

**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**

**Fiscal Research Division**

**By**

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

**February 4, 2026**

## **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**

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 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 and identifies areas for improvement to increase its effectiveness.

## **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. More than 80% of adults with prediabetes don’t know they have it, and 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 (American Diabetes Association Statistics About Diabetes, 2023). In North Carolina, approximately one-third of people with prediabetes are from racial and ethnic minority groups.

As of 2023, 2,765,000 North Carolinians have prediabetes. In 2023, 15.1% 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, 34.5% were racial and ethnic minorities. (North Carolina State Center for Health Statistics BRFSS, 2023). Annually, 50,200 North Carolina residents develop diabetes, and these diagnosed diabetes cases cost an estimated \$10.6 billion a year (North Carolina Diabetes Action Guide, 2025).

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, 2025; Saylor et al., 2024). 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 community 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 may enroll non-Hispanic white individuals in the program, but they 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
- 3) Community conversations

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

During fiscal year 2024-2025, over 200 prediabetes screening events were conducted in various community-focused locations, such as community centers, farmers markets, local health departments, faith-based organizations, senior centers, college campuses, barbershops, and local recreation centers. Various screening tools were utilized across different regions including the CDC and American Diabetes Association (ADA) paper screeners, hemoglobin A1c tests, and electronic health records.

The fiscal year goal for the organization was to screen 1,365 adults. As in previous years, the NC MDPP regional collaborative exceeded the state's prediabetes screening objective by screening a total of 3,512 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 blood pressure checks, vaccinations, lipid panels, mammograms and more, providing a comprehensive health assessment for participants in collaboration with other community organizations.

Marketing efforts for the NC MDPP included a wide range of strategies to maximize outreach and engagement across North Carolina. These included English and Spanish billboards, print and radio ads, local magazine ads and public service announcements. Regional coordinators also maintained strong community outreach through participation in health fairs, church bulletins, and door-to-door outreach from community health workers. While word of mouth has been the program's most vital marketing tool, social media has recently become a major driver of interest. Additionally, a new partnership with the ADA's Diabetes Prevention Alliance has helped promote the program on a national scale. Altogether, these combined initiatives have successfully reached a total of one million North Carolinians.

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

The core goal of the NC 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 incentives, and access to facilities for safe physical activity and stress management skills.

During fiscal year 2024-2025, our goal was to conduct 32 lifestyle classes with 410 enrollees. In total, we conducted 49 lifestyle classes and enrolled 566 participants, surpassing both goals, exceeding the target by 53% in classes delivered and 38% for enrollment. 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.

Year after year the program’s success is built on strong community partnerships. This year the regional collaboratives partnered with organizations such as the Catholic Diocese, local high schools, the Red Cross, Aim High Keep Pressing, local churches, Mako Mobile Health, AmeriCorps Seniors, World Central Kitchen, barbershops, and nurse navigators. These collaborations helped expand our reach and allowed us to host a wide range of supplemental sessions, including fitness sessions, cooking classes, grocery store tours, mental health support, and even panel discussions with physician assistants.

Despite these strong partnerships, program enrollment faced challenges this year due to the impact of Hurricane Helene. To ensure continued accessibility and comfort for participants, classes were offered in a hybrid format, allowing them to join virtually or in person based on their needs.

As always, the efforts of our lifestyle coaches and regional coordinators demonstrate a compassionate, community-driven approach that not only promotes physical health but protects the emotional well-being of participants across the state.

## 3. **Community Conversations**

The aim of community conversations is to foster discussions about prediabetes and its relationship with various social drivers of health. In fiscal year 2024-2025, the emphasis remained on action and movement, with regional collaboratives hosting a range of events such as cooking classes, exercise sessions, yoga classes, stress management classes, and food drives. These initiatives helped raise awareness of the program and continued to strengthen community wellbeing.

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

The retention rate for the class series has remained impressive, with 86% 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.

Participation in the NC MDPP 12-month lifestyle class series has consistently remained high, averaging nearly 14 sessions. The total number of sessions available to participants varies by region. During Phase 1 (0-6 months), participants are asked to attend 16 weekly sessions.

