



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

December 1, 2023

SENT VIA ELECTRONIC MAIL


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

Dear Director Matteson:

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 reports for 2022 and 2023.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

Sincerely,

DocuSigned by:

Debra Farrington
On behalf of Kody H. Kinsley
Kody H. Kinsley
Secretary

cc:	Mark Collins	Joyce Jones	Lisa Wilks	Susie Camilleri
	Theresa Matula	Katherine Restrepo	Amy Jo Johnson	Luke MacDonald
	Nathan Babcock	Francisco Celis Villagrana	Fred Aikens	Todd Barlow
	Darryl Childers	Melissa Roark	Marissa Doctrove	Tai Rochelle

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STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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GOVERNOR

KODY H. KINSLEY
SECRETARY

December 1, 2023

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 reports for 2022 and 2023.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at Karen.Wade@dhhs.nc.gov.

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**Evidence-Based Diabetes Prevention Program
to Eliminate Health Disparities
State FY 2021-22**

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**

December 1, 2023

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, focusing on communities of color.

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 of 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 Health Equity (OHE), previously the 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 are at high risk for type 2 diabetes make realistic and achievable lifestyle changes that 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 96 million American adults have prediabetes, but only 17% have been notified by their healthcare provider. 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 2021, an estimated 2.7 million adults in North Carolina had prediabetes. In that same year, 12.7% 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, 44.7% were racial and ethnic minorities. (North Carolina State Center for Health Statistics, BRFSS 2021). In 2021, the Centers for Disease Control and Prevention estimated that 166 adults in North Carolina develop diabetes daily (Community and Clinical Connections for Prevention and Health, Fact Sheet 2021).

The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025 (North Carolina Diabetes Advisory Council Report 2020). 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 the early detection and treatment of prediabetes and help slow the projected increase in type 2 diabetes prevalence in North Carolina.

NC MDPP General Overview

The goal of NC MDPP is to establish a statewide framework to decrease the incidence of diabetes in communities of color. NC MDPP is composed of three main components: (1) Community screenings for prediabetes and region-specific targeted marketing campaigns in communities of color promoting prediabetes and diabetes awareness, (2) 12-month NC MDPP Lifestyle Class Series in communities of color, (3) Community conversations to communities of color 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 communities of color within its region. The Local Health Department and its partners may engage, screen, and enroll non-Hispanic white persons in the NC MDPP, provided that no less than 60% of program participants are of color.

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 addition, because of COVID-19, NC MDPP Regional Coordinators developed a virtual copy of the CDC screening tool to promote electronic screening efforts.

In fiscal year 2021-22, NC MDPP Regional Collaboratives exceeded the state prediabetes screening goal (screening 1875 residents for prediabetes by 6/30/22) by screening 3,769 individuals. Amid the longevity of the COVID-19 pandemic, Regional Collaboratives are continuing to exceed the annual and cumulative prediabetes screening goals.

In fiscal year 2021-2022, NC MDPP Regional Collaboratives developed region-specific targeted marketing awareness campaigns, reaching over 6.5 million people. They used various platforms to disseminate messages, including billboards, radio, print, and online 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. Participants enrolled in the 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 NC MDPP Lifestyle Class series is facilitated by a trained lifestyle coach over 12 months.

The continued enrollment and participation success in fiscal year 2021-2022 was primarily 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 cumulative minimum of 281 Lifestyle Class series across the state, enrolling a minimum of 4245 residents cumulatively. By the end of fiscal year 2021-2022, NC MDPP facilitated 429 NC MDPP 12-month Lifestyle Class series across the state, with 4,393 enrolled participants, exceeding the cumulative enrollment goals. Continued 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. In 2021, as Covid-19 entered its second year and the rapid introduction of new variants, NC MDPP Regional Collaborate exercised flexibility, alternating between virtual platforms, socially distanced in-person classes, and hybrid options to make everyone feel safe. This commitment to NC MDPP participant success and NC MDPP staff support allowed NC MDPP agencies to maintain high retention rates using various platforms in Fiscal Year 21-22. As a result, several NC MDPP agencies continue to be recognized by the Center for Disease Control and Prevention (CDC) for success, with some sites even gaining Full-Plus recognition, allowing them, to be granted recognition for a total of five years.

