



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

February 25, 2022

SENT VIA ELECTRONIC MAIL


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

Dear Director Trogdon:

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 John Furnari, Program/Policy Analyst, at John.Furnari@dhhs.nc.gov.

Sincerely,

DocuSigned by:

D7816E4CBA6F4A8...
Kody H. Kinsley
Secretary

cc: Mark Collins Joyce Jones Lisa Wilks Jessica Meed
Theresa Matula Katherine Restrepo Amy Jo Johnson Luke MacDonald
Nathan Babcock reports@ncleg.gov

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



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SENT VIA ELECTRONIC MAIL

The Honorable Jim Burgin, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 620, 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

The Honorable Larry Potts, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B1, 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.

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**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**

February 25, 2022

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 evidence-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, evidence-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 88 million American adults have prediabetes, but only about 10% 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 2020). In 2018, an estimated 2.4 million adults in North Carolina had prediabetes. In that same year, 12.1% 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, 39.6% were racial and ethnic minorities (African Americans: 15.2%; Hispanic/Latinos: 11.1%; and other racial and ethnic minorities: 13.3%). (North Carolina State Center for Health Statistics, BRFSS 2018). In 2016, the Center for Disease Control and Prevention estimated that 145 adults in North Carolina develop diabetes daily (Community and Clinical Connections for Prevention and Health, Fact Sheet 2019). Without lifestyle changes to improve their health, many people living with

prediabetes are more likely to develop type 2 diabetes within five years (CDC, Prediabetes Fact Sheet 2020). 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 \$7.7 billion in 2017 (American Diabetes Association).

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 Annual Status Updates

Program Annual Goals Total for Fiscal Year 2020-21	Status Update as of 6/30/21	Progress
2180 total people screened for prediabetes	2795 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
720 total people enrolled into MDPP	543 people enrolled into NC MDPP	75% of goal met
46-58 total NC MDPP 12-Month Lifestyle Class series	58 NC MDPP 12-Month Lifestyle Class series	Goal met
9 total Community Conversation events	7 Community Conversation events	78% of goal met

Program Status Updates (cumulative per 6-30-21 cut-off)

Program Cumulative Goals Total by Fiscal Year-end 20-21	Status Update as of 6/30/21	Progress
11,035 total people screened for prediabetes	25,958 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
3665 total people enrolled into MDPP	3868 people enrolled into NC MDPP	Goal exceeded
232-295 total NC MDPP 12-Month Lifestyle Class series	363 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
47 total Community Conversation events	66 Community Conversation events	Goal exceeded

Participant Demographics (cumulative per 6-30-21 cut-off)

	Ethnic Categories									
	Not Hispanic or Latino			Hispanic or Latino			Unknown Not Reported Ethnicity			
	Female	Male	Unknown	Female	Male	Unknown	Female	Male	Unknown	Total
Racial Categories										
African American/Black	1865	306	0	14	1	0	89	11	0	2286
Asian	10	4	0	0	0	0	0	1	0	15
Native American/Alaskan Native/American	178	32	0	19	3	0	8	0	0	240
Native Hawaiian/Pacific Islander	5	1	0	1	0	0	0	0	0	7
White	530	84	0	338	83	0	23	9	1	1068
Other	14	2	0	153	15	0	0	0	0	184
Unknown	6	2	0	49	6	1	2	1	1	68
Total	2608	431	0	574	108	1	122	22	2	3868
Total number of participants reported being a racial or ethnic minority									3221/3868 (83%)	

Insurance	Number of Participants
Uninsured	502
Insurance from employer/union	1192
Individual Insurance	557
Medicare	642
Medicaid	301
Tricare/VA/other military insurance	153
Indian Health Service	70
Other Insurance	238

Source of Care	Number of Participants
Private Doctor's Office	2210
Hospital, clinic, or outpatient department	257
Community health center	541
Other kind of health care facility	115
No usual source of care	88
Unknown	657

Budget and Funding Mechanism

To administer the NC MDPP, OMHHD distributes funds for the program, serving nine of 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 2020-21. NC OMHHD discontinued the financial agreement with Region 8 effective fiscal year 2020-21 due to consistent underperformance. Continuation funding was appropriated by the NC General Assembly and funding levels were redistributed in fiscal year 2020-21 to account for the removal of Region 8 and to better meet the needs of the Regional Collaboratives.