During Phase 2 (7-12 months), participants are required to attend a minimum of six classes, spaced a month apart. Social drivers of health needs have increased, so participants requested more engagement during this phase. As a result, regions 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 54.9% 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	
<b>*Weight Change (lbs) mean(sd)</b>	-4.7 (8.9)
<b>*Weight Change (%) mean(sd)</b>	-2.2 (4.2)
<b>Sessions Attended mean(sd)</b>	13.8 (3.2)
<b>Attendance Rate mean(sd)</b>	85.7 (19.4)
<b>Meet PA goal (150 min/week) N(%)</b>	2941 (54.9%)

\* All measures were calculated based on the CDC data collection standards for participants who attended a minimum of four classes (n=5,482).

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 been eating healthier, reducing stress, and others have begun seeing a primary care doctor for the first time in years.

### ***Innovative Approaches***

Since 2021, the NC MDPP has been at the forefront of deploying innovative approaches to support user engagement and outreach. This includes an AI-driven Chatbot Program offering evidence-based lifestyle coaching and wellness tips delivered via SMS. Users enrolled in this digital program received weekly motivational and educational messages about healthy eating, physical activity, sleep and stress management specifically designed to complement and reinforce the NC MDPP and Diabetes Self-Management Education and Support class materials and promote behavior change with lifestyle modification. Users also provided self-reported outcomes, challenges, and barriers through regular surveys.

Users received monthly survey check-ins to assess the knowledge they gained while in class. Some responses from FY25 included the following: 97% of participants reported that they often shop around the perimeter of the grocery store, where fresh foods are typically located. When asked about physical activity, 57% indicated that they were often able to meet the recommended goal of approximately 150 minutes of exercise per week. Regarding access to healthy foods, only 3% reported that they did not have easy access to fresh produce or could not afford nutritious options. Lastly, when rating recent stress levels, 96% of respondents stated they were able to effectively manage stress.

Over the past four years, approximately 1,000 users have enrolled in the program, in both English and Spanish. Of that, ~450 are still active and we have ongoing weekly enrollments.

In FY25, several new initiatives were introduced to enhance user engagement and to support healthy lifestyles. One major addition was the “Holiday Maintain, Not Gain” program, designed to help users stay on track with their wellness goals during the holiday season. Upon completion of the program, 65% of participants reported feeling physically and mentally ready to start the New Year, while 40% stated that they remained on track with their goals even for the holidays.

Another innovative development was the introduction of the NC MDPP virtual assistant, a tool that allowed users to ask lifestyle-related questions directly from their mobile phones. The Virtual Assistant was trained in evidence-based content across all dimensions of health, including nutrition, exercise, sleep, and mental health. It also provided support for Social Drivers of Health (SDOH) inquiries. Depending on the request and zip code, the assistant was able to provide users with addresses for local food banks, park trails, mental health resources, and even the contact information for the regional coordinator in their area.

Lastly, Lifestyle Medicine content has been added to the Chatbot Program to broaden the educational resources that was delivered to users. Overall, the new Chatbot initiatives helped us continue our efforts to increase access to healthy living.

This fiscal year, we also continued our Living Well Health Initiative, aiming 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. Two regions continued to offer tailored diabetes education and management programs, while the other two regions continued to conduct smaller workshops tailored to specific populations.

### ***Hurricane Helene***

Hurricane Helene hit Western North Carolina amid the beginning of fiscal year 2024-2025, causing significant disruption to programming. The storm flooded the homes of five participants and left participants, lifestyle coaches, and staff without power and cell service. This widespread devastation paused all planning and programming for a month. Attendance and retention were severely affected, as many participants were unable to continue or dropped out of ongoing classes due to the challenges that arose during the aftermath.

In response to the disaster, past program participants and lifestyle coaches demonstrated incredible community spirit by conducting well-check calls and visits, assisting with disaster relief efforts, distributing supplies, and volunteering at YMCA of WNC’s pop up mobile markets for food distribution. After a long road to recovery, programming resumed in April. Region 2 was able to successfully launch a Spanish cohort with a strong roster, as well as a Diabetes Education and Empowerment Program class, and a strong alumni support program. Region 2’s lifestyle coaches and regional coordinator demonstrated incredible compassion, resilience, and teamwork throughout a challenging time, and remained committed to serving the community and continuing the work of the NC MDPP.

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

The state's objective for fiscal year 2024-2025 was to screen a total of 1,365 individuals, allocate at least 10% of the regional budget toward specific marketing campaigns, enroll 410 participants in the NC MDPP, conduct 32 series of the 12-month lifestyle classes, organize nine community conversations throughout the state, and host 8 Living Well Events. The following

table presents the status of the programmatic objectives of the regional collaborative for fiscal year 2024-2025.

STATUS OF PROGRAMMATIC GOALS FOR FISCAL YEAR 2024-2025		
Program Annual Goals Total for Fiscal Year 2024-25	Status Update as of 6/30/25	Progress
1,365 people screened for prediabetes	3,512 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.	Goal met
410 people enrolled into NC MDPP	566 people enrolled into NC MDPP	Goal exceeded
32 NC MDPP 12-Month Lifestyle Class series	49 NC MDPP 12-month Lifestyle Class Series	Goal exceeded
9 Community Conversation Events	62 Community Conversation Events	Goal exceeded
8 Living Well Events	8 Living Well Events	Goal met

***Program Status Updates (cumulative per 6-30-25 cut-off)***

As part of the state's efforts, the cumulative goal for the fiscal year was to screen a total of 17,515 individuals, allocate at least 10% of the regional budget on specific marketing campaigns, enroll 5,645 people into the NC MDPP, hold 394 12-month Lifestyle Class series, conduct 83 community conversations throughout the state, and host 16 Living Well events. NC MDPP achieved 240% of the screening goal, 112% of the enrollment goal, 151% of the Lifestyle Class series goal, 262% of the community conversation goal, and 106% of the Living Well goal. The table below presents the status of the cumulative goals of the regional collaborative by the end of fiscal year 2024-2025.

STATUS OF CUMULATIVE GOALS BY THE END OF FISCAL YEAR 2024-2025		
Program Cumulative Goals Total by Fiscal Year-end 2024-25	Status Update as of 6/30/25	Progress
17,515 total people screened for prediabetes	42,133 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.	Goal met
5,645 total people enrolled in MDPP	6,354 people enrolled in NC MDPP	Goal exceeded
394 total NC MDPP 12-Month Lifestyle Class series	597 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
83 total Community Conversation events	218 Community Conversation events	Goal exceeded
16 Living Well Events	17 Living Well Events	Goal exceeded

***Patient Demographics (cumulative per 6-30-25 cut-off)***

The tables below present a detailed breakdown of the NC MDPP participants by race/ethnicity, insurance, and source of care since its inception. The data shows that 85% of the participants belong to a community of color, with the majority identifying as African American and female. 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	3,206	457	0	18	1	0	100	10	0	3,792
Asian	17	5	0	1	1	0	1	1	0	26
Native American/Alaskan Native/American	202	36	0	66	22	0	9	0	0	335
Native Hawaiian/Pacific Islander	6	1	0	1	1	0	0	0	0	9
White	790	138	1	582	157	0	25	10	1	1,704
Other	23	3	0	293	52	1	1	0	0	373
Unknown	7	1	0	52	8	1	5	2	1	77
Total	4,251	641	1	1013	242	2	141	23	2	6,316
Total number of participants reported being a racial or ethnic minority									5,351 (85%)	

INSURANCE PROVIDER UTILIZED BY NC MDPP PARTICIPANTS		
Insurance	Number of Participants	Percentage (%)
Uninsured	890	13.7%
Insurance from employer/union	1,655	25.5%
Individual Insurance	835	12.8%
Medicare	1,071	16.5%
Medicaid	461	7.1%
Tricare/VA/other military insurance	212	3.2%
Indian Health Service	72	1.1%
Other Insurance	348	5.3%
Unknown insurance status	943	14.5%

