

WELCOME

Friday, Feb 28, 2025 | 9:30-11:00 AM

EngAGED Research on Aging in New Jersey: A MULTI-CHANCELLOR-UNIT VIRTUAL SYMPOSIUM



RUTGERS UNIVERSITY

Hub for Aging Collaboration

School of Social Work

TODAY'S EVENT

Cutting-edge research projects on aging in New Jersey that aspire to achieve both scientific and social impact and that highlight the importance of partnerships outside of academia to advance research and social change.

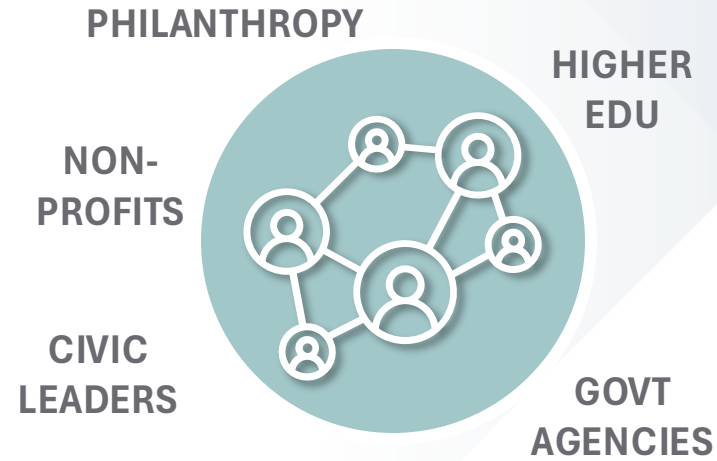
OUR ORIENTATION



AGING

Later Life Older Adults

Life Course
Perspective



ENGAGED RESEARCH

advancing research projects
through cross-sectoral partnerships

TODAY'S PARTICIPANTS

REGISTRATIONS

140

HIGHER EDUCATION

43%

OTHER
INDUSTRIES

- Advocacy Organizations
- Gov't Agencies & Departments
- Healthcare & Service Providers
- Grassroots Leaders & Coalitions
- Libraries & Life-Long Learning
- Grantmakers



RUTGERS – NEW BRUNSWICK

Research to Strengthen Aging-in-Place Program Innovation for NJ Older Adult Housing

Ayse Akincigil, PhD & Uri Amir Koren , MSW, RDT, MSt
Rutgers School of Social Work



RUTGERS HEALTH

A New Study of Established and Emerging Stressors and Health Over the Life Course in Diverse New Jersey Populations: The Role of Community Engagement

Dawne Mouzon, PhD, MPH & Victor Murray
NJHealth Study



RUTGERS - CAMDEN

Adapting a Diabetes Family Coaching Intervention for Spanish-Speaking Latino Populations

Kristin August, PhD
Graduate Program in Prevention Sciences



Andrea Hetling, PhD
Bloustein School of
Planning and Public Policy

D I S C U S S A N T

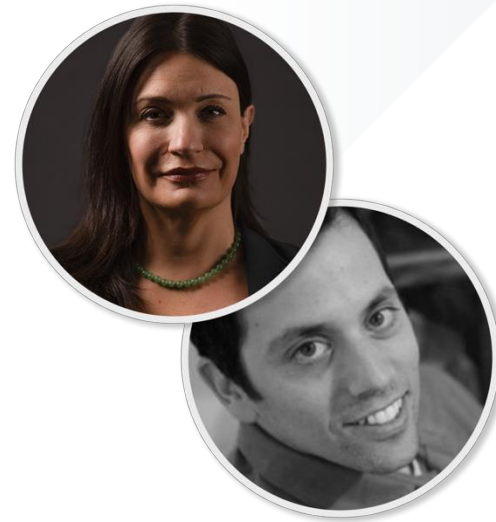
SUMMIT OVERVIEW

- 1 **Welcoming Remarks**
- 2 **Presentations**
- 3 **Discussant Remarks**
- 4 **“Meet the Speaker” Breakout Rooms**
- 5 **Closing Remarks**
- 6 **Adjourn**

RUTGERS – NEW BRUNSWICK

Research to Strengthen Aging-in-Place Program Innovation for NJ Older Adult Housing

Ayse Akincigil, PhD &
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Rutgers School of Social Work



Research to Strengthen Aging-in-Place: An Innovative Program for Older Adults Living in Subsidized Housing

Uri Amir Koren, MSW, RDT, MSt & Ayse Akincigil, PhD

Friday, February 28, 2025

EngAGED Research on Aging in New Jersey Virtual Symposium

Acknowledgments

Funding Sources

THE HENRY & MARILYN
TAUB FOUNDATION



Community Partners & Federal Data Resources

ALP Providers

*Candace Robinson &
the ALP Coalition*



Other Investigators:

Emily Greenfield

Karen Zurlo

Data Analyst:

Dima Bishop

Research Assistants:

Cassie Bolinger

Jasmine Akman

Academic Community Partnership to Strengthen Aging-in-Place

Academic
application of
discipline
related
expertise:

- Evaluation Science
- Health Services Research

→
Initial Engagement
(Summative Eval. Proposal)

*concurrent,
bi-directional
engagement*

↔
*Formative and Summative
Approaches to strengthen
Aging in Place.*

ALP Coalition and
Providers

Ground research in ALP
needs and interests,
making sure knowledge
generated contribute to

- decision-making processes
- program improvement
- policy formulation

Summative

Program Description

- internal components
- how state policies and procedures inform and shape processes and operational strategies
- process maps

SWOT Analyses

framework to assess its effectiveness, scalability, and sustainability within the broader landscape of aging policy and practice

Formative

Outcome Evaluation

What is an Assisted Living Program (ALP)?



Definition:

- An Assisted Living Program (ALP) provides support services to low-income older adults living in **publicly subsidized housing**, enabling them to **age in place** safely and independently.

