



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

November 27, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2017-57, Section 11E.5.(b), requires the Department of Health and Human Services, Division of Public Health, Office of Minority Health, to report annually to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status, participant demographics, cost and outcomes of the Evidence-Based Diabetes Prevention Program being administered in consultation with the Chronic Disease and Injury Prevention Section. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Mark Benton, Director for the Division of Public Health, at 919-707-5000.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

cc: Matt Gross Hattie Gawande Dave Richard Ben Money Kody Kinsley
Joyce Jones Rob Kindsvatter Lisa Wilks Theresa Matula Susan G. Perry
Erin Matteson Marjorie Donaldson Zack Wortman Mark Collins Jared Simmons
Jessica Meed Katherine Restrepo Deborah Landry reports@ncleg.net
Mark Benton Luke MacDonald

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

November 27, 2019

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogon:

Session Law 2017-57, Section 11E.5.(b), requires the Department of Health and Human Services, Division of Public Health, Office of Minority Health, to report annually to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status, participant demographics, cost and outcomes of the Evidence-Based Diabetes Prevention Program being administered in consultation with the Chronic Disease and Injury Prevention Section. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Mark Benton, Director for the Division of Public Health, at 919-707-5000.

Sincerely,

 Mandy Cohen, MD, MPH
Secretary

cc: Matt Gross Hattie Gawande Dave Richard Ben Money Kody Kinsley
 Joyce Jones Rob Kindsvatter Lisa Wilks Theresa Matula Susan G. Perry
 Erin Matteson Marjorie Donaldson Zack Wortman Mark Collins Jared Simmons
 Deborah Landry Katherine Restrepo Jessica Meed reports@ncleg.net
 Mark Benton Luke MacDonald

WWW.NCDHHS.GOV

TEL 919-855-4800 • FAX 919-715-4645

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**Evidence-Based Diabetes Prevention Program
to Eliminate Health Disparities**

Session Law 2017-57 Section 11E.5.(b)



**Report to
The Joint Legislative Oversight Committee on
Health and Human Services
and
Fiscal Research Division**

**By
North Carolina
Department of Health and Human Services**

November 27, 2019

Reporting Requirements

Session Law 2017-57, Section 11E.5.(a): The Department of Health and Human Services, Division of Public Health, Office of Minority Health, shall continue to administer, in consultation with the Chronic Disease and Injury (CDI) Prevention Section, an evidence-based Diabetes Prevention Program modeled after the program recommended by the National Institute of Diabetes and Digestive and Kidney Diseases, targeting minority populations.

Session Law 2017-57, Section 11E.5.(b): By December 1, 2017, and annually thereafter, the Department of Health and Human Services shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status, participant demographics, cost, and outcomes of the Diabetes Prevention Program authorized by subsection (a) of this section.

Executive Summary

Prediabetes is a condition where people have higher than normal blood glucose levels and are at risk for developing type 2 diabetes without intervention. Roughly one-third of North Carolinians with prediabetes are racial and ethnic minorities.

In 2016, the North Carolina General Assembly made funding available to the Division of Public Health (DPH) for the North Carolina Office of Minority Health & Health disparities (NC OMHHD) to establish and administer, in consultation with the Chronic Disease and Injury Section, an evidenced-based diabetes prevention program targeting African-Americans, Hispanic/Latinos and American Indians (HB 1030, 2015-241, Section 12E.3). Diabetes Prevention Programs (DPP) are designed to empower people with prediabetes to take charge of their health and well-being. These 12-month, evidenced-based programs can help people who have prediabetes or who are at high risk for type 2 diabetes make realistic and achievable lifestyle changes which can cut their risk of developing type 2 diabetes by up to 58% percent (CDC, “Preventing Type 2 Diabetes”). This report outlines the metrics of the North Carolina Minority Diabetes Prevention Program’s (NC MDPP) administration and identifies room for increasing its effectiveness.