NC OMHHD Staff updated funding level 4 and developed funding level 5 promoting Region 7 and Region 10 to funding level 4 and funding level 5, concurrently. The chart below displays the funding level updates that occurred from fiscal year 2019-20 to fiscal year 2020-21.

Fiscal Year 2020-21 Funding Levels (Service Period: June 1, 2020 - May 31, 2021)

Level 1	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	<ul style="list-style-type: none"> • 250 people screened for prediabetes • 75 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 6-8 NC MDPP 12-month Lifestyle Class Series
Level 2	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, McDowell, Mecklenburg, Rowan	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 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	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood, Jackson, Macon, Swain, Transylvania	\$197,956.00	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled in NC MDPP • 60% of people served must be racial/ethnic minorities • 4-5 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Davidson, Forsyth, Stanly, Union, Wilkes	\$197,956.00	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled in NC MDPP • 60% of people served must be racial/ethnic minorities • 4-5 NC MDPP 12-month Lifestyle Class Series

Level 4	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 7 Granville-Vance Health District (Lead Agency)	Franklin, Granville-Vance, Halifax, Johnston, Nash, Wake, and Warren	\$264,321.00	<ul style="list-style-type: none"> 225 people screened for prediabetes 60 people enrolled in NC MDPP 75% of people served must be racial/ethnic minorities 6-8 NC MDPP 12-month Lifestyle Class Series
Level 5	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$324,321.00	<ul style="list-style-type: none"> 275 people screened for prediabetes 100 people enrolled in NC MDPP 75% of people served must be racial/ethnic minorities 6-8 NC MDPP 12-month Lifestyle Class Series

The chart below displays the awarded amount, actual annual expenditures, lead regional health department, counties served, total participants screened, total participants enrolled, and the 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 6-30-21 cut off for Year 5)
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	\$291,593.24	1643 people screened for prediabetes; 465 NC MDPP participants; 56 NC MDPP 12-month Lifestyle Class Series
Level 2	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-21 cut off for Year 5)
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$230,105.00	\$230,105.00	883 people screened for prediabetes; 259 NC MDPP participants; 21 NC MDPP 12-month Lifestyle Class Series
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, McDowell, Mecklenburg, Rowan	\$230,105.00	\$230,099.07	2708 people screened for prediabetes; 392 NC MDPP participants; 32 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	\$77,259.11	2277 people screened for prediabetes; 459 NC MDPP participants; 57 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	\$166,590.90	2846 people screened for prediabetes; 360 NC MDPP participants; 35 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-21 cut off for Year 5)
Region 1 Macon County (Lead Agency)	Clay, Haywood, Jackson, Macon, Swain, Transylvania	\$197,956.00	\$127,383.25	1006 people screened for prediabetes; 307 NC MDPP participants; 25 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Davidson, Forsyth, Stanly, Union, Wilkes	\$197,956.00	\$161,802.22	1179 people screened for prediabetes; 414 NC MDPP participants; 31 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Awar d Amou nt	Total Amount Expended	Cumulative Total Served (per 6-30-21 cut off for Year 5)
Region 7 Granville- Vance Health District (Lead Agency)	Franklin, Granville- Vance, Halifax, Johnston, Nash, Wake, and Warren	\$264, 321.00	\$213, 440.05	1554 people screened for prediabetes; 359 NC MDPP participants; 34 NC MDPP 12-month Lifestyle Class Series

Level 5	Counties Served	Award Amount	Total Amount Expended	Cumulative Total Served (per 6-30-21 cut off for Year 5)
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$324, 321.00	\$312,815.19	7701 people screened for prediabetes; 528 NC MDPP participants; 49 NC MDPP 12-month Lifestyle Class Series

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 lieu of COVID19, NC MDPP Regional Coordinators developed a virtual copy of the CDC screening tool to promote electronic screening efforts.