Key Features:

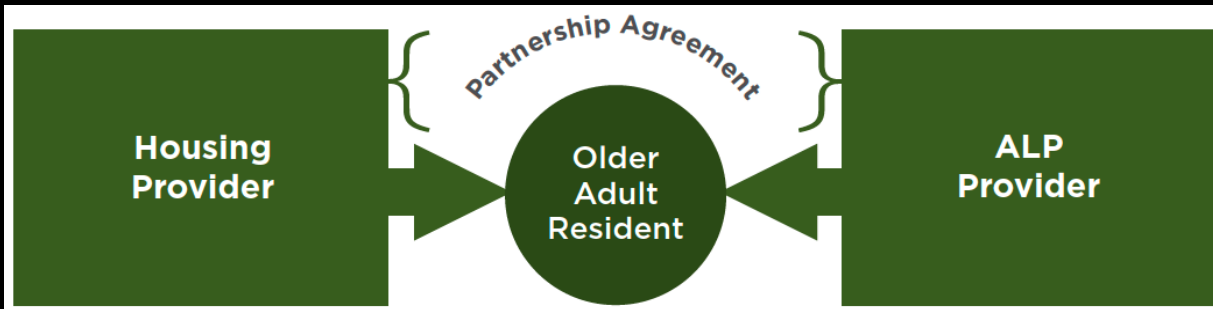
- Hands-on assistance with activities of daily living (ADLs), medication management, nursing, and social services.
- Funded primarily through NJ Medicaid, reimbursed on a per person per day basis.

Greenfield, E. A. (2019). Advancing Program Theory for Licensed Assisted Living Services in Independent Housing. *Journal of Housing For the Elderly*, 33(3), 257–274.

<https://doi.org/10.1080/02763893.2018.1561593>



ALPs vs Assisted Living Residences

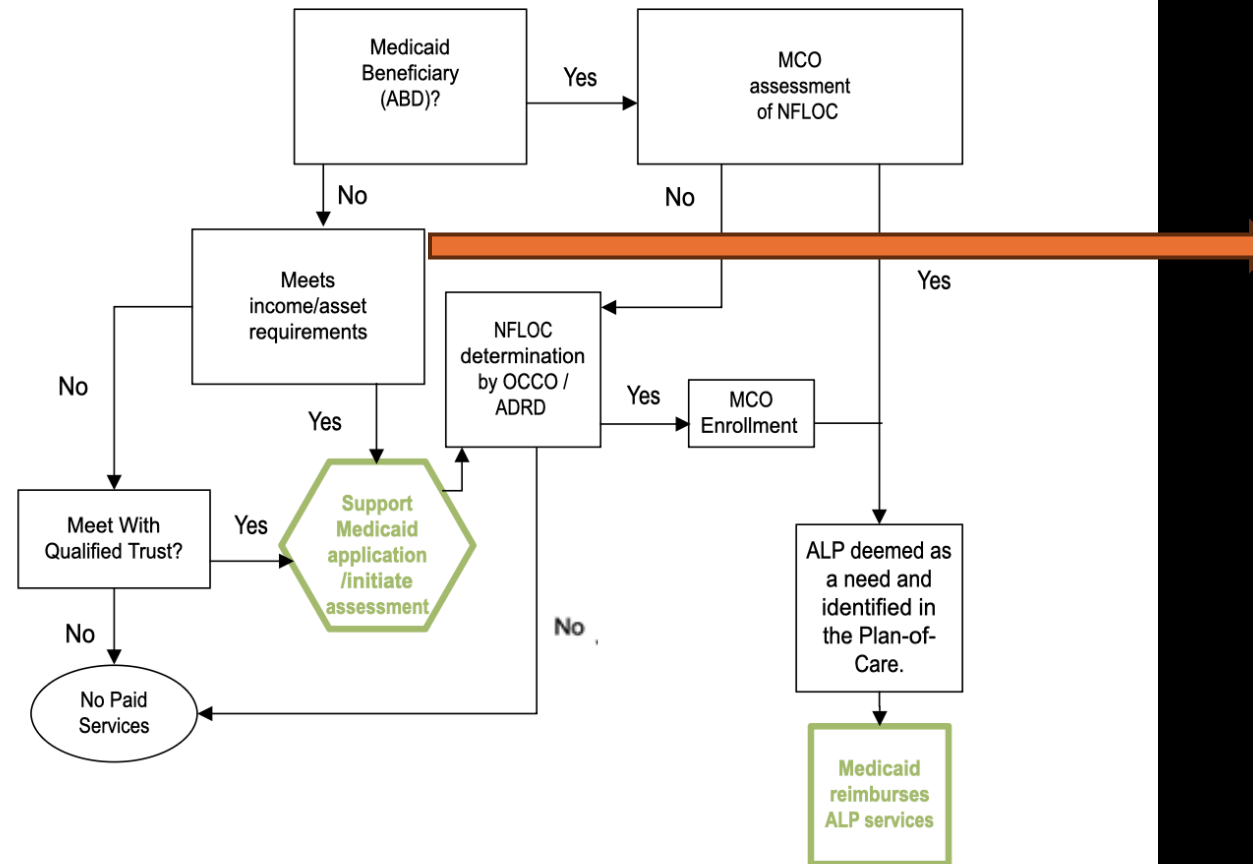


- **Decoupled Services Model** (*Key Differentiator*):
 - **ALPs** provide services within a resident's existing subsidized housing unit, without requiring relocation to a licensed facility.
 - **ALRs** are dedicated facilities where housing and care are bundled together.
- **Advantages of the ALP Model:**
 - **Flexibility:** Residents stay in their own homes, maintaining community ties.
 - **Cost-Efficiency:** Lower start-up and operational costs compared to building or running full facilities.
 - **Accessibility:** ALPs expand care options to low-income seniors who might not afford private-pay ALRs.

