



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN  
GOVERNOR

DEV DUTTA SANGVAI  
SECRETARY

April 11, 2025

**SENT VIA ELECTRONIC MAIL**

The Honorable Carla Cunningham, Chair  
Joint Legislative Oversight Committee on  
Health and Human Services  
North Carolina General Assembly  
Room 403, 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.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at [Karen.Wade@dhhs.nc.gov](mailto:Karen.Wade@dhhs.nc.gov).

Sincerely,

Signed by:  
  
45507E3ADBA8489... on behalf of Devdutta Sangvai  
Devdutta Sangvai  
Secretary



STATE OF NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN  
GOVERNOR

DEVDUTTA SANGVAI  
SECRETARY

April 11, 2025

**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 report.

Should you have any questions regarding this report, please contact Karen Wade, Director of Policy, at [Karen.Wade@dhhs.nc.gov](mailto:Karen.Wade@dhhs.nc.gov).

Sincerely,

Signed by:  
  
45507E3ADBA8489... on behalf of Devdutta Sangvai  
Devdutta Sangvai  
Secretary

**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**

**April 11, 2025**

## **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 medical condition in which individuals have higher than normal blood glucose levels, putting them at risk of developing type 2 diabetes without intervention. In North Carolina, approximately one-third of people with prediabetes are from racial and ethnic minority groups.

In 2016, the North Carolina General Assembly allocated funding to the Division of Public Health (DPH) to establish and administer an evidence-based diabetes prevention program through the North Carolina Office of Health Equity (OHE), formerly known as the Office of Minority Health & Health Disparities, in consultation with the Chronic Disease and Injury Section. The program aims to reach African American, Hispanic/Latino, and American Indian populations.

Diabetes Prevention Programs (DPP) last for 12 months and are intended to help individuals with prediabetes take control of their health and well-being through sustainable lifestyle choices. These changes can reduce 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.

## **Background**

Prediabetes is a condition in which individuals have higher than normal blood glucose levels (mg/dl), but their levels are not yet high enough to be diagnosed as diabetes. Nationally, an estimated 98 million American adults have prediabetes, but only 19% have been notified by their healthcare provider (CDC, National Diabetes Statistics Report, 2024). 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 (ADA, Statistics About Diabetes 2023). 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). Annually, 50,000 North Carolina residents develop 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 making lifestyle changes to improve their health, many people with prediabetes are at a higher risk of developing type 2 diabetes within five years (CDC, Prediabetes Fact Sheet 2020). Implementing NC MDPP will enhance the early detection and treatment of prediabetes and help reduce the expected rise in type 2 diabetes prevalence in North Carolina.

## **NC MDPP General Overview**

The aim of NC MDPP is to establish and implement a statewide framework that reduces diabetes prevalence in those communities in which it is most prevalent. The program consists of three key components: (1) Conducting prediabetes screenings in those communities and running targeted marketing campaigns that promote prediabetes and diabetes awareness in specific regions, (2) Running a 12-month lifestyle class series in those communities, and (3) Holding conversations to engage with those communities throughout North Carolina.

The NC MDPP Regional Collaborative Partners work to engage, screen, and host CDC approved lifestyle classes to affected communities in their respective regions. The Local Health Department and its partners must ensure that at least 60% of the program participants are from targeted populations.

### ***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; and
- 3) Community conversations.

#### **1. Community Screenings and Region-Specific Targeted Marketing Campaigns**

During fiscal year 2023-2024, prediabetes screening events were conducted in various community-focused locations, such as community centers, food markets, wellness events, faith-based organizations, apartment complexes, senior markets, college campuses, gyms, and local recreation centers. Various screening tools, including the CDC paper screener, the ADA paper screener, fasting blood glucose tests, hemoglobin A1c tests, and electronic health records, were utilized across different regions.

As in previous years, the NC MDPP Regional Collaborative exceeded the state's prediabetes screening objective. While the goal was to screen 1,365 adults, the regions screened a total of 4,118 adults, demonstrating both the Regional Collaborative's commitment to preventing chronic disease and the community's desire to take charge of their health. Many screening events expanded their services to include additional offerings such as cholesterol and blood pressure checks, vaccinations, Hepatitis C screenings, and more, providing a comprehensive health assessment for participants in collaboration with other community organizations.