Background

Prediabetes is a condition where people have higher than normal blood glucose levels (mg/dl), but their mg/dl is not yet high enough to be diagnosed as diabetes. Nationally, an estimated 86 million American adults have prediabetes, but only about 11% of them know it. African Americans, American Indians, Alaska Natives, Asians, Hispanics, Native Hawaiians, and other Pacific Islanders are at higher risk than non-Hispanic whites for developing type 2 diabetes (CDC, Diabetes Report 2014). In 2013, the prevalence of prediabetes in North Carolina was estimated to be about 9%. In that same year, 9.5% of respondents to a Behavioral Risk Factor Surveillance System survey indicated that they had been told by a doctor or other health professional that they had prediabetes or borderline diabetes. Of those respondents, 31.3% were racial and ethnic minorities (African Americans: 13.0%; Hispanic/Latinos: 5.1%; American Indians: 6.8%; and other racial and ethnic minorities: 6.4%). (North Carolina State Center for Health Statistics, BRFSS 2014).

Without intervention, each year, about 11% of those with prediabetes will progress to type 2 diabetes. Implementing NC MDPP will improve early detection and treatment of prediabetes and help slow the projected increase in type 2 diabetes prevalence in North Carolina.

Total direct medical expenses for diagnosed and undiagnosed diabetes, prediabetes and gestational diabetes in North Carolina was estimated at \$8.4 billion in 2012 (American Diabetes Association). North Carolina Medicaid program recognized if both racial and economic disparities in diabetes prevalence were eliminated, more than \$100 million could be saved each year (North Carolina State Center for Health Statistics, 2009).

NC MDPP General Overview

The goal of NC MDPP is to establish a statewide framework to decrease the incidence of diabetes in minority communities. NC MDPP is composed of three main components: (1) Community screenings for prediabetes and region-specific targeted marketing campaigns in minority communities promoting prediabetes and diabetes awareness, (2) 12-month NC MDPP Lifestyle Class Series in minority communities, (3) Community conversations to minority communities across North Carolina.

NC MDPP Regional Collaboratives were created to engage, screen, and deliver NC MDPP that includes the CDC curricula (“Prevent T2” and “Prevenga el T2”) to a cohort of minority communities within its region. The Local Health Department and its partners may engage, screen and enroll non-Hispanic whites in the NC MDPP, provided that no less than 60% of program participants are members of racial/ethnic minority groups.

Program Status Updates (cumulative per 6-30-19 cut-off)

Program Cumulative Total by Fiscal Year-end 18-19	Status Update as of 6/30/19	Progress
6525 total people screened for prediabetes	16259 people screened for prediabetes	Goal exceeded
10% of the regional budget spent on targeted marketing campaigns	10% of the regional budget spent on targeted marketing campaigns, using various region-specific platforms, with an estimated reach of 7 million people.	Goal met
2175 total people enrolled into MDPP	2513 people enrolled into NC MDPP	Goal exceeded
137-175 total NC MDPP 12-Month Lifestyle Class series	233 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
28 total Community Conversation events	45 Community Conversation events	Goal exceeded

Budget and Funding Mechanism

To administer the NC MDPP, OMHHD distributes funds for the program, serving all ten “Regional Collaboratives” in the state. The Regional approach continues to be successful in meeting the financial and service goals of the NC MDPP program in fiscal year three. Continuation funding was appropriated by the NC General Assembly at the same level as fiscal year one. Therefore, the Regional annual allocation formula remained the same as fiscal year one. The expenditure coverage period began June 1, 2018 to May 31, 2019.

The chart below displays the awarded amount, actual annual expenditures, lead regional health department, counties served, total participants screened, total participants enrolled, and number of classes conducted for each region in their respective funding level.