Program Description:

Mapping the Policy-to-Process Link

Figure 2: Pathway for a Presumed NFLOC Tenant's Access to Medicaid Reimbursed ALP Services



Bill:
A4612

ABD: Aged, blind or disabled. MCO: Managed Care Organization. NFLOC: Nursin Facility Level of Care.
ALP: Assisted Living Program

Legends: ALP Related Processes Other Processes Termination

SWOT Analysis – Key Strengths

- **Centralized Care Hub**
- **Cost-Effective**
- **Adaptive Flexibility**
- **Aging in Place**



SWOT Analysis – Key Weaknesses

Challenges Achieving Economies of Scale

- **Reliance on a minimum of Medicaid-eligible clients.**
- **Low enrollment = higher per-client costs**

Client Recruitment Barriers

- **Complex Medicaid eligibility requirements delay enrollment**

Financial Strain from Reimbursement Delays:

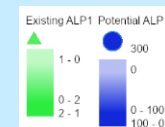
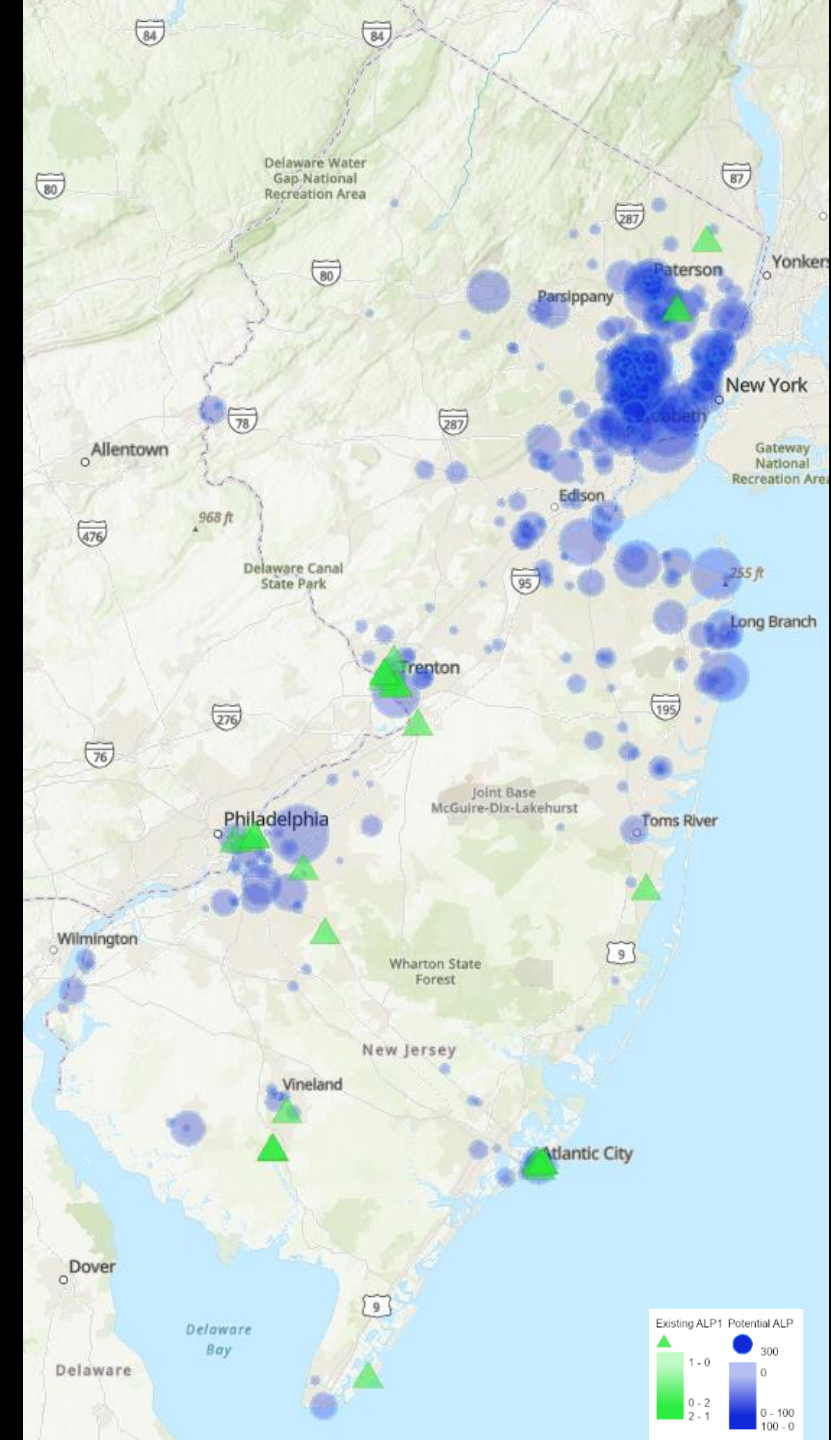
- **Medicaid billing processes are often slow and inconsistent, leading to cash flow issues for ALPs.**