The marketing efforts for the NC MDPP included a diverse array of strategies to maximize outreach and engagement. These strategies included billboards, print and radio ads, and public service announcements. Additionally, participation in health fairs, email blasts, and door-to-door outreach from community health workers added a personal touch to the marketing efforts, complementing the widescale campaigns. Word of mouth has consistently proven to be the most vital marketing tool for the program. However, over the past year, social media has emerged as a significant driver of interest, greatly enhancing outreach and engagement with the community.

Overall, these combined efforts successfully reached a total audience of 2,245,091 adults.

## **2. 12-month NC MDPP Lifestyle Class Series**

The core goal of the MDPP is to increase participation among affected communities. Trained lifestyle coaches facilitate a 12-month lifestyle class series utilizing the CDC “Prevent T2” curriculum. Participants receive nutrition education, problem-solving strategies, healthy living supplies, and access to facilities for safe physical activity and stress management skills.

During fiscal year 2023-2024, the program’s goal was to conduct 32 lifestyle classes with 410 enrollees. In total, the MDPP conducted 56 lifestyle classes and enrolled 646 people, surpassing both goals. The enrollment and participation success during this period was again due to the community engagement efforts of the regional coordinators, lifestyle coaches, and previous participants.

Not only were the lifestyle coaches dedicated to helping participants prevent diabetes, but they also demonstrated care and empathy when confronted with participants' other needs. While the public health emergency was declared over just before FY 24 started, participants still felt the effects of COVID-19 and increased barriers regarding social determinants of health. Many of our participants are experiencing increased housing, transportation, and food insecurity, a lack of medical care, increased mental health disorders, and a lack of digital resources.

In response to these challenges, lifestyle coaches adopted a collaborative approach, having multiple coaches present for each class. One coach would lead the session, while others provided personalized support to participants with specific needs. Additionally, many coaches stayed after class to offer further assistance. Despite increased hardships, participants remained dedicated, and as a result, many of our regions continued to receive recognition from the Centers for Disease Control and Prevention (CDC) for their success, maintaining their Full and Full-Plus recognition status.

## **3. Community Conversations**

The aim of community conversations is to foster discussions about prediabetes and its relationship with various social determinants of health. In the fiscal year 2023-2024, the emphasis remained on action and movement, with regional collaboratives hosting a range of engaging events, including cooking classes, exercise sessions, heart health workshops, and stress management classes. These initiatives successfully raised awareness of the program among community members, resulting in an increased enrollment in NC MDPP.

### ***Public Health Outcomes***

The retention rate for the class series has remained impressive, with 95% of participants attending four or more classes within the first six months. This achievement significantly surpasses the CDC's goal of 50% attendance, highlighting the continued success of the NC MDPP program. These levels of participation are vital, as national evidence-based models show that adherence to behavior modification interventions often correlates with attendance. The more participants engage in the classes and interact with the material, the better their health outcomes will be. This again shows the commitment of both the participants and the lifestyle coaches to decrease chronic disease prevalence.

Participation in the NC MDPP 12-month lifestyle class series has consistently remained high, averaging nearly 14 sessions per participant during Phase 1 (0-6 months), which consists of 16

weekly sessions. During Phase 2 (7-12 months), participants are required to attend at least six monthly sessions. As mentioned earlier, as social determinants of health needs increased, participants requested more engagement during this phase. As a result, the regions again provided private social media support groups, alumni meet-ups, fitness opportunities, cooking classes, and grocery store tours to provide participants with tools to maintain their health and wellness goals.