In fiscal year 2020-21, NC MDPP Regional Collaboratives exceeded the state prediabetes screening goal (screening 2795 residents for prediabetes by 6/30/21) by screening 25,958 individuals for prediabetes. Amid the onset of the COVID19 pandemic, Regional Collaboratives are continuing to exceed the annual and cumulative prediabetes screening goals.

In fiscal year 2020-21 NC MDPP Regional Collaboratives developed region-specific targeted marketing awareness campaigns consistently reaching over 6.5 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 continues to expand their reach and collaborate with Faith-Based Organizations and Lay Leaders to support diabetes awareness through testimonials. Word of mouth from NC MDPP participants and their families continues to be a significant driver for recruitment and retention initiatives. In addition, several Regional Collaboratives continued to establish partnerships with local laboratories and physicians to create a bidirectional screening system via electronic health records. The bidirectional screening system has increased reach through a streamlined A1c screening process that directed more residents to NC MDPP classes and DSME programs.

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 is facilitated by a trained lifestyle coach over a 12-month period.

The continued enrollment and participation success in year 2020-21 was largely a result of existing Lay Leaders and referring physicians advocating for NC MDPP 12-month Lifestyle Classes and screening efforts. The goal was to facilitate a minimum of 232 Lifestyle Class series across the state, enrolling a minimum of 3665 residents cumulatively. By the end of fiscal year 2020-21, NC MDPP facilitated 363 NC MDPP 12-month Lifestyle Class series across the state, with 3868 enrolled participants, exceeding the cumulative enrollment goals. COVID 19 closures and changes in NC MDPP Staff responsibilities throughout the pandemic, greatly impacted NC MDPP 12-month Lifestyle Class implementation. As a result, several Regional Collaboratives formed and served on Task Forces to maintain engagement, boost staff, and participant morale, and increase NC MDPP retention rates.

NC MDPP agencies continue to be agents of change. As COVID19 restrictions vastly altered DPP implementation, many NC MDPP Regional Collaboratives continued expanding their offerings pivoting toward virtual and telehealth platforms. This commitment to NC MDPP participant success and NC MDPP Staff support allowed NC MDPP agencies to maintain high

retention rates using virtual platforms in Fiscal Year 20-21, steadily manifesting engaged participation midst a global pandemic. As a result, several NC MDPP agencies continue to be recognized by the Center for Disease Control and Prevention (CDC) for success.

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. Similar to previous years, many of the barriers identified were related to the Social Determinants of Health. However, due to the changing nature of COVID19 limitations, new barriers continue to emerge. Several NC MDPP Regional Collaboratives pivoted to facilitating virtual Community Conversations. NC MDPP Regional Coordinators reported the following barriers identified by NC MDPP participants; 1) Inconsistent internet access or speed in NC MDPP participant homes, 2) Insufficient access to technology that supports virtual platforms, 3) Limited knowledge of virtual platform application, 4) Increased stress and anxiety due to isolation, 5) Decreased self-efficacy for adopting positive behavior lifestyle changes to prevent or delay the onset of diabetes due to limited access to safe-opportunities for physical activity and increased instances of emotional eating. In response to the concerns, NC OMHHD staff developed a statewide initiative, Cooking & Conversation, a series of dietitian-led cooking virtual classes and discussions that focused on making healthy food choices, mindful eating, and maintaining healthy lifestyle behaviors midst COVID19. As a result of the Cooking and Conversation initiative, NC MDPP Regional Coordinators developed local outdoor and virtual cooking events that served as prediabetes screening and COVID19 vaccination opportunities. In addition, NC MDPP Regional Coordinators and staff partnered with local agencies to facilitate stress management webinars, and to overcome physical activity barriers, Regional Collaboratives partnered with fitness centers to facilitate virtual fitness opportunities and outdoor events, when weather permitted.