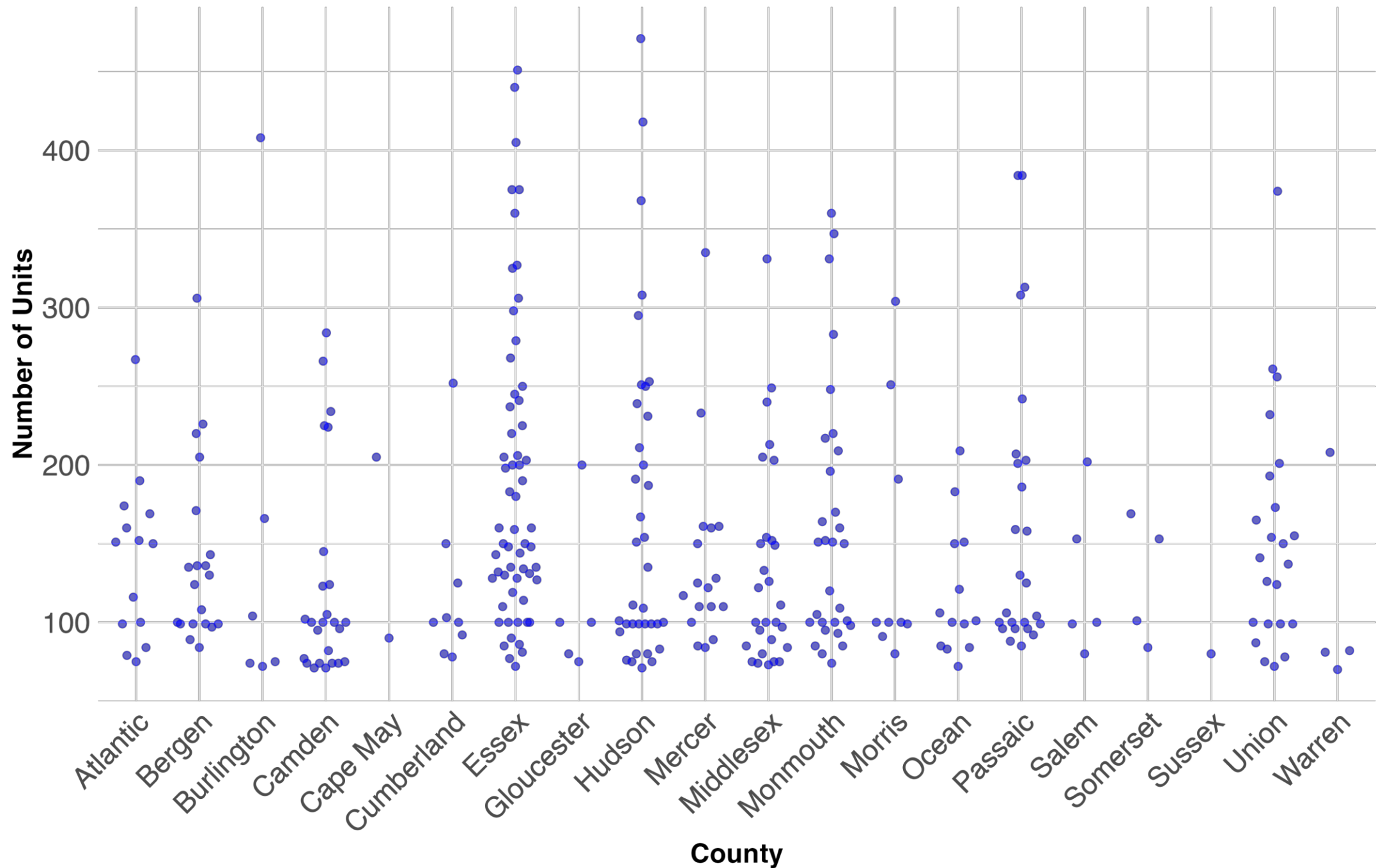
SWOT Analysis - Opportunities

Map of
NJ ALPs - Existing and Potential sites

Data Sources: Municipal Data



Number of Available Units by County



Threats/Challenges



Any threats to Medicaid
Program



Workforce

Conclusion

Although there are hurdles to overcome, the potential demand for ALP services is substantial.

The ALP model provides a unique and holistic approach to elderly care, allowing older adults to age in their communities at a lower cost than other alternatives.

RUTGERS HEALTH

A New Study of Established and Emerging Stressors and Health Over the Life Course in Diverse New Jersey Populations: The Role of Community Engagement

Dawne Mouzon, PhD, MPH &
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NJHealth Study





THE STATE UNIVERSITY
OF NEW JERSEY



New Study of Established and Emerging Stressors and Health Over the Life Course in Diverse NJ Populations: The Role of Community Engagement

EngAGED Research on Aging in New Jersey

February 28, 2025

NJ
Health
Study

Acknowledgements

The NJHealth Study is funded by the Robert Wood Johnson Foundation, the State of New Jersey, and Rutgers Health

Advisors and colleagues from across Rutgers, community organizations, and the broader scientific community have given generously of their time to help inform the design of the NJHealth Study

Our dedicated and talented staff make the NJHealth Study happen

NJHealth Study participants give generously of their time and share their often sensitive and personal information

The background of the slide features a large, faint, light gray seal of Rutgers University. The seal is circular with a sunburst design in the center. The words "RUTGERS" and "THE STATE UNIVERSITY OF NEW JERSEY" are inscribed around the perimeter of the seal.

RUTGERS

THE STATE UNIVERSITY
OF NEW JERSEY

NJHealth Study Overview

Leadership & Management Team



Joel Cantor, ScD
Principal Investigator
Public Policy



Paul Duberstein, PhD
Sr. Co-Investigator
Health Psychology



William Hu, MD, PhD
Sr. Co-Investigator
Cognitive Neurology



Dawne Mouzon, PhD
Sr. Co-Investigator
Sociology



Mara Getz Sheftel, PhD
Co-Investigator
Sociology & Demography



Stephanie Bergren
Project Director



Margaret Koller, MS
Exec. Administrator



Victor Murray, MSW
Community Engagement
Advisor
Camden Coalition



Steven Cohen, PhD
Sampling Consultant
RTI International

Study Team



Community outreach, interviewer, and study coordination staff



Francine Cartwright
Team Manager



Julia Schimmel
Study Coordinator



Michelle Migut
Study Nurse

North Star/Guiding Principles

We make the commitment to present project findings, work with the community to interpret, and support the community in their work to address the gaps we find. We pledge to:

- Treat all communities with **respect and dignity**
- Be **accountable**
- Be available and **transparent**
- **Learn** and be **guided** by the community
- Disrupt academic jargon and **ensure accessibility** to the work
- Utilize **community-informed definitions** of health and well-being

NJHealth Goal and Aims

Overall Goal

Generate practical, actionable knowledge and advance theory for improving health and wellbeing in the population overall and especially among diverse groups at high-risk chronic exposure to stressors, including immigrants, multi-generational families, people of color, and low-income families.