The table below shows that participants in the NC MDPP program have continued to lose weight and increase their physical activity (PA) minutes, with 54.5% of participants meeting the recommended 150 minutes of physical activity per week. 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	
*Weight Change (lbs) mean(sd)	-4.8 (9.0)
*Weight Change (%) mean(sd)	-2.2 (4.2)
Sessions Attended mean(sd)	13.8 (3.2)
Attendance Rate mean(sd)	86.1 (19.2)
Meet PA goal (150 min/week) N(%)	2,797 (54.5%)

\*\* All measures were calculated based on the CDC data collection standards for participants who attended a minimum of four classes (n=5482).

In addition to the changes in anthropometric data, participants have experienced significant personal growth due to the program. Success stories from participants reveal that some have quit drinking alcohol, some returned to school, and others have begun seeing a primary care doctor for the first time in years.

### ***Innovative Approaches***

During fiscal year 2023-2024, regions continued to offer local alumni support groups, including a six-month in-person series, workout sessions, community meet-ups, and recruitment for program participants. We also continued to participate in and enroll users in our Chatbot program, allowing current participants and alumni to receive weekly messages about healthy eating, physical activity, and stress management, reinforcing content learned during the lifestyle class series.

This fiscal year, we launched our Living Well Equity Initiative. Four regions set aside a small number of funds to implement their own version of Living Well in their regions, as well as the traditional NC MDPP. These regions were selected based on feedback from the community. In these regions, members were not willing to commit to a year-long lifestyle change program, or people who were interested in the program already had type 2 diabetes, making them ineligible for the program.

One region in Western North Carolina implemented DEEP, or the Diabetes Empowerment and Education Program, a diabetes education program based out of the University of Chicago. Another region in the southern part of the state implemented two evidence-based programs: the Living Well Chronic Disease Self-Management program and the Living a Healthy Life with Chronic Conditions workshops, both of which run for six weeks and aim to support individuals living with chronic diseases. Lastly, the remaining two regions chose to conduct multiple smaller workshops tailored to specific populations, such as seniors, in their communities.

Through Living Well, our goal is to enhance the health of North Carolinians who often miss out on prevention programs due to falling through the cracks, or waiting so long for services, that they develop chronic conditions, while we also remain dedicated to preventing diabetes in those we can.

### ***Program Annual Status Updates***

The state's objective for the fiscal year 2023-2024 was to screen a total of 1,365 individuals, allocate at least 10% of the regional budget toward targeted marketing campaigns, enroll 410 participants in MDPP, conduct 32 series of 12-month lifestyle classes, organize nine community conversations throughout the state, and host eight Living Well Events. NC MDPP has exceeded the screening goal by 201%, the enrollment goal by 57%, the lifestyle class series goal by 75%, the community conversation goal by 522%, and the Living Well goal by 12.5%. The following table presents the status of the programmatic objectives of the regional collaborative for the fiscal year 23-24.

<b>STATUS OF PROGRAMMATIC GOALS FOR FISCAL YEAR 2023-2024</b>		
<b>Program Annual Goals Total for Fiscal Year 2023-24</b>	<b>Status Update as of 6/30/24</b>	<b>Progress</b>
<b>1365</b> total people screened for prediabetes	<b>4118</b> people screened for prediabetes	<b>Goal exceeded</b>
<b>10%</b> of the regional budget spent on targeted marketing campaigns	<b>10%</b> of the regional budget spent on targeted marketing campaigns.	<b>Goal met</b>
<b>410</b> total people enrolled in MDPP	<b>646</b> people enrolled in NC MDPP	<b>Goal exceeded</b>
<b>32</b> total NC MDPP 12-Month Lifestyle Class series	<b>56</b> NC MDPP 12-Month Lifestyle Class series	<b>Goal exceeded</b>
<b>9</b> total Community Conversation events	<b>56</b> Community Conversation events	<b>Goal exceeded</b>
<b>8</b> Living Well Events	<b>9</b> Living Well Events	<b>Goal exceeded</b>

### ***Program Status Updates (cumulative per 6-30-24 cut-off)***

As part of the state's efforts, the cumulative goal for the fiscal year was to screen a total of 16,150 individuals, allocate at least 10% of the regional budget on targeted marketing campaigns, enroll 5,235 people into MDPP, hold 362 12-month Lifestyle Class series, conduct 74 community conversations throughout the state, and host 8 Living Well events. NC MDPP has exceeded the screening goal by 139%, the enrollment goal by 10.5%, the Lifestyle Class series goal by 51%, the community conversation goal by 110%, and the Living Well goal by 12.5%. The following table presents the status of the cumulative goals of the Regional Collaborative by the end of fiscal year 2023-2024.