Level 1	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-19 cut off for Year 2)
Region 7 Granville-Vance Health District (Lead Agency)	Franklin, Granville-Vance, Halifax, and Wake	\$294, 321.00	\$243,584.00	1125 people screened for prediabetes; 238 NC MDPP participants; 23 NC MDPP 12-month Lifestyle Class Series
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Tyrrell, Washington	\$294, 321.00	\$294, 321.00	1132 people screened for prediabetes; 245 NC MDPP participants; 30 NC MDPP 12-month Lifestyle Class Series
Region 10 Pitt County (Lead Agency)	Beaufort, Craven, Greene, Jones, Pitt, Wayne, Wilson	\$294, 321.00	\$294, 321.00	5933 people screened for prediabetes; 320 NC MDPP participants; 28 NC MDPP 12-month Lifestyle Class Series
Level 2	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-19 cut off for Year 2)
Region 2 Buncombe County (Lead Agency)	Buncombe, Henderson	\$230,105.00	\$230,105.00	236 people screened for prediabetes; 112 NC MDPP participants; 7 NC MDPP 12-month Lifestyle Class Series
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Gaston, McDowell, Rowan	\$230,105.00	\$230,105.00	1976 people screened for prediabetes; 273 NC MDPP participants; 22 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$230,105.00	\$229,527.77	1706 people screened for prediabetes; 344 NC MDPP participants; 44 NC MDPP 12-month Lifestyle Class Series

Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Moore, Richmond, Scotland	\$230,105.00	\$199,006.64	1840 people screened for prediabetes; 234 NC MDPP participants; 21 NC MDPP 12-month Lifestyle Class Series
Region 8 Robeson County (Lead Agency)	Onslow, Robeson	\$230,105.00	\$226,475.11	1325 people screened for prediabetes; 275 NC MDPP participants; 20 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-19 cut off for Year 2)
Region 1 Macon County (Lead Agency)	Clay, Jackson, Macon, Swain, Transylvania	\$165,808.00	\$154,504.12	541 people screened for prediabetes; 217 NC MDPP participants; 19 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Wilkes, Forsyth	\$165,808.00	\$133,544.55	681 people screened for prediabetes; 255 NC MDPP participants; 19 NC MDPP 12-month Lifestyle Class Series

Participant Demographics (cumulative per 6-30-19 cut-off)

	Ethnic Categories									
	Not Hispanic or Latino			Hispanic or Latino			Unknown			
	Female	Male	Unknown	Female	Male	Unknown	Female	Male	Unknown	Total
Racial Categories										
African American/Black	1216	185	0	7	0	0	65	9	0	1482
Asian	6	2	0	0	0	0	0	1	0	9
Native American/Alaskan Native/American	152	27	0	3	0	0	6	0	0	188
Native Hawaiian/Pacific Islander	3	1	0	0	0	0	0	0	0	4
White	340	47	0	182	44	0	20	3	0	636
Other	10	1	0	108	10	0	0	0	0	129
Unknown	6	1	0	48	6	1	1	1	1	65
Total	1,733	264	0	348	60	1	92	14	1	2513
Total number of participants reported being a racial or ethnic minority									2093/2513 (83.3%)	

Insurance	Number of Participants
Uninsured	296
Insurance from employer/union	765
Individual Insurance	283
Medicare	411
Medicaid	173
Tricare/VA/other military insurance	98
Indian Health Service	53
Other Insurance	184

*Insurance status was captured via self-report.

Source of Care	Number of Participants
Private Doctor's Office	1387
Hospital, clinic, or outpatient department	161
Community health center	343
Other kind of health care facility	55
No usual source of care	62
Unknown	505

*Source of care was captured via self-report.

Program Activities

NC MDPP is a multi-component initiative that includes the following components 1) Community screenings and region-specific targeted marketing campaigns, 2) 12-month NC MDPP Lifestyle Class series, 3) Community conversations.

1. Community Screenings and Region-Specific Targeted Marketing Campaigns

Prediabetes screening events were facilitated at local health departments, faith-based organizations, food banks, pharmacies and other community agencies. Screening tools included: the CDC prediabetes paper screener, fasting and non-fasting blood glucose tests, hemoglobin A1c tests and electronic health records.