Scientific Aims

- Identify the prevalence and pathways through which **established and emerging stressors** over the life course contribute to health in diverse populations
- Discover novel factors that **buffer or amplify** these influences on personal and population health

Sample

New Jersey community residents ($n \approx 8,000$) aged 14 and older

- **Statewide probability sample** ($n \approx 4,000$)
 - Designed to represent the state & ensure inclusion of multi-generational, minority, and low-income families
- **Immigrant samples** ($n \approx 4,000$)
 - Ten focal groups: Chinese, Korean, Asian Indian, Filipino, Dominican, Mexican, Haitian, Jamaican, Nigerian, and Asylum Seekers, Refugees, and related status
 - Recruited via outreach and referral

Data Sources

- **Interviews** (n≈8,000)
 - Telephone, Zoom, in person, or on-line
 - Existing, enhanced, and new scales/assessment tools
 - Extensive battery of questions about stressors, stress buffers and amplifiers, health & wellbeing assessment
 - Cognitive assessment (ages 50+)
- **Activity and movement** (n≈1,000)
 - Two-week assessment with actigraphy watch
 - Measures movement & sleep
- **Biological markers**
 - Saliva DNA (all consenting participants)
 - Plasma biomarkers for stress and other conditions (n≈2,000)
- **Linked health records and administrative data** (all consenting participants)
- **Environmental data**
 - Home environment, neighborhood conditions, local policies, etc.

Outcomes

- **Mental and cognitive health** such as depression, anxiety, suicidality, dementia/cognitive decline
- **Physical illnesses and conditions** such as stroke, heart disease, cancer, liver disease, kidney disease, and injuries
- **Other disability related conditions** such as chronic pain, substance use disorder, and hearing or vision loss
- **Factors that increase risk** for new health conditions such as high blood pressure, diabetes, high cholesterol, and trauma

Individual-Level Stressor Interview Domains

- 
- **Life events & experiences**
 - Adverse childhood events
 - Bullying
 - Caregiving
 - Criminal justice involvement
 - Elder mistreatment
 - Grandparent burden
 - Intimate partner violence
 - Race/ethnic discrimination experiences
 - **Perceptions of societal stressors**
 - Role of social media in society
 - Growing income gap
 - State of race relations
 - Rise in damaging weather events
 - State of immigration
 - Amount of gun violence
 - **Perceived stress scale**
 - **Social determinants of health**
 - Financial and material hardship
 - Food insecurity
 - Housing quality and stability
 - Utility security

Stress Buffers & Amplifiers

Interview Domains

- 
- **Health services access & use**
 - Barriers to care
 - Health insurance status
 - Usual source of care (US and overseas)
 - Healthcare utilization (US and overseas)
 - **Socioeconomic status**
 - Education
 - Employment
 - Family income and wealth
 - **Psychological factors**
 - Life satisfaction
 - Loneliness
 - Meaning in life
 - Optimism
 - Personality
 - Rumination
 - **Psycho-social factors**
 - Health risk and service use attitudes
 - Religious practices
 - **Social circumstances and engagement**
 - Civic engagement
 - News media engagement
 - Social network size
 - Social support
 - Volunteerism

Early Look @ NJHealth Data

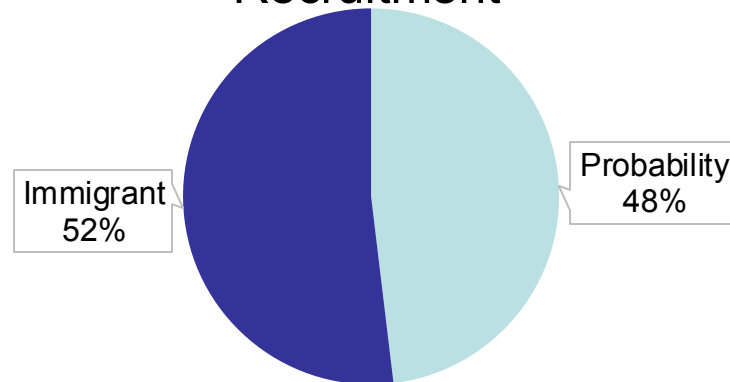
Through August 2024, N=898, *UNWEIGHTED*

Selected Demographics

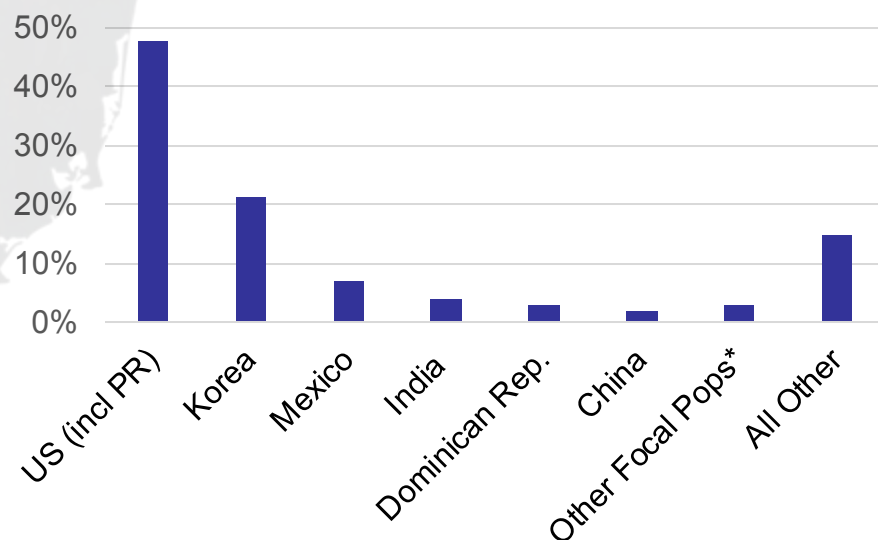
- **37.9%** are ≥ 60 years old
- **69.0%** assigned female at birth
- **6.9%** identify as LGBTQ+
- **62.2%** of those >25+ have a college degree or higher
- **15.1%** of immigrant sample is 2nd gen
- **16.7%** of prob sample is not US born