<b>STATUS OF CUMULATIVE GOALS BY THE END OF FISCAL YEAR 2023-2024</b>		
<b>Program Cumulative Goals Total by Fiscal Year-end 2023-24</b>	<b>Status Update as of 6/30/24</b>	<b>Progress</b>
<b>16,150</b> total people screened for prediabetes	<b>38,621</b> people screened for prediabetes	<b>Goal exceeded</b>
<b>10%</b> of the regional budget spent on targeted marketing campaigns.	<b>10%</b> of the regional budget spent on targeted marketing campaigns.	<b>Goal met</b>
<b>5,235</b> total people enrolled in MDPP	<b>5,788</b> people enrolled in NC MDPP	<b>Goal exceeded</b>
<b>362</b> total NC MDPP 12-Month Lifestyle Class series	<b>548</b> NC MDPP 12-Month Lifestyle Class series	<b>Goal exceeded</b>
<b>74</b> total Community Conversation events	<b>156</b> Community Conversation events	<b>Goal exceeded</b>
<b>8</b> Living Well Events	<b>9</b> Living Well Events	<b>Goal exceeded</b>



***Patient Demographics (cumulative per 6-30-24 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 its inception. Most of our participants are insured through their employers and rely on private doctor's offices for their medical needs.

	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	2,657	407	0	18	1	0	94	10	0	3,187
Asian	16	5	0	1	1	0	1	1	0	25
Native American/Alaskan Native/American	197	35	0	50	18	0	9	0	0	309
Native Hawaiian/Pacific Islander	6	1	0	1	1	0	0	0	0	9
White	712	124	1	571	149	0	25	10	1	1,593
Other	20	2	0	230	34	0	0	0	0	286
Unknown	7	1	0	51	8	1	3	1	1	73
Total	3,615	575	1	922	212	1	132	22	2	5,482
Total number of participants reported being a racial or ethnic minority									4,609 (84%)	

INSURANCE PROVIDER UTILIZED BY NC MDPP PARTICIPANTS		
Insurance	Number of Participants	Percentage (%)
Uninsured	864	15.7%
Insurance from employer/union	1,599	29.2%
Individual Insurance	811	14.8%
Medicare	990	18.1%
Medicaid	431	7.9%
Tricare/VA/other military insurance	199	3.6%
Indian Health Service	71	1.3%
Other Insurance	335	6.1%
Unknown insurance status	908	16.6%

LOCATIONS WHERE NC MDPP PARTICIPANTS RECEIVE CARE		
Source of Care	Number of Participants	Percentage (%)
Private Doctor's Office	3,071	56%
Hospital, clinic, or outpatient department	364	6.6%
Community health center	930	16.9%
Other kind of health care facility	163	2.9%
No usual source of care	138	2.5%
Unknown	816	14.8%

### ***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 2023-24. 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.

For the fiscal year 2023-2024, we altered funding levels to create a five-tier funding methodology while adjusting the goals for the counties participating in the Living Well program. As this was the first year, we were uncertain about what the specific goals should be. Therefore, we set modest targets for screening, enrollment, and class numbers, allowing the regions the opportunity to develop or establish their Living Well program. The table below displays the lead regional health department, counties served, award amount, and programmatic goals by agreement type.