In fiscal year 2018-19, NC MDPP Regional Collaboratives exceeded the state prediabetes screening goal (screening 6525 residents for prediabetes by 6/30/19) by screening 16,259 individuals for prediabetes. Community screenings were an essential component to increasing awareness about prediabetes and increasing access to Diabetes Prevention Programs through coordinated referral efforts.

In fiscal year 2018-19, NC MDPP Regional Collaboratives developed region-specific targeted marketing awareness campaigns consistently reaching over 5 million people. They used various platforms to disseminate messages including: billboards, radio and print advertisements, digital media, television public service announcements, websites and social media. Regional staff continue to expand their reach and establish new partnerships through Community Advisory Boards. Community Advisory Boards have been a critical factor in determining optimal locations for prediabetes screenings and 12-month NC MDPP Lifestyle Class Series. Word of

mouth from NC MDPP participants has been a significant driver for recruitment and retention initiatives.

2. 12-month NC MDPP Lifestyle Class Series

Increasing minority participation in Diabetes Prevention Programs (i.e. Lifestyle Class series using the CDC Prevent T2 curriculum), is the core goal of NC MDPP. People who are enrolled in the 12-month NC MDPP Lifestyle Class series receive nutrition education, strategies for problem-solving, resources and access to facilities for safe physical activity, and stress management skills. The 12-month NC MDPP Lifestyle Class series are held with a trained lifestyle coach over a 12-month period.

The continued enrollment and participation success in year 2018-19 was largely a result of exiting NC MDPP participants and physicians advocating for NC MDPP 12-month Lifestyle Classes and screening efforts. The goal was to facilitate a minimum of 137 Lifestyle Class series across the state, enrolling a minimum of 2175 residents cumulatively. By the end of fiscal year 2018-19, NC MDPP facilitated 233 MDPP 12-month Lifestyle Class series across the state, with 2513 enrolled participants. NC MDPP 12-month Lifestyle Class series are being held in a variety of locations including: faith-based organizations, colleges, pharmacies, health departments, hospitals, and food banks. The overwhelming majority of NC MDPP sites achieved the Center for Disease Control and Prevention (CDC) full-recognition status in year 2018-19, others are pending full-recognition.

NC MDPP agencies are trailblazers of innovation for diabetes prevention in rural and minority populations, presenting at several national conferences. NC MDPP Region 7 was recognized by the American Public Health Association for their work with rural populations. NC MDPP Region 7 Staff presented a poster, “Scaling Up the Diabetes Prevention Program (DPP) in Rural North Carolina (NC): Region 7 Experience” at the 2018 APHA National Conference in San Diego, California on November 10 -14, 2018.

NC MDPP Region 1 was recognized by the American Association of Diabetes Educators (AADE) for their work with the Eastern Band of Cherokee Indians. NC MDPP Region 1 Staff facilitated a presentation entitled, “Diabetes Prevention of the Eastern Band of Cherokee Indians: Integrating Science and Tradition” at the 2019 AADE National Conference in Houston, Texas on August 9, 2019. In addition, AADE recognized the NC MDPP state-wide initiative for successfully implementing a community-centered approach. NC OMHHD MDPP Staff presented a poster, “Diabetes Prevention Through a Multicultural, Community-Centered Approach: The North Carolina Minority Diabetes Prevention Program (NC MDPP)” at the 2019 AADE National Conference in Houston, Texas on August 9-11, 2019.

3. Community Conversations

NC MDPP continued to facilitate Community Conversations that invoked dialogue that built awareness and support around health issues within the targeted communities. These conversations were particularly important to identify, and address health inequities related to diabetes prevention and awareness. Many of the barriers identified were related to the Social Determinants of Health. Specifically, barriers identified through Community Conversations included access to healthy foods, environmental conditions and recreational opportunities, safety,

access to health care, and access to primary care.¹ Limited access to safe opportunities for physical activity has been a concern for many communities serviced by the NC MDPP especially after Hurricane Florence. Several NC MDPP communities were affected by Florence, displacing NC MDPP Lifestyle classes, coaches and participants. The Community Conversations provided NC MDPP participants and their families a platform for discussing built-environmental stressors that affect their ability to make necessary lifestyle changes to prevent or delay the onset of diabetes. As a result, NC MDPP Regional Coordinators and staff partnered with local agencies to provide resources for families in need, increased the number of group fitness opportunities and stress-management initiatives to alleviate the impact of built-environment stressors.