Blue = over-represented, **Red** = under-represented in NJHealth compared to NJ American Community Survey

Probability & Immigrant Recruitment



County of Birth (full sample)



*Philippines, Nigeria, Jamaica, Haiti

Timeline

- **Recruitment ongoing through at least Dec 2025**
 - ≈1,900 recruited so far, goal 8,000
 - Opening George Street study site for blood collection
- **Early findings**
 - Data for preliminary studies for collaborating proposals
 - Lay language brief summaries for participants and stakeholders
 - Peer-reviewed publications and scientific presentations
- **Sustainability - R01s, other proposals, and other sources**
 - Research grant applications
 - Briefings with state agencies, legislative leadership & other NJ stakeholders
 - Pilot grants – possibly in 2025





NJ Population Health Cohort Study



Study Site
303 George St. (enter on New St.)

See <https://njhealthstudy.rutgers.edu/en/researchers> for more study information, the study design manuscript, and collaboration guidelines.

Funded by the Robert Wood Johnson Foundation, State of New Jersey, and Rutgers Health.

NJHealth Study:
The Role of Community
Engagement

The title is centered on the slide. Behind the text is a faint, light-gray background image of the state of New Jersey. Overlaid on the map of New Jersey is a silhouette of a group of people standing together, representing a community. The text is in a large, black, sans-serif font.

Community Advisory Board

- Community advisors from across the state, that represent populations in the NJHealth Study
- Advise the Study team on:
 - Ways to ensure equitable engagement with study participants
 - Strategies to make the study findings as relevant and useful to the work of community advocacy and service organizations as possible
- Facilitate effective communications about the Study to participants and communities throughout New Jersey, including public policymakers

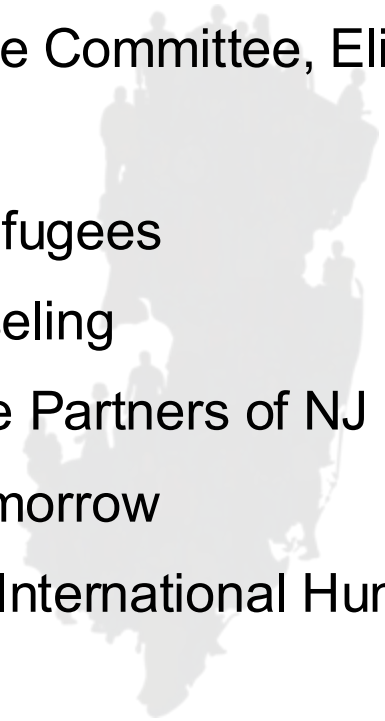
Community Advisory Board Charge

- Commit to understanding the goals and procedures of the NJHealth Study
- Represent the voices and views of the diverse communities of which they are members
- Provide their expertise to inform and promote the success of study activities
- Support the development of strategies to recruit study participants, including participants from the following immigrant groups: Asian Indian, Chinese, Dominican, Filipino, Haitian, Jamaican, Korean, Mexican, Nigerian, and Refugee/Asylum Seekers
- Connect the Study team with other community representatives and organizations that can contribute expertise and assistance to the Study
- Inform the design and implementation of a robust dissemination plan to share study findings with community organizations and stakeholders
- Partner with the Study team to communicate with community and public policy stakeholders about the Study and its findings

Current Recruitment Strategies

- Community Advisory Board
- Work with leading **community organizations**
 - Inform community members about the study, address their questions
 - Listen to perspectives on health and wellbeing from community members
 - Collaborate on recruitment of participants
 - Share study actionable findings about community health and wellbeing
- **Participant eligibility**
 - Immigrant to the US from designated groups
 - Special interest in families (two or more related individuals who co-reside)
- **Interviews conducted in multiple languages (multilingual staff)**
- **Recruitment process** known as “snowball sampling”
 - Start with a small group of eligible families
 - Each asked to recruit up to three other eligible families they know
 - \$5 payment each time a referred eligible person enrolls in the study

Who have we met with about immigrant outreach?

- 
- A faint, light gray map of the state of New Jersey is visible in the background, centered behind the list of organizations.
- International Rescue Committee, Elizabeth
 - Interfaith-RISE
 - Welcome Home Refugees
 - Cornerstone Counseling
 - Refugee Assistance Partners of NJ
 - New Brunswick Tomorrow
 - Immigrants' Rights/International Human Rights Clinic, Seton Hall School of Law
 - Working Group on Immigrant Representation, 3rd Circuit US Court of Appeals
 - Philippines Consulate
 - Mexican Consulate

Outreach events

- In 2023, we participated in 11 community events
- 8 out of 11 were health-focused events
 - From health-focused events, we surveyed 42 out of 85 interested people (49%)
 - From non-health-focused events, we surveyed 10 out of 50 interested people (20%)
- 9 out of 11 events were tabling activities, other 2 were presentations
 - From tabling events, we surveyed 43 out of 126 interested people (34%)
 - From presentations, we surveyed 9 out of 9 interested people (100%)

RUTGERS - CAMDEN

Adapting a Diabetes Family Coaching Intervention for Spanish-Speaking Latino Populations

Kristin August, PhD
Graduate Program in Prevention
Sciences



Adapting a Diabetes Family Coaching Intervention for Spanish-Speaking Latino Populations

Kristin J. August, PhD

Departments of Psychology and Health Sciences/Graduate
Program in Prevention Science