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 critical to identifying and addressing health inequities related to diabetes prevention and awareness. Like in previous years, many barriers identified were related to the Social determinants of health. However, some Community Conversations were canceled due to the emergence of new rapidly spreading covid variants and staff changes. In contrast, others held virtual or socially distanced 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 or Zoom fatigue, 4) Increased stress and anxiety due to isolation, 5) Missed classes due to loss and caregiving, and 6) Decreased self-efficacy for adopting positive behavior lifestyle changes to prevent or delay the onset of diabetes due to limit access to safe opportunities for physical

activity and increased instances of emotional eating. In response to the concerns, NC MDPP Regional Coordinators and staff partnered with local agencies to facilitate stress management webinars, changed to hybrid classes, scheduled makeup classes, and held session zeros that taught the basics of video conference platforms. Regional Collaborators facilitated virtual fitness opportunities and outdoor events when weather permitted.

Public Health Outcomes

The retention rate for class series remained high, with 94% of participants attending four or more classes in the first six months. This is significant because NC MDPP participants continue to exceed the attendance goals of 50% attendance for four or more classes in the first six months. More importantly, according to the national evidence-based models, participant adherence to behavior modification interventions is often tied to attendance.

NC MDPP participation in 12-month Lifestyle Class sessions has steadily increased amid COVID-19, 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) of the 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.

As evidenced in the table below, NC MDPP participants continue to experience negative weight change (i.e., weight loss) and increased minutes of physical activity (PA), with 54% of NC MDPP participants meeting the recommended physical activity minutes for adults. NC MDPP participants also experienced improved hemoglobin A1c levels, with several NC MDPP participants reporting that their hemoglobin A1c level is no longer in the prediabetes range.

Intervention Summary Report	Number of Participants
* Weight Change (lbs) mean (sd)	-4.8 (9.2)
* Weight Change (%) mean (sd)	-2.2 (4.3)
Sessions Attended mean (sd)	13.8 (3.2)
Attendance Rate mean (sd)	86.1 (19.1)
Meet PA goal (150 min/week)	2229 (53.7)

** All measures were calculated based on CDC data collection standards of participants who attended a minimum of 4 classes (n=4405).

COVID-19 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 participated in community-centered Task Forces that identified COVID-19 barriers while leveraging community assets to promote health equity. NC MDPP agencies continued safe practices to support healthy lifestyle changes by distributing incentives and 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. As morale began to decrease due to the longevity of COVID-19, Regional collaboratives responded by holding one-on-one sessions between participants and coaches, providing additional interpersonal connection via mobile phone, and hosted challenges among cohorts to keep them engaged.

Innovative Approaches

To accommodate requests for additional support from NC MDPP alumni, NC OHE staff developed and implemented a statewide 6-month class series designed to supplement the Prevent T2 CDC curriculum in English and Spanish. The series provided an opportunity for alums to reconnect with one another while learning how to continue to reach their healthy living goals beyond the support of the 12-month Lifestyle Classes. Although new to NC MDPP, the Alumni Series has been helpful for those struggling to maintain their nutrition and physical activity goals during the pandemic.

NC MDPP Collaboratives continued to enroll participants and alums into a Chatbot program to engage participants via text message. NC MDPP Participants and alum received interactive messages about healthy eating, physical activity, and stress management strategies. 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 alongside 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.

Program Annual Status Updates

The goal for fiscal year 2021-2022 across the state was to screen a total of 1,875 people, spend at least 10% of the regional budget on targeted marketing campaigns, enroll 580 people into MDPP, conduct 49 12-month Lifestyle Class series, and hold nine community conversations across the state. The table on the next page provides a status update on the Regional Collaborative's programmatic goals for fiscal year 21-22.

STATUS OF PROGRAMMATIC GOALS FOR FISCAL YEAR 2021-2022		
Program Annual Goals for Fiscal Year 2021-22	Actual Measures Achieved as of 6/30/22	Progress
1,875 total people screened for prediabetes	3,769 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
580 total people enrolled into MDPP	525 people enrolled into NC MDPP	91% of goal met
49 total NC MDPP 12-Month Lifestyle Class series	66 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
9 total Community Conversation events	6 Community Conversation events	67% of goal met

Program Status Updates (cumulative per 6-30-22 cut-off)

The cumulative goal across the state at the end of the fiscal year was to screen a total of 12,910 people, spend at least 10% of the regional budget on targeted marketing campaigns, enroll 4,245 people into MDPP, conduct 281 12-month Lifestyle Class series, and hold 56 community conversations across the state. The table on the next page provides a status update on the Regional Collaborative's cumulative goals by the end of fiscal year 21-22.