LOCATIONS WHERE NC MDPP PARTICIPANTS RECEIVE CARE		
Source of Care	Number of Participants	Percentage (%)
Private Doctor's Office	3,216	56.2%
Hospital, clinic, or outpatient department	380	6.6%
Community health center	963	16.8%
Other kinds of health care facility	168	2.9%
No usual source of care	148	2.5%
Unknown	843	14.8%

### ***Budget and Funding Mechanism***

To administer the NC MDPP, OMHHD distributes funds for the program, serving nine of ten regional collaboratives in the state. The regional approach continued to successfully meet the financial and service goals of the NC MDPP in the fiscal year 2024-2025. OMHHD 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 fiscal year 2024-2025, we continued the five-tier funding methodology, still modestly adjusting the goals for the regions participating in the Living Well Health Initiative. The tables below display the region, the lead health department, counties served, award amount, and programmatic goals by contract type.

***Fiscal Year 2024-2025 Funding Levels (Service Period: June 1, 2024 - May 31, 2025)***

**Lead Health Departments Receiving Standard NC MDPP Contract**

Level 1	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<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>≥ 3 NC MDPP 12-month Lifestyle Class Series</li> </ul>
Level 2	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<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>
Level 3	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<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>
Level 4	Counties Served	Award Amount	Annual NC MDPP Programmatic Goals
<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 Contract**

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>
<b>Level 5</b>	<b>Counties Served</b>	<b>Award Amount</b>	<b>Annual NC MDPP Programmatic Goals</b>
<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 outlines each region, lead health department, the counties served, award amounts, actual expenditures, total participants screened and enrolled, the number of classes conducted per region, and cumulative totals for Year 7 as their respective funding levels for fiscal year 2024-2025.

### Lead Health Departments FY 2024-2025 Amount Expended and Status of Programmatic Goals

Level 1	Counties Served	Award Amount	Amount Expended	FY 24-25 NC MDPP Programmatic Goals Status	Cumulative Total Served (per 6/30/25 for Year 7)
<b>Region 1</b> Macon County	Haywood Macon	\$160,023.00	\$135,262.84	<b>159</b> People Screened for Prediabetes <b>45</b> Participants Enrolled <b>3</b> Lifestyle Class Series	<b>1,492</b> People Screened for Prediabetes <b>473</b> Participants Enrolled <b>39</b> Lifestyle Class Series
Level 2	Counties Served	Award Amount	Amount Expended	Annual NC MDPP Programmatic Goals Status	Cumulative Total Served (per 6/30/25 for Year 7)
<b>Region 3</b> Forsyth County	Davidson, Forsyth	\$195,105.00	\$183,578.80	<b>318</b> People Screened for Prediabetes <b>611</b> Participants Enrolled <b>6</b> Lifestyle Class Series	<b>1,948</b> People Screened for Prediabetes <b>611</b> Participants Enrolled <b>53</b> Lifestyle Class Series
<b>Region 5</b> Alamance County	Alamance, Caswell Chatham, Durham Guilford, Orange Person, Rockingham	\$195,105.00	\$193,928.01	<b>326</b> People Screened for Prediabetes <b>65</b> Participants Enrolled <b>8</b> Lifestyle Class Series <b>2</b> Living Well Events	<b>3411</b> People Screened for Prediabetes <b>688</b> Participants Enrolled <b>87</b> Lifestyle Class Series
Level 3	Counties Served	Award Amount	Amount Expended	Annual NC MDPP Programmatic Goals Status	Cumulative Total Served (per 6/30/25 for Year 7)
<b>Region 4</b> Cabarrus County	Cabarrus, Gaston, Iredell, Mecklenburg, Rowan	\$230,105.00	\$230,105.00	<b>284</b> People Screened for Prediabetes <b>44</b> Participants Enrolled <b>2</b> Lifestyle Class Series <b>2</b> Living Well Events	<b>4,288</b> People Screened for Prediabetes <b>547</b> Participants Enrolled <b>42</b> Lifestyle Class Series
<b>Region 6</b> Richmond County	Hoke, Moore, Montgomery, Richmond	\$230