Rutgers University, Camden

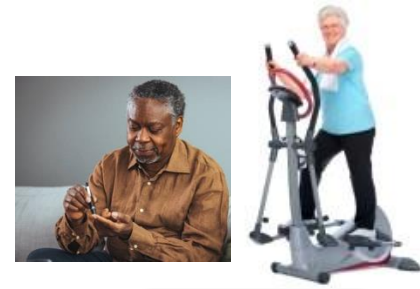
February 28, 2025

EngAGED Research on Aging New Jersey

Funded by the Rutgers University, Camden
Chancellor's Grant for Interdisciplinary
Collaboration and Vice Chancellor's
Multidisciplinary Grants Program

Aging with Diabetes: Prevalence, Management, and Challenges

- 38.4 million Americans ($\sim 11\%$) have diabetes (CDC).
 - $\sim 1/3$ of older adults have diabetes (Endocrine Society).
- Successful self-management is important for preventing complications (ADA).
 - Management is difficult, nonadherence is common (Fritz, 2017; Khunti et al., 2019)



From Education to Action: Leveraging Coaching for Better Diabetes Outcomes

- Most people with diabetes (PwD) do not complete standardized diabetes education (Horigan, 2016).
 - Diabetes education alone does not result in sustained behavior change (Chatterjee et al., 2018).
- Coaching has become a common and effective strategy to supplement education (Racey et al., 2022).
 - E.g., using peers, community health workers, health care providers

BUT...most of diabetes management occurs at home (Baig et al., 2015).

Family Member Involvement in Diabetes Management

- Family members are involved in diabetes management in both helpful (e.g., supportive) and unhelpful (e.g., controlling) ways (e.g., August et al., 2020; Wiebe et al. 2016).
- Chronic disease management interventions that *incorporate positive types of family member involvement that promote PwD's self-efficacy* have been shown to be beneficial for PwD, family members, and their relationship (Baig et al., 2015; Martire & Helgeson, 2017).

Type 2 Diabetes among the Latino Population

- Compared to non-Hispanic White individuals, Latino individuals are more likely to:
 - have type 2 diabetes
 - develop it at a younger age
 - develop complications
- Diabetes management considerations
 - Language/cultural barriers with healthcare providers
 - Cultural beliefs/values may be incompatible with western medicine
 - Family dynamics

Project Overview and Aims

- Develop and test a family coaching approach to diabetes self-management.
- Examine whether family coaching improves self-management behaviors, well-being, and the relationship.

Multi-phasal Project

Phase 1

- Develop a standard coaching manual and interactive tool (**completed**)

Phase 2

- Pilot test the feasibility and efficacy of the intervention as a supplement to diabetes education (**completed**)

Phase 3

- Assess the feasibility of the approach in a primary care setting (**completed; $n = 5$ focus groups with primary care offices**) *

Phase 4

- Translate and culturally adapt the intervention/assessment materials for Latino PwD (**just completed intervention sessions**)

Phase 5

- Apply for external funding to examine efficacy in larger, more diverse population of primary care/endocrinology patients

Phase 6

- Implement and test larger scale intervention

Phase 7

- Disseminate findings/free web-based toolkit

**Need to conduct the project in Spanish identified*

Collaborative Project

Academic partners

- Kathleen J. Jackson, DNP, APN, FNP-BC, ANP-BC, BC-ADM (nursing)
- Marsha Rosenthal, MPA, PhD (medical sociology)
- Ana Laguna, PhD (Spanish; certified translator)
- Eveling Hondros, MA (Spanish; certified translator)
- Undergraduate & graduate student research assistants (some bilingual)

Community partners

- Francine Grabowski, MS, RD, CDE (diabetes educator – intervention development; session facilitator)
- Maria Colon, MA, RD, CDE (Spanish-speaking diabetes educator – cultural adaptation; session facilitator)
- Diabetes education centers/other healthcare offices and providers (recruitment; input on feasibility/need in Spanish-speaking populations)
- Spanish-speaking community members (input on translation/cultural adaptation)
- Camden Housing Authority (recruitment; host sessions)

Procedure

- *Translation*
 - 5 bilingual students
 - 2 Spanish language faculty as certified translators
- *Cross-cultural adaptation of materials*
 - To maintain equivalence in meaning and ensure cultural relevance
 - 2 focus groups with Spanish-speaking Latino community members
 - Revised materials in response to feedback

Procedure (cont'd): Recruitment

- Eligibility: type 2 diabetes, 18+ years, New Jersey resident, Latino, Spanish-speaking
 - PwD select a “family member” to participate
- Recruitment (Fall, 2024/early winter 2025)
 - Shared flyers with diabetes educators, healthcare offices, community organizations, Camden housing authority*
 - $N = 36$ organizations contacted
 - Held workshops about health behaviors/information about the study*

**Only source of participants*

RUTGERS
UNIVERSITY OF CAMDEN

¡APRENDA A MANEJAR MEJOR LA **DIABETES** CON LA AYUDA DE UN MIEMBRO DE SU FAMILIA O UN AMIGO!

- El propósito de esta investigación es saber si se puede enseñar a un amigo o familiar a ser un entrenador para ayudar a mejorar el autocontrol de la diabetes y su relación.
- Participarás en las sesiones de entrenamiento en grupo (por favor, REVISE LA PARTE TRASERA PARA MÁS INFORMACIÓN)
- Las sesiones de entrenamiento en grupo, con un amigo o miembro de la familia, serán en línea o en persona. Se discutirán 5 temas distintos. Se discutirá un tema cada semana (de 6P - 8P" por 5 semanas. o dos sábados consecutivos (de 9A - 2:30P).
- **USTED DEBE:** tener 18 años de edad o más, ser diagnosticado con diabetes tipo 2, y tener un amigo o familiar que esté interesado en participar en estas sesiones con usted, y hablar y entender español.
- Usted y su familiar o amigo recibirán \$200 (\$100 cada uno) por su participación a través de tarjetas de regalo después de completar todas las encuestas. Su participación es voluntaria.