STATUS OF CUMULATIVE GOALS BY THE END OF FISCAL YEAR 2021-2022		
Program Cumulative Total by Fiscal Year-end 2021-22	Actual Measures Achieved as of 6/30/22	Progress
12,910 total people screened for prediabetes	29,727 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
4,245 total people enrolled into MDPP	4,393 people enrolled into NC MDPP	Goal exceeded
281 total NC MDPP 12-Month Lifestyle Class series	429 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
56 total Community Conversation events	72 Community Conversation events	Goal exceeded

Patient Demographics (cumulative per 6-30-22 cut-off)

The tables on the following page show a breakdown of NC MDPP participants by race/ethnicity, insurance, and source of care since the start of NC MDPP. 84% of participants report being a person of color, with the majority identifying as female. Most of our participants are insured through their employers and use a private doctor's office as a source of care.

BREAKDOWN OF NC MDPP PARTICIPANTS BY ETHNICITY, RAGE, AND GENDER										
	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	2,133	335	0	15	1	0	98	11	0	2,593
Asian	10	4	0	0	1	0	0	1	0	16
Native American/Alaskan										
Native/American	184	34	0	29	7	0	8	0	0	262
Native Hawaiian/Pacific Islander	5	1	0	1	0	0	0	0	0	7
White	590	96	0	422	104	0	26	9	1	1,248
Other	16	2	0	173	17	0	0	0	0	208
Unknown	7	2	0	49	7	1	3	1	1	71
Total	2,945	431	0	689	137	1	135	22	2	4,405
Total number of participants reported being a person of color									3,683/4,405 (84%)	

SOURCE OF INSURANCE USED BY NC MDPP PARTICIPANTS		
Insurance	Number of Participants	Percentage (%)
Uninsured	624	12.45%
Insurance from employer/union	1,368	27.3%
Individual Insurance	634	12.6%
Medicare	758	15.1%
Medicaid	351	6.9%
Tricare/VA/other military insurance	175	3.4%
Indian Health Service	70	1.3%
Other Insurance	276	5.5%
Unknown insurance status	760	15.5%

LOCATIONS WHERE NC MDPP PARTICIPANTS RECEIVE CARE		
Source of Care	Number of Participants	Percentage (%)
Private Doctor's Office	2,530	57.4%
Hospital, clinic, or outpatient department	300	6.8%
Community health center	669	15.2%
Other kind of health care facility	137	3.1%
No usual source of care	103	2.3%
Unknown	666	15.1%

Budget and Funding Mechanism

To administer the NC MDPP, OHE distributes funds for the program, serving nine of ten “Regional Collaboratives” in the state. The Regional approach continued to successfully meet the financial and service goals of the NC MDPP program in the fiscal year 2021-22. NC OHE revised the funding level amounts in the fiscal year 2021-22 due to COVID-19 restrictions affecting some regions more than others. Therefore, the funding levels were redistributed in fiscal

year 2021-22 to better meet the needs of the Regional Collaboratives. The chart below displays the funding level updates that occurred from fiscal year 2020-21 to fiscal year 2021-22

Fiscal Year 2021-22 Funding Levels (Service Period: June 1, 2021 - May 31, 2022)

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, Mecklenburg, Rowan, Stanly	\$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

Fiscal Year 2021-22 Agreement Addendum Revision #1 (Service Period: June 1, 2021 - May 31, 2022)

Award Increase	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	<ul style="list-style-type: none"> • 250 people screened for prediabetes • 75 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 6 NC MDPP 12-month Lifestyle Class Series
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$380,106.00	<ul style="list-style-type: none"> • 315 people screened for prediabetes • 115 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 8 NC MDPP 12-month Lifestyle Class Series
Award Decrease	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood, Jackson, Macon, Swain, Transylvania	\$137,956.00	<ul style="list-style-type: none"> • 115 people screened for prediabetes • 35 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 3 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$170,105.00	<ul style="list-style-type: none"> • 150 people screened for prediabetes • 45 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series

The chart below displays the awarded amount, actual FY 21-22 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	Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood, Jackson, Macon, Swain, Transylvania	\$137,956.00	\$137,467.07	131 people screened for prediabetes; 37 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$170,105.00	\$165,114.76	166 people screened for prediabetes; 48 NC MDPP participants; 6 NC MDPP 12-month Lifestyle Class Series

Level 2	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 3 Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$197,956.00	\$186,023.54	144 people screened for prediabetes; 39 NC MDPP participants; 8 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly	\$230,105.00	\$230,096.10	410 people screened for prediabetes; 49 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	\$227,767.55	301 people screened for prediabetes; 34 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Award Amount	Total Amount Expended	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	\$254,828.60	142 people screened for prediabetes; 49 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series
Level 5	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	\$280,378.00	215 people screened for prediabetes; 63 NC MDPP participants; 7 NC MDPP 12-month Lifestyle Class Series
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	\$294,321.00	180 people screened for prediabetes; 96 NC MDPP participants; 16 NC MDPP 12-month Lifestyle Class Series
Level 6	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$380,106.00	\$374,275.12	2080 people screened for prediabetes; 137 NC MDPP participants; 13 NC MDPP 12-month Lifestyle Class Series

Recommendations

During the upcoming year, NC OHE MDPP Staff will build upon existing processes and establish policies consistent with current OIA guidelines. Additionally, NC OHE 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 OHE MDPP Staff will attend training and work with ALCS and OIA to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OHE 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 OHE will continue to work with NC DHHS and its partners to connect NC MDPP participants and communities to ongoing resource mapping/sharing efforts, relevant programmatic opportunities, and other initiatives that seek to improve health outcomes and behaviors.
4. NC OHE 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 OHE will work strategically with NC MDPP Regional Collaboratives to establish an accessible virtual platform for NC MDPP 12-Month Lifestyle Classes.
6. NC OHE will provide virtual training opportunities that promote healthy lifestyle behaviors for NC MDPP Participants.
7. NC OHE will work strategically with NC MDPP Regional Collaboratives to integrate the NC MDPP 6-Month Alumni Lifestyle Classes Series across all regions.
8. NC OHE 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 OHE will expand partnerships for outreach to the Latinx population.
10. NC OHE will work to improve accessibility of the NC MDPP Lifestyle Classes to reach participants with disabilities.
11. NC OHE will update and restructure the funding levels to better meet the needs of the Regional Collaborative as COVID-19 responses decrease

**Evidence-Based Diabetes Prevention Program
to Eliminate Health Disparities
State FY 2022-23**

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**

December 1, 2023

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, focusing on communities of color.

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 medical condition where people have higher than normal blood glucose levels, which puts them at risk of developing type 2 diabetes without intervention. In North Carolina, about one-third of people with prediabetes belong to racial and ethnic minority groups.

In 2016, the North Carolina General Assembly provided funding to the Division of Public Health (DPH) for the establishment and administration of an evidence-based diabetes prevention program through the North Carolina Office of Health Equity (OHE), which was previously known as the Office of Minority Health & Health Disparities (NC OMHHD). The program aims to target African Americans, Hispanics/Latinos, and American Indians and was developed in consultation with the Chronic Disease and Injury Section. Diabetes Prevention Programs (DPP) are designed to help people with prediabetes take charge of their health and well-being. These evidence-based programs run for 12 months and can help people with prediabetes or those at a high risk of developing type 2 diabetes make achievable lifestyle changes, which can lower their risk of developing type 2 diabetes by up to 58% (CDC, “Preventing Type 2 Diabetes”). This report outlines the North Carolina Minority Diabetes Prevention Program’s (NC MDPP) metrics and identifies areas for improvement to increase 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 96 million American adults have prediabetes, but only 19% have been notified by their healthcare provider (CDC, National Diabetes Statistics Report, 2022). 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 Card 2021). As of 2023, 2,765,000 North Carolinians have prediabetes. In 2022, 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, 30.3% were racial and ethnic minorities. (North Carolina State Center for Health Statistics, BRFSS 2022). This year alone, 68.9 thousand North Carolina residents have developed diabetes. The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025 (North Carolina Diabetes Advisory Council Report 2020).

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 the early detection and treatment of prediabetes and help slow the projected increase in type 2 diabetes prevalence in North Carolina.

NC MDPP General Overview

The aim of NC MDPP is to create and implement a statewide framework that will reduce diabetes prevalence in communities of color. The program consists of three key components: (1) Conducting screenings for prediabetes in communities of color and running targeted marketing campaigns that promote prediabetes and diabetes awareness in specific regions, (2) Running a 12-month NC MDPP lifestyle class series in communities of color, and (3) Holding community conversations to engage communities of color throughout North Carolina.

NC MDPP Regional Collaborative Partners work to engage, screen, and provide CDC curricula such as “Prevent T2” and “Prevenga el T2” to communities of color in their respective regions. The Local Health Department and its partners may enroll non-Hispanic white individuals in the NC MDPP, but only if at least 60% of program participants are people of color.

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
- 4) Engaging community and partner collaboratives

1. Community Screenings and Region-Specific Targeted Marketing Campaigns

Prediabetes screening events were conducted at community locations such as local health departments, faith-based organizations, food banks, health fairs, college campuses, local schools, and gyms. The screening tools used included the CDC prediabetes paper screener, the ADA paper screener, fasting and non-fasting blood glucose tests, hemoglobin A1c tests, and electronic health records.

The NC MDPP Regional Collaboratives have achieved a significant milestone in fiscal year 2022-23 by surpassing the state's prediabetes screening objective. The state had set a goal of screening 1,875 residents for prediabetes by June 30th, 2023, but the Regional Collaboratives went above and beyond by screening 4,776 individuals. The Regional Collaboratives consistently exceed the annual and cumulative prediabetes screening goals year after year.

During fiscal year 2022-2023, NC MDPP Regional Collaboratives developed region-specific marketing campaigns that reached over 1.8 million people. They utilized a range of platforms to disseminate their messages, including billboards, yard signs, radio, print and online advertisements, digital ad campaigns, public service announcements on television, developed websites, and social media. The regional staff continues to expand their reach by working closely with faith-based organizations and lay leaders to support diabetes awareness through testimonials. Word of mouth from past and present NC MDPP participants and community outreach initiatives have proven to be significant drivers for recruitment and retention. Furthermore, several Regional Collaboratives have partnered with local laboratories and physicians to create a bidirectional screening system via

electronic health records.

2. 12-month NC MDPP Lifestyle Class Series

Increasing minority participation in Diabetes Prevention Programs is the core goal of NC MDPP. Trained Lifestyle Coaches facilitate a 12-month Lifestyle Class series utilizing the CDC Prevent T2 curriculum. Participants enrolled in the Lifestyle Class series receive nutrition education, strategies for problem-solving, resources, and access to facilities for safe physical activity and stress management skills.

The enrollment and participation success during fiscal year 2022-2023 was primarily due to the community engagement efforts of the Regional Coordinators and Lifestyle Coaches. The cumulative goal was to conduct at least 330 Lifestyle Class series throughout the state, with a minimum cumulative enrollment of 4,825 participants. By the end of fiscal year 2022-2023, NC MDPP had successfully conducted 483 Lifestyle Class series across the state, with 5,142 participants enrolled. Once again, surpassing the cumulative enrollment goals.

Thankfully, COVID-19 had a reduced impact on NC MDPP this fiscal year than in previous years. However, NC MDPP continued to exercise flexibility by offering various class instruction methods to accommodate participant needs. This commitment to NC MDPP participant success and NC MDPP staff support allowed NC MDPP agencies to continue to maintain high retention rates. As a result, several NC MDPP agencies continue to be recognized by the Center for Disease Control and Prevention (CDC) for success, with many sites gaining Full-Plus recognition, allowing them to be granted recognition for a total of five years.

3. Community Conversations

NC MDPP continued to facilitate Community Conversations to promote dialogue around health issues and wellness within the regional communities. In the fiscal year 2022-2023, the community conversations became more action and movement-focused, with regional collaboratives hosting various events such as cooking classes, exercise classes, hikes, stress management classes, smoking cessation classes, and more. As a result of these events, more community members became aware of the program, leading to a further increase in enrollment into NC MDPP.

4. Engaging Community and Partner Collaboratives

NC MDPP continue to expand and engage other local community collaborative partnerships that promote community and clinical linkages and help increase access to support services. The Lifestyle Coaches are a vital component to the success of NC MDPP. In addition to their major program duties, they are also the communities' trusted messengers and connectors for much-needed resources and services (i.e., Medicaid expansion enrollment post launch, services to reduce food insecurities, support groups etc.). This results in continuous expansion of community and partner collaboratives that maximize and leverage resource sharing.

Public Health Outcomes

The retention rate for class series remained high, with 94% of participants attending four or more classes in the first six months. This is significant because NC MDPP participants continue to exceed the attendance goals of 50% attendance for four or more classes in the first six months. More importantly, according to the national evidence-based models, participant adherence to behavior

modification interventions is often tied to attendance. The more participants attend class and engage with the material, the better their health outcomes. NC MDPP 12-month Lifestyle Class participation has remained consistently high, with an average attendance of nearly 14 sessions per participant. It is worth noting that the total number of sessions offered to NC MDPP participants varies by region. During Phase 1 (0-6 months), participants attend 16 weekly Lifestyle Class sessions. In Phase 2 (7-12 months), they attend at least six of the monthly sessions.

Based on feedback received from NC MDPP participants, regional staff noticed the need for more engagement during Phase 2 (supportive phase). The regional staff enhanced engagement and accountability by providing private social media support groups, alumni meet-ups, fitness opportunities, grocery store tours, and other events to address this issue. These initiatives aimed to motivate NC MDPP participants to stay engaged during the supportive phase and beyond.

The table below shows that participants in the NC MDPP program have continued to lose weight and increase their physical activity (PA), with 54.5% of participants meeting the recommended amount of physical activity for adults. Additionally, participants have reported seeing an improvement in their hemoglobin A1c levels, with some reporting that their levels are no longer in the prediabetes range.

Intervention Summary Report	Number of Participants
*Weight Change (lbs) mean(sd)	-4.7 (9.1)
*Weight Change (%) mean(sd)	-2.2 (4.3)
Sessions Attended mean(sd)	13.9 (3.2)
Attendance Rate mean(sd)	86.2 (18.8)
Meet PA goal (150 min/week)	2,579 (54.5%)

** All measures were calculated based on CDC data collection standards of participants who attended a minimum of 4 classes (n=5036).

Innovative Approaches

During fiscal year 2022-2023, we continued to implement a six-month statewide class series in English and Spanish to supplement the Prevent T2 CDC curriculum for alumni. However, we received feedback regarding Zoom fatigue and a desire for more in-person support. As a result, several regions began to offer local alumni support groups, which include activities such as continuing the six-month series in person, workout sessions, community meetups, and more.

NC MDPP Collaboratives continued to enroll participants and alumni into a Chatbot program to engage participants via text message. NC MDPP Participants and alumni received interactive messages about healthy eating, physical activity, and stress management strategies. 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 alongside 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.

Program Annual Status Updates

The state's objective targets for this fiscal year 2022-2023 was to screen a total of 1,875 individuals, allocate at least 10% of the regional budget towards targeted marketing campaigns, enroll 580 participants in MDPP, conduct 49 series of 12-month Lifestyle Classes, and organize/convene at least nine community conversations throughout the state.

NC MDPP has exceeded the screening goal by 255%, the enrollment goal by 129%, the Lifestyle Class series goal by 110%, and the community conversation goal by 311%. The following table shown below presents the status of the programmatic objectives of the Regional Collaborative for this fiscal year 2022-2023.

STATUS OF PROGRAMMATIC MEASURES FOR FISCAL YEAR 2022-2023		
Program Annual Goals by Fiscal Year-end 2022-23	Actual Measures Achieved as of 6/30/23	Progress
1,875 total people screened for prediabetes	4,776 people were 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
580 total people enrolled into MDPP	749 people enrolled into NC MDPP	Goal exceeded
Conduct 49 total NC MDPP 12-Month Lifestyle Class series	Conducted 54 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
Organize/convene 9 total Community Conversation events	Organized/convened 28 Community Conversation events	Goal exceeded

Program Status Updates (cumulative per 6-30-23 cut-off)

As part of the state's efforts, the cumulative goal since the program's inception in FY 2016-2017 was to screen a total of 14,785 individuals. Additionally, the cumulative goals include allocating at least 10% of the regional budget on targeted marketing campaigns, enrolling 4,825 people into NC MDPP, holding 330 12-month Lifestyle Class series, and conducting 65 community conversations throughout the state. NC MDPP has exceeded the screening goal by 233%, the enrollment goal by 106%, the Lifestyle Class series goal by 146%, and the community conversation goal by 153%. The following table presents the status of the cumulative goals of the Regional Collaborative by the end of fiscal year 2022-2023.

STATUS OF CUMULATIVE GOALS BY THE END OF FISCAL YEAR 2022-2023		
Program Cumulative Goals by Fiscal Year-end 2022-23	Actual Measures Achieved as of 6/30/23	Progress
14,785 total people screened for prediabetes	34,503 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
4,825 total people enrolled into MDPP	5,142 people enrolled into NC MDPP	Goal exceeded
330 total NC MDPP 12-Month Lifestyle Class series	483 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
65 total Community Conversation events	100 Community Conversation events	Goal exceeded

Patient Demographics (cumulative per 6-30-22 cut-off)

The tables on the next page present a detailed breakdown of NC MDPP participants by race/ethnicity, insurance, and source of care since the inception of NC MDPP. The data shows that 84% of the participants belong to a community of color, with the majority identifying as female. Most of our participants are insured through their employers and rely on private doctor's offices for their medical needs.

BREAKDOWN OF NC MDPP PARTICIPANTS BY ETHNICITY, RAGE, AND GENDER										
	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	2,445	378	0	18	1	0	90	10	0	2,942
Asian	13	5	0	1	1	0	1	1	0	22
Native American/Alaskan Native/American	191	35	0	36	11	0	9	0	0	282
Native Hawaiian/Pacific Islander	6	1	0	1	0	0	0	0	0	8
White	673	110	0	498	125	0	25	10	1	1,442
Other	20	2	0	218	29	0	0	0	0	269
Unknown	7	1	0	50	7	1	3	1	1	71
Total	3,355	532	0	822	174	1	128	22	2	5,036
Total number of participants reported being a racial or ethnic minority									4,217/5,036 (84%)	

INSURANCE PROVIDER UTILIZED BY NC MDPP PARTICIPANTS		
Insurance	Number of Participants	Percentage (%)
Uninsured	755	14.9%
Insurance from employer/union	1,515	30%
Individual Insurance	740	14.6%
Medicare	906	17.9%
Medicaid	396	7.8%
Tricare/VA/other military insurance	190	3.7%
Indian Health Service	71	1.4%
Other Insurance	321	6.3%
Unknown insurance status	823	16.3%

LOCATIONS WHERE NC MDPP PARTICIPANTS RECEIVE CARE		
Source of Care	Number of Participants	Percentage (%)
Private Doctor's Office	2,868	56.9%
Hospital, clinic, or outpatient department	332	6.5%
Community health center	823	16.3%
Other kind of health care facility	154	3%
No usual source of care	127	2.5%
Unknown	732	14.5%

Budget and Funding Mechanism

To administer the NC MDPP, Office of Health Equity (OHE) distributes funds for the program, serving nine of ten “Regional Collaboratives” in the state. The Regional Community and Partner Engagement approach continued to successfully meet the financial and service goals of the NC MDPP program in the fiscal year 2022-23. NC OHE based the funding allocation methodology on the population size and the number of clients served per region to effectively meet the varying needs across the different demographic segments and service requirements. NC OHE revised the funding level amounts in the fiscal year 2022-23 due to spend-down availability. Therefore, the funding levels were redistributed in fiscal year 2022-23 to better meet the needs of the Regional Collaboratives. The chart below displays the funding level updates that occurred from fiscal year 2021-22 to fiscal year 2022-23

Fiscal Year 2022-23 Funding Levels (Service Period: June 1, 2022 - May 31, 2023)

Level 1	Counties Served	Award Amount	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 into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$197,956.00	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
Level 2	Counties Served	Award Amount	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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 5 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 6 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals

Award Increase	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	<ul style="list-style-type: none"> • 250 people screened for prediabetes • 75 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 6 NC MDPP 12-month Lifestyle Class Series
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$380,106.00	<ul style="list-style-type: none"> • 315 people screened for prediabetes • 115 people enrolled into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 8 NC MDPP 12-month Lifestyle Class Series
Award Decrease	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood Jackson, Macon, Swain, Transylvania	\$137,956.00	<ul style="list-style-type: none"> • 115 people screened for prediabetes • 35 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 3 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$184,030.00	<ul style="list-style-type: none"> • 160 people screened for prediabetes • 50 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$184,030.00	<ul style="list-style-type: none"> • 160 people screened for prediabetes • 50 people enrolled into NC MDPP • 60% of people served must be racial/ethnic minorities • ≥ 4 NC MDPP 12-month Lifestyle Class Series
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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 6 NC MDPP 12-month Lifestyle Class Series
Level 5	Counties Served	Award Amount	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 into NC MDPP • 75% of people served must be racial/ethnic minorities • ≥ 7 NC MDPP 12-month Lifestyle Class Series

Fiscal Year 2022-23 Agreement Addendum Revision #1 (Service Period: June 1, 2022 - May 31, 2023)

The table below displays the amount awarded, actual expenditures for FY 22-23, lead regional health department, counties served, total participants screened, total participants enrolled, and number of classes conducted per region in their respective funding level.

Level 1	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood Jackson, Macon, Swain, Transylvania	\$137,956.00	\$137,762.45	125 people screened for prediabetes; 40 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series

Level 2	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 3 Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$184,030.00	\$176,355.74	80 people screened for prediabetes; 30 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$184,030.00	\$182,478.83	321 people screened for prediabetes; 58 NC MDPP participants; 8 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly	\$230,105.00	\$230,105.00	344 people screened for prediabetes; 50 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	\$191,025.30	271 people screened for prediabetes; 50 NC MDPP participants; 4 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Award Amount	Total Amount Expended	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	\$261,016.51	279 people screened for prediabetes; 85 NC MDPP participants; 8 NC MDPP 12-month Lifestyle Class Series
Level 5	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294, 321.00	\$294, 321.00	400 people screened for prediabetes; 52 NC MDPP participants; 7 NC MDPP 12-month Lifestyle Class Series
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294, 321.00	\$291,987.96	561 people screened for prediabetes; 201 NC MDPP participants; 6 NC MDPP 12-month Lifestyle Class Series
Level 6	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$380,106.00	\$380,106.00	2395 people screened for prediabetes; 183 NC MDPP participants; 12 NC MDPP 12-month Lifestyle Class Series

NC MDPP Recommendations

NC OHE funding level has been at \$2,199,295 since FY 2020-2021. With one in three people being diagnosed with pre-diabetes (CDC, 2022), a fifteen percent increase to a funding level of \$2,529,189.25 would enable the regional health departments to serve an additional 364 individuals statewide to help prevent the prevalence of diabetes. NC OHE is currently exploring outside funding sources to address this need; however, incremental increases in the state allocation for the NC MDPP would be essential in increasing service capacity.

Also, NC OHE MDPP Staff will build upon existing processes and establish policies consistent with OIA guidelines during the upcoming year. Additionally, NC OHE 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 be implemented to enhance NC MDPP:

1. NC OHE MDPP Staff will attend trainings and work with ALCS and OIA to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OHE will provide technical assistance and ongoing health equity training for health and human service professionals to support program expansion.
3. NC OHE will continue to work with NC DHHS and its partners to connect NC MDPP participants and communities to ongoing resource mapping/sharing efforts, relevant programmatic opportunities, and other initiatives that seek to improve health outcomes and behaviors.
4. NC OHE will explore ways to expand NC MDPP's reach by partnering and collaborating with organizations and entities that enhance the mission and vision of NC DHHS and legislative mandate for NC MDPP.
5. NC OHE will explore other ways to promote chronic disease prevention and wellness outside of the 12-month lifestyle series.
6. NC OHE will provide virtual training opportunities that promote healthy lifestyle behaviors for NC MDPP Participants.
7. NC OHE will expand collaborative partnerships for outreach to the Latinx population.
8. NC OHE will expand collaborative partnerships for outreach to the American Indian population.
9. NC OHE will expand collaborative partnerships for outreach to rural communities of color.
10. NC OHE will work to improve the accessibility of the NC MDPP Lifestyle Classes to reach people with disabilities.

11. NC OHE will work to improve accessibility of the virtual NC MDPP Lifestyle Classes to reach participants with limited internet access.
12. NC OHE will work to secure additional funding to further broaden the reach of NC MDPP in order to serve as many community members as possible.
13. NC OHE will provide expanded capacity building training and education opportunities to help build on knowledge, skills and abilities that enhance Community and Partner Engagement efforts to improve whole person, whole family and community health impacted by diabetes.
14. NC OHE will work to serve as a clearinghouse for health education resource tools, communication/messaging tool kits, subject matter expertise, and consultative technical assistance.
15. NC OHE MDPP will work to help the NC MDPP partner network to connect with other community and regional groups, programs and services to maximize local supportive and resource linkages, subject matter expertise and increased collaborative partnerships.