Current Trends for Fiscal Year 19-20

NC MDPP Agencies continue to expand reach and programming facilitating 250 NC MDPP 12-Month Lifestyle Classes with 2721 NC MDPP Participants enrolled per September 30, 2019 database report.

Public Health Outcomes

The retention rate for class series is sizable, with 95% of participants attending 4 or more classes in the first 6 months. This is significant because NC MDPP participants continue to exceed the attendance goals of 50% attendance for 4 or more classes in the first 6 months. More importantly participant adherence to behavior modifications interventions is often tied to attendance according to the national evidence-based models.

Intervention Summary Report	Number of Participants
*Weight Change (%) mean(sd)	-2.2 (4.3)
Sessions Attended mean(sd)	13.5 (3.1)
Attendance Rate mean(sd)	84.6 (19.1)
Meet PA goal (150 min/week)	1231 (52.5%)

*Percent weight change is subject to change.

**All measures calculated based on CDC data collection standards of participants who attended a minimum of 4 classes (n=2392).

NC MDPP participants have steadily attended NC MDPP 12-month Lifestyle Class sessions, with an average participant attendance of 13 sessions. The total number of sessions available to NC MDPP participants vary by region. In Phase 1 (0-6 months) on series, participants are asked to participate in 16 Lifestyle Class sessions. During Phase 2 (7-12 months), participants are asked to attend a minimum of 6 Lifestyle Class sessions. Regional staff have received overwhelming feedback that NC MDPP participants desired more than 6 Lifestyle Class sessions during Phase 2 (supportive phase). As a result, Regional staff have worked to increase the number of sessions held during Phase 2 by providing fitness opportunities, cooking classes,

¹ NC MDPP addresses several of these barriers by providing transportation to NC MDPP 12-month Lifestyle Classes and incentives that support healthy behaviors including: food scales, Calorie King books, gym memberships, and stress management tools.

grocery store tours and other events to support NC MDPP participants during this supportive phase.

NC MDPP participants continue to experience negative weight change (i.e. weight loss) and increased minutes of physical activity, with 53% of NC MDPP participants are meeting the recommended physical activity minutes for adults. NC MDPP participants are also experiencing improved hemoglobin A1c levels, with several NC MDPP participants reporting that their hemoglobin A1c level is no longer in the prediabetes range.

Innovative Strategies

Connecting patients with agencies that can provide appropriate resources to equip and empower them to make lasting lifestyle changes necessary to prevent or delay the onset of diabetes, is vital to the success of NC MDPP. NC MDPP agencies establish community-based health alliances that leverage community assets to promote health equity by creating opportunities for safe-physical activity and increasing access to healthy foods through partnerships with local organizations. NC MDPP agencies invest in the community by increasing NC MDPP Participant self-efficacy through grocery store tours, healthy cooking classes, walking groups, group fitness classes, and employee wellness and stress management initiatives.

Region	Innovative Strategies
Region 1 Macon County (Lead Agency)	<ul style="list-style-type: none"> Developed the Cherokee Strong Cookbook that includes NC MDPP Participant recipes, 12-month Lifestyle Class tips, encouragement and testimonials. Provides body composition analysis through the InBody 570 Bioelectrical Impedance Scale. Offers one-on-one nutrition counseling with a Registered Dietitian during the first 6 months.
Region 2 Buncombe County (Lead Agency)	<ul style="list-style-type: none"> Expands reach through partnership with the YMCA to increase access to safe fitness opportunities. Increase access to health foods by establishing partnerships with Food Co-Ops.
Region 3 Forsyth County (Lead Agency)	<ul style="list-style-type: none"> Offers one-on-one nutrition counseling with a Registered Dietitian. Expands reach by partnering with colleges and universities to establish student led wellness events and facilitate NC MDPP 12-month Lifestyle Classes.
Region 4 Cabarrus County (Lead Agency)	<ul style="list-style-type: none"> Expands reach through partnerships LabCorp and Novant Health to establish a bi-directional EHR system that promotes health care provider engagement. Facilitates grocery store and farmer's market tours with lessons and activities on how to purchase healthy foods on a budget.
Region 5 Alamance County (Lead Agency)	<ul style="list-style-type: none"> Expands reach by partnering with colleges and universities to establish student led diabetes awareness events and facilitate NC MDPP 12-month Lifestyle Classes. Facilitates grocery store and farmer's market tours with lessons and activities on how to purchase healthy foods on a budget.

<p>Region 6 Richmond County (Lead Agency)</p>	<ul style="list-style-type: none"> • Facilitates grocery store tours with lessons and activities on how to purchase healthy foods on a budget. • Offers group fitness classes and facilitates walking groups to increase NC MDPP participant access to safe fitness opportunities.
<p>Region 7 Granville-Vance Health District (Lead Agency)</p>	<ul style="list-style-type: none"> • Facilitates grocery store tours with lessons and activities on how to purchase healthy foods on a budget. • Advocates for prediabetes awareness through a NC MDPP participant-led “PhotoVoice” project. PhotoVoice uses qualitative methods (‘storytelling’) to disseminate community-based research and data.
<p>Region 8 Robeson County (Lead Agency)</p>	<ul style="list-style-type: none"> • Expands reach through partnerships WiseWoman and local health care providers to increase access to prediabetes screening and NC MDPP 12-month Lifestyle Classes. • Offers group fitness classes and facilitates walking groups to increase NC MDPP participant access to safe fitness opportunities.
<p>Region 9 Martin-Tyrell-Washington Health District (Lead Agency)</p>	<ul style="list-style-type: none"> • Offers group fitness classes and facilitates walking groups to increase NC MDPP participant access to safe fitness opportunities. • Facilitates grocery store tours with lessons and activities on how to purchase healthy foods on a budget.
<p>Region 10 Pitt County (Lead Agency)</p>	<ul style="list-style-type: none"> • Expands reach through partnerships with local pharmacies to increase access to prediabetes screenings NC MDPP 12-month Lifestyle Classes. • Expands reach through partnerships with East Carolina University Family Medicine to establish a bi-directional EHR system that promotes health care provider engagement.

Recommendations

The DHHS Office of Internal Audit (OIA) identified opportunities for NC OMHHD MDPP Staff to improve monitoring protocols. During the upcoming year, NC OMHHD MDPP Staff will build upon existing processes and establish policies consistent with current OIA guidelines.

The following recommendations will enhance NC MDPP:

1. NC OMHHD MDPP Staff will attend trainings and work with ALCS and OIA to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OMHHD MDPP Staff will review the findings of the site visit data and reassign the NC MDPP funding levels to NC MDPP Lead Agencies with high production and demonstrated need.
3. NC OMHHD MDPP Staff will establish a new NC MDPP funding level and reassign the NC MDPP funding levels to support NC MDPP Lead Agencies with high production and create manageable goals for low performing NC MDPP Lead Agencies that need to improve their outcomes.
4. NC OMHHD MDPP Staff will conduct audits for low performing NC MDPP Lead Agencies, establish a corrective action plan and provide technical assistance, as needed, to improve outcomes.

5. NC OMHHD will provide technical assistance and ongoing trainings related to cultural diversity and cultural competency for health and human service professionals to support program expansion.
6. NC OMHHD will continue to work with NC DHHS and its partners to connect NC MDPP participants and communities to on-going resource mapping/sharing efforts, relevant programmatic opportunities, and other initiatives that seek to improve health outcomes and behaviors.
7. NC OMHHD will explore ways to expand NC MDPP reach by partnering and collaborating with organizations and entities that enhance the mission and vision of NC DHHS.