¿CÓMO PUEDO PARTICIPAR?

- Escanee este código QR para revisar si reúne los requisitos para participar.
- Llame al 856-225-6431
- Envíe un e-mail a kristin.august@rutgers.edu



PARTICIPE EN UN TALLER DE COMPORTAMIENTO DE SALUD GRATIS

¡Acompáñenos para una sesión informativa y atractiva!

Presentado en español por:
Maria Colon, Dietista Registrada y una Educadora Certificada en el Cuidado de Diabetis

¿Por qué debería venir?

- **Consejos prácticos:** Aprenderá consejos prácticos sobre cómo mejorar su comportamiento de salud y manejar la diabetes.
- **Oportunidad de investigación:** Escuchará sobre un nuevo estudio de Rutgers sobre la diabetes y cómo puede participar.
- ¡Habrá bocadillos saludables!

Fecha y ubicación del taller

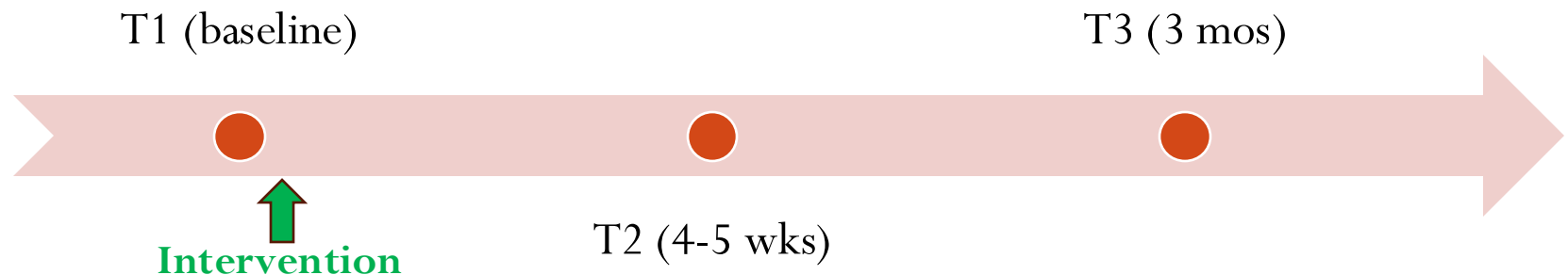
- **Martes, 4 de febrero, de 3 a 4 p.m.:** Baldwin's Run Senior, 3195 Westfield Ave., Camden, NJ 08105

¡Nos vemos allí!

Procedure (cont'd): Pilot test

- Intervention sessions
 - Supplemental self-management support sessions teaching family member/PwD dyads coaching skills
 - For English pilot, we also had a control group with no additional support

- Assessment timeline



Intervention Details

- Interactive group sessions lead by a facilitator
 - In person* or via Zoom
 - Visual aids, role-playing, homework assignments for dyads to practice



- 5 weekly sessions for ~1.5 hours
 - Session 1: Brief diabetes education (www.diabeteseducator.org)
 - Sessions 2-5: Teaching coaching strategies
 - Reflective listening, providing positive encouragement/feedback, setting SMART goals, using I-messages, problem solving using motivational interviewing techniques, positive reframing

**Implemented for current pilot*

Preliminary Results: Program Evaluation

Question	Response options	<i>M (SD)</i> (Spanish) <i>n</i> = 4	<i>M (SD)</i> (English) <i>n</i> = 47
Overall quality	1 = “poor,” 4 = “excellent”	4.00 (0)	3.50 (0.66)
Subject matter usefulness		3.75 (0.50)	3.47 (0.75)
Presenter’s knowledge/expertise		4.00 (0)	3.73 (0.63)
Quality of visual aids/instructional materials		4.00 (0)	3.65 (0.60)
Quality of written materials		4.00 (0)	3.44 (0.67)
Program length		4.00 (0)	3.38 (0.78)
Pace of program	1 = “too slow, 2 = “just right,” 3 = “too fast”	3.00 (0.00)	2.88 (0.33)
Could understand the information presented	1 = “not at all,” 4 = “very well”	4.00 (0)	3.79 (0.41)
Program was worth time	1 = “strongly disagree,” 4 = “strongly agree”	3.75 (0.50)	3.65 (0.49)
Program met expectations		3.75 (0.50)	3.44 (0.55)
Would recommend program to other people with diabetes		3.75 (0.50)	3.74 (0.45)

Participant Quotes (translated)

- *“How to make goals and change goals when it doesn’t work”*
- *“I learned how to manage my diabetes and my life and my meals”*
- *“...it helped me a lot to look for alternatives to control diabetes*
- *“For me everything was useful”*

Challenges/Limitations and Future Directions

Challenges

- Recruitment
 - Interest $\neq$ attendance
 - Availability/interest of family member/friend to participate
- Limited literacy
- Limited Spanish-speaking team members involved throughout the entire project
- Latino subgroup differences

Future Directions

- Continuous involvement:
 - Primary care providers/endocrinologists and community partners
 - Several Spanish-speaking team members
- Focus on one Latino subgroup

Overall Project Challenges/Limitations and Future Directions

- Determine correct dose of intervention for positive outcomes and sustainability
 - Future: Booster sessions? Ongoing support group format?
- To improve methodological rigor, need for:
 - Larger sample
 - RCT
 - Assessments of mechanisms that may contribute to outcomes
 - Objective assessment of clinical outcomes (chart review)
 - Consider PwD with uncontrolled diabetes only

DISCUSSANT REMARKS



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WELCOME BACK!

A few final notes

- Follow-up email with materials from today
- Event satisfaction survey
- Other upcoming events with the Hub
 - socialwork.rutgers.edu/hub-events
- Happy Careers in Aging Month!

Careers
IN AGING
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Hub for Aging Collaboration
School of Social Work

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YOU**

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