
  – Center for Human Services (Bridgeton, New Jersey)
    (Cumberland, Salem, and Gloucester)
  – Another grant call for a DRCC in Camden and/or Burlington Counties; recently funded to Camden AHEC (Camden and Burlington)
STATE LEVEL

• New Jersey Chronic Disease Prevention Program Plan (2013-2018)
  – Gives overview of coalitions focused on varieties of chronic disease
  – Goals for program and diabetes are listed
• Healthy New Jersey 2020 and NJDOH – Good Information and Statistics
• NJDOH, Division of Human Services, Division of Children and Families- *New Jersey Diabetes Action Plan Report* (April 2016)
• Sources of Information
  – NJDOH has directory of programs
COUNTY RESOURCES FOR Diabetes Prevention

• Community Health Assessments or Community Health Improvement Plans (CHIPS)
• Some Cross Country Regional Planning (e.g., Burlington, Camden, Gloucester “Tri-County” Health Assessment)
• Several County Offerings
  – Camden County – “Eating Well” classes (with Food Bank)
  – Atlantic County – WEB – Based Information on Diabetes Prevention
  – Salem County – Has Diabetes Education Program
PRIVATE SOURCES

• AADE and ADA have DSMP/Treatment Programs (Patients can have pre-diabetes)
• Bristol Myers Squibb Foundation and Camden Coalition joint efforts
• PATHS Report - conducted in cooperation with Harvard Law School and BMS Foundation
• Merck’s diabetes education webpages with linked resources on diabetes prevention
• Novo-Nordisk NJ Diabetes Education Program
  – Diabetes Health Coach (Cornerstones for Care)
• American Medical Association and CDC “STAT” Program (Screen Test Act Today)
• Defeat Diabetes Foundation
  – Programs on Prevention and Early Detection
PRIVATE SOURCES

- YMCAs Diabetes Prevention Program
  - Free in Vineland (Grant Funded) for the time period
  - Also has National Diabetes Prevention Program
- National Association of County and City Health Officials
  2013 DSM and Training Fact Sheet describes types of DM Programs
- ADA Pathway to Stop Diabetes grant program
- NJ Primary Care Association – Quick Facts About NJ’s FQHCs
- Diabetes Foundation Inc. – Diabetes Public Education Program
- NJ AHEC (Camden, Garden, Shore)program with Rowan University- Diabetes Education
- Rutgers School of Public Affairs and Administration and New Jersey Data Bank – Health Risk Index
HEALTH CARE SYSTEMS

- Cooper 2013 Community Needs Assessment (Camden County)
- AtlantiCare/Bacharach 2013 CHNA (Atlantic County)
- CAPE Regional Medical Center 2013 CHNA (Cape May County)
- Deborah Heart & Lung Center 2013 CHNA (Burlington)
- Inspira Health System (with Cumberland/Salem Health Wellness Alliance) (2013) (Cumberland/Salem)
- Lourdes Medical Center 2013 CHNA (Camden, Burlington, Gloucester)
- Kennedy 2013 CHNA (Camden, Burlington, Gloucester)
HEALTH CARE SYSTEMS

• Particularly paid attention to diabetes education program of hospitals
• Accredited by some external organization related to program quality
• Available for all seven counties
• One (OLOL) had information in diabetes program about diabetes prevention with links or reference to PCP (All systems talked MUCH about preventing diabetes complications but not preventing diabetes itself)
DIABETES TREATMENT SOURCES

- Much more plentiful in availability
- Available across five categories
- Available across seven counties
FEDERAL SOURCES

• FQHCs
• CMS Quality Improvement Organizations’ Quality Insights and Quality Innovation Network
  – Offers diabetes classes (with partners)
• Project Hope FQHC in Camden for Homeless
• NIH – National Diabetes Education Program
STATE SOURCES

• State of NJ Website – Links to Stanford Model (Chronic Disease Self - Management Program and DSME)

• Southern New Jersey Diabetes Outreach and Education Services (DOES) For Atlantic, Cape May, Cumberland, Salem, Ocean Counties) Partners with Local Organizations
COUNTY SOURCES

• Linked to County Webpages
  – DSMP Information from NJ Dept. of Health Division of Aging

• NJ Statute – In-School Services for Diabetic Students (NJSA 18A:40-12.11-21)

• Health Presentations on nutrition and diabetes management (Camden and Salem Counties)

• Atlantic County DHS Educational Program on Diabetes Treatment
PRIVATE SOURCES

• ADA Home Based Self-Management Program
• National Association of Chronic Disease Directors – DSME Training
• Standard University - Medical School
  – Has Information on NJ Programs offering licensed CDSM Programs
• Rutgers School of Public Health – New Jersey Data Bank – Good Statistics on DSM.
PRIVATE SOURCES

- Project Hope Camden
  - Classes on Nutrition and DSM (CVS and NACHS)
- Together on Diabetes Initiative focuses on diabetes management (BMS Foundation and CCHP)
- Camden Citywide Diabetes Collaborative (Merck Foundation and CCHP)
- Rutgers and Nicholson Foundation Diabetes Management “App”
- Stanford University and National Council of Aging – Diabetes Management Workshops
PRIVATE SOURCES

- PATHS Report for NJ (BMS Foundation and Harvard Law School Health Law and Policy Innovation Center)
- Diabetes Foundation Inc. – Provides short-term assistance for diabetes management.
- Camden AHEC – Senior Services includes Stanford CDSMP
- SHORE (New Jersey) AHEC – Diabetes Management and Obesity
- Garden AHEC (with Inspira)
  - Classes on Obesity and DM
- AADE accredited diabetes management programs in various locales
HEALTH CARE SYSTEMS
TREATMENT SERVICES

• Advocare – has webpage listing diabetes management services
• Inspira – diabetes management
• Atlanticare – “Team Diabetes”
• Cape Regional Health Systems
• Memorial Hospital of Salem County
• Shore Medical Center
• Kennedy Health System
• Lourdes Health System
• Cooper University Health System
• Deborah’s Joslin Diabetes Team
• Virtua Health Systems

*N.B. All Focus on people with diabetes; usually need provider referral, fee based*
OVERVIEW OF PROJECT ANALYSIS

Positive Findings

• Minor regional planning has begun
• Diabetes treatment services are plentiful
• Private organizations partnering with community resources and providers (e.g., Camden City)
• Federal and State funding of new initiatives
• Federal and State pending legislation
• Quality of private organizations’ resources (ADA, AMA “STAT” Program)
• Availability of qualified diabetes educators
• SNAP-ED programs – targeting healthier nutrition
• Partnering of academia and foundation (PATHS Report)
OVERVIEW OF PROJECT ANALYSIS

Negative Findings

• Preventive services not currently widely nor easily available
  – MANY constraints
• Regional planning for diabetes prevention is in beginning stages
• Difficult to identify diabetes prevention in South Jersey counties on internet
  – Focus is diabetes management
  – Multiple programs now defunct still listed (for example, Dulce)
  – Highly dated information on county web pages (over 10 years old)
• Substantial lack of coordination among various constituencies– limited evidence of “Big Picture” interventions
OVERVIEW OF PROJECT ANALYSIS

Negative Findings

- Some State of NJ DOH webpages were not up to date
- Some county webpages – critical information buried between several layers of information
- Periodic nature of diabetes prevention (Federal, State, Local) – funding time limited
- Lack of conversation between public health sector and PCP evident on web.
STRATEGIES TO ADDRESS DIABETES PREVENTION

• Envision diabetes differently – consider it “contagious” (Think Zika Virus)
• Consider a need for “Battlefield NJ” or “Battlefield South Jersey” (Remember “War on Cancer” and “March of Dimes”)
• Change the language along with focus
  – Epidemics traced back to origins
  – DM: Obesity, couch potato syndrome, metabolic syndrome, pre-diabetes
STRATEGIES TO ADDRESS DIABETES PREVENTION

• Use mass communication/marketing
  – Try a “Jersey Fresh” Approach; “Rutgers 250 Tomato”
  – Avoid commercials like recent CDC/NACDD) pre-diabetes message – Anne Albright PhD
  – Get “REAL” with consequences of DM commercials (Think the Laryngectomy commercials of smokers)

• Consider lessons from Acute Care Hospitals – Try “Bundling” (Coordinating nutrition, physical activity, education, primary care in one site): some coalitions beginning

• Current research with Camden City dwellers: “efficiency” and “access”
STRATEGIES TO ADDRESS DIABETES PREVENTION

• Create a “diabetes czar” for Southern New Jersey and a Diabetes Task Force (“War Council”)
  – Use Major and Regional summits to enlarge conversation and initiatives.
  – PCPs
  – Public Health
  – Academia
  – Incentivize Cross County Innovations

• Envision primary care in different way
  – “Prescriptions” for Diet and Activity

• Empower FQHCs and Patient-centered Medical Home for Prevention
STRATEGIES TO ADDRESS DIABETES PREVENTION

• Use digital communication and world wide web better.

• The message is in the medium (Much stronger digital footprint for Cancer and CVD prevention; why not Diabetes?)

• Use digital supporters for diet, activity, blood sugar: Think “Fitbit” and more digital coaching

• Use Schools Better for Health Promotion–Childhood Obesity is diabetes.

• Remove barriers to diabetes prevention education being done by NPs, PAs, PharmDs etc.
STRATEGIES TO ADDRESS DIABETES PREVENTION

• Address travel challenges via Mobile Primary Care Clinics with full services
• Incentivize research into diabetes prevention services in alternative settings (e.g., neighborhood nursing centers) and alternative use of personnel (Emergency providers)
• Tap into the scholarship of higher education initiatives: DNP movement, DPT movement (can we incentivize?)
LIMITATIONS

• Dr. Beitz NOT a public health specialist nor expert – humble primary care provider and WOC specialist
• Financial support was modest
• Data collection conclude in late Fall 2015 and began in October 2014 – some additions may have occurred in the interim
• Diabetes statistics change over time – so far situation locally, nationally, and internationally is worsening.
• Focus was entirely on Type 2 Diabetes  
  – 90-95% of those affected are Type II
• Report not exhaustive, not an exemplar, just a beginning step.
• Report meant to be illustrative not exhaustive
• Report not meant to be an exemplar but a beginning step
• Business endeavors COME and Business Endeavors GO: Different Priorities Over Time
• Websites COME and Websites GO: Disconnections possible!!
SUMMARY

• Purpose of project was to scrutinize the public visibility of extant diabetes prevention services in Seven Counties of South Jersey
• Ascertain state of diabetes prevention vs. diabetes management services in South Jersey
• Present current challenges and potential strategies for the future of diabetes prevention and care
Thanks for listening

All comments and feedback welcome
REFERENCES


REFERENCES

• Goeppinger, J. Miles, M.S., Weaver W., Campbell, L. Roland, E. J. (2009). Building nursing research capacity to address health disparities: engaging minority baccalaureate and master’s students. *Nursing Outlook*, 57(3), 158-165


REFERENCES