Public Health Outcomes

The retention rate for class series remains high, with 91% 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 modification interventions is often tied to attendance according to the national evidence-based models.

Intervention Summary Report	Number of Participants
*Weight Change (%) mean(sd)	-4.8 (9.2)
Sessions Attended mean(sd)	13.8 (3.1)
Attendance Rate mean(sd)	86.2 (18.8)
Meet PA goal (150 min/week)	1919 (52.7%)

**All measures were calculated based on CDC data collection standards of participants who attended a minimum of 4 classes (n=3868).

NC MDPP participation in 12-month Lifestyle Class sessions has steadily increased in the midst of COVID19 with an average participant attendance of nearly 14 sessions. The total number of sessions available to NC MDPP participants varies 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 received feedback that NC MDPP participants desired more engagement during Phase 2 (supportive phase). As a result, Regional staff worked to increase engagement and accountability by providing private social media support groups, virtual fitness opportunities, grocery store tours, and other events to encourage NC MDPP participant engagement 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 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.

COVID19 Accommodations

Connecting NC MDPP participants 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 are participating in community-centered Task Forces that identify COVID19 barriers while leveraging community assets to promote health equity. In an effort to support healthy lifestyle changes, NC MDPP agencies continued safe practices when distributing incentives, health resources and facilitating active-lifestyle opportunities. NC MDPP agencies accomplished this by mailing incentives and health resources, facilitating drive-thru incentive pick-up, hosting walking teleconferences, establishing outdoor and virtual fitness opportunities, and maintaining accountability through private social media platforms. NC MDPP agencies participated in COVID19 screening vaccination efforts.

Innovative Approaches

NC MDPP Regional Collaboratives continue to lead the way in participant engagement and retention. Although the in-person classes were greatly impacted by the global pandemic, NC MDPP staff persevered, consistently pivoting to adapt to virtual platforms and mobile engagement methods. In response to NC MDPP participant reservations about virtual classes and decreased self-efficacy to adopting healthy lifestyle changes, NC MDPP Regional Collaboratives piloted a Chatbot program to engage participants via text message. NC MDPP Participants received interactive messages about healthy eating, physical activity, and stress management strategies throughout. The Chatbot also provided virtual resources, including links to recipes, online workouts, and stress reduction techniques. NC MDPP Lifestyle Coaches participated in the Chatbot program along-side NC MDPP participants and facilitated group discussions around the topics presented. NC MDPP Regional Coordinators and staff are continually working toward establishing best practices for equipping and empowering NC MDPP participants to make lasting lifestyle changes to prevent or delay the onset of diabetes.

Recommendations

During the upcoming year, NC OMHHD MDPP Staff will build upon existing processes and establish policies consistent with current OIA guidelines. Additionally, NC OMHHD MDPP Staff will support the transition to creating more opportunities for virtual engagement to increase access to NC MDPP 12-Month Lifestyle Classes.

The following recommendations will enhance NC MDPP:

1. NC OMHHD MDPP Staff will attend training and work with ALCS and OIA to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OMHHD will provide technical assistance and ongoing training related to cultural diversity and cultural competency for health and human service professionals to support program expansion.
3. 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.
4. 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.
5. NC OMHHD will work strategically with NC MDPP Regional Collaboratives to establish an accessible virtual platform for NC MDPP 12-Month Lifestyle Classes.
6. NC OMHHD will provide virtual training opportunities that promote healthy lifestyle behaviors for NC MDPP Participants.
7. NC OMHHD will work strategically with NC MDPP Regional Collaboratives to develop a virtual NC MDPP 6-Month Alumni Lifestyle Classes Series.
8. NC OMHHD will work strategically with NC MDPP Regional Collaboratives to develop best practices for implementing NC MDPP 12-Month Lifestyle Classes and engaging NC MDPP participants on virtual platforms.
9. NC OMHHD will work strategically with NC MDPP Regional Collaboratives to support COVID19 safety and vaccination awareness efforts.