#### ***Fiscal Year 2023-24 Funding Levels (Service Period: June 1, 2023 - May 31, 2024)***

##### **Lead Health Departments Receiving Standard NC MDPP Agreement Addendum**

<b>Level 1</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Annual NC MDPP Programmatic Goals</b>
<b>Region 1</b> Macon County (Lead Agency)	Clay, Haywood Jackson, Macon, Swain, Transylvania	\$160,023.00	<ul style="list-style-type: none"><li>• 150 people screened for prediabetes</li><li>• 45 people enrolled into NC MDPP</li><li>• 60% of people served must be racial/ethnic minorities</li><li>• ≥ 4 NC MDPP 12-month Lifestyle Class Series</li></ul>
<b>Level 2</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Annual NC MDPP Programmatic Goals</b>
<b>Region 3</b> Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$195,105.00	<ul style="list-style-type: none"><li>• 165 people screened for prediabetes</li><li>• 50 people enrolled into NC MDPP</li><li>• 60% of people served must be racial/ethnic minorities</li><li>• ≥ 4 NC MDPP 12-month Lifestyle Class Series</li></ul>
<b>Level 3</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Annual NC MDPP Programmatic Goals</b>
<b>Region 6</b> Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	<ul style="list-style-type: none"><li>• 200 people screened for prediabetes</li><li>• 60 people enrolled into NC MDPP</li><li>• 75% of people served must be racial/ethnic minorities</li><li>• ≥ 5 NC MDPP 12-month Lifestyle Class Series</li></ul>
<b>Region 7</b> Granville-Vance Health District (Lead Agency)	Franklin, Granville- Vance, Halifax, Johnston, Nash, Wake, and Warren	\$230,105.00	<ul style="list-style-type: none"><li>• 200 people screened for prediabetes</li><li>• 60 people enrolled into NC MDPP</li><li>• 75% of people served must be racial/ethnic minorities</li><li>• ≥ 5 NC MDPP 12-month Lifestyle Class Series</li></ul>
<b>Level 4</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Annual NC MDPP Programmatic Goals</b>
<b>Region 9</b> Martin-Tyrrell- Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	<ul style="list-style-type: none"><li>• 250 people screened for prediabetes</li><li>• 75 people enrolled into NC MDPP</li><li>• 75% of people served must be racial/ethnic minorities</li><li>• ≥ 6 NC MDPP 12-month Lifestyle Class Series</li></ul>

### Lead Health Departments Receiving NC MDPP-Living Well Equity Initiative Agreement Addendum

Level 2	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<b>Region 5</b> Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$195,105.00	<ul style="list-style-type: none"> <li>• 100 people screened for prediabetes</li> <li>• 30 people enrolled into NC MDPP</li> <li>• 75% of people served must be racial/ethnic minorities</li> <li>• ≥ 2 NC MDPP 12-month Lifestyle Class Series</li> <li>• ≥ 2 Living Well Events</li> </ul>
Level 3	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<b>Region 4</b> Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, McDowell, Mecklenburg, Rowan	\$230,105.00	<ul style="list-style-type: none"> <li>• 100 people screened for prediabetes</li> <li>• 30 people enrolled into NC MDPP</li> <li>• 75% of people served must be racial/ethnic minorities</li> <li>• ≥ 2 NC MDPP 12-month Lifestyle Class Series</li> <li>• ≥ 2 Living Well Events</li> </ul>
Level 4	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<b>Region 2</b> Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	<ul style="list-style-type: none"> <li>• 100 people screened for prediabetes</li> <li>• 30 people enrolled into NC MDPP</li> <li>• 75% of people served must be racial/ethnic minorities</li> <li>• ≥ 2 NC MDPP 12-month Lifestyle Class Series</li> <li>• ≥ 2 Living Well Events</li> </ul>
Level 5	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<b>Region 10</b> Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$370,105.00	<ul style="list-style-type: none"> <li>• 100 people screened for prediabetes</li> <li>• 30 people enrolled into NC MDPP</li> <li>• 75% of people served must be racial/ethnic minorities</li> <li>• ≥ 2 NC MDPP 12-month Lifestyle Class Series</li> <li>• ≥ 2 Living Well Events</li> </ul>

The table below displays the lead regional health department; the counties served, the amount awarded, actual expenditures, total participants screened, total participants enrolled, and the number of classes conducted per region at their respective funding levels for fiscal year 23-24 by funding level.

