

**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										
Racial Categories	Ethnic Categories									Total
	Not Hispanic or Latino			Hispanic or Latino			Unknown Not Reported Ethnicity			
	Female	Male	Unknown	Female	Male	Unknown	Female	Male	Unknown	
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, Pasquatank, 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.