### Lead Health Departments FY 23-24 Amount Expended and Status of Programmatic Goals

Level 1	Counties Served	Award Amount	Amount Expended	Annual NC MDPP Programmatic Goals Status
<b>Region 1</b> Macon County (Lead Agency)	Clay, Haywood Jackson, Macon, Swain, Transylvania	\$160,023.00	\$159,075.46	<b>159</b> people screened for prediabetes; <b>45</b> NC MDPP participants; <b>3</b> NC MDPP 12-month Lifestyle Class Series <b>1</b> Community Conversation
Level 2	Counties Served	Award Amount	Amount Expended	Annual NC MDPP Programmatic Goals Status
<b>Region 3</b> Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$195,105.00	\$195,105.00	<b>227</b> people screened for prediabetes; <b>63</b> NC MDPP participants; <b>5</b> NC MDPP 12-month Lifestyle Class Series <b>1</b> Community Conversation
<b>Region 5</b> Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$195,105.00	\$186,233.77	<b>321</b> people screened for prediabetes; <b>58</b> NC MDPP participants; <b>8</b> NC MDPP 12-month Lifestyle Class Series <b>1</b> Community Conversation <b>2</b> Living Well Events

<b>Level 3</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Amount Expended</b>	<b>Annual NC MDPP Programmatic Goals Status</b>
<b>Region 4</b> Cabarrus County (Lead Agency)	Cabarrus, Catawba Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly	\$230,105.00	\$230,105.00	542 people screened for prediabetes; 12 NC MDPP participants; 1 NC MDPP 12-month Lifestyle Class Series 3 Living Well Events 8 Community Conversations
<b>Region 6</b> Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	\$201,230.00	245 people screened for prediabetes; 43 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series 1 Community Conversation
<b>Region 7</b> Granville-Vance Health District (Lead Agency)	Franklin, Granville- Vance, Halifax, Johnston, Nash, Wake, and Warren	\$230,105.00	\$227,248.12	316 people screened for prediabetes; 79 NC MDPP participants; 7 NC MDPP 12-month Lifestyle Class Series 1 Community Conversation
<b>Level 4</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Amount Expended</b>	<b>Annual NC MDPP Programmatic Goals Status</b>
<b>Region 2</b> Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	\$294,321.00	614 people screened for prediabetes; 58 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series 21 Community Conversations 2 Living Well Events
<b>Region 9</b> Martin-Tyrrell- Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquatank, Tyrrell, Washington	\$294,321.00	\$292,749.93	710 people screened for prediabetes; 140 NC MDPP participants; 8 NC MDPP 12-month Lifestyle Class Series 20 Community Conversations
<b>Level 5</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Amount Expended</b>	<b>Annual NC MDPP Programmatic Goals Status</b>
<b>Region 10</b> Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$370,105.00	\$341,403.26	984 people screened for prediabetes; 148 NC MDPP participants; 14 NC MDPP 12-month Lifestyle Class Series 2 Community Conversations 2 Living Well Events

### **Challenges**

The NC MDPP program's funding level has remained unchanged at \$2,199,295 since FY 2020-2021, despite a 16% rise in the cost of living during this period, according to the U.S. Bureau of Labor Statistics Consumer Price Index (CPI) data. This static funding has created key challenges, including difficulty in providing competitive wages for lifestyle coaches, limited capacity to hire additional coaches to meet program demand, and increased strain on resources for participant incentives.

### **Next Steps with the NC MDPP:**

1. NC OHE MDPP Staff will attend training and work with the Local and Community Support (LCS) section and Office of the Internal Auditor (OIA) to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OHE will provide technical assistance and ongoing 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.
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 partnerships for outreach to the Latinx population.
8. NC OHE will expand partnerships for outreach to the American Indian population.
9. NC OHE will expand partnerships for outreach to rural communities with targeted populations.
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 the accessibility of virtual NC MDPP Lifestyle Classes to reach participants with limited internet access.
12. NC OHE will work to secure additional funding to broaden the reach of NC MDPP further to serve as many community members as possible.
13. NC OHE will partner with organizations whose mission is to prevent or control diabetes statewide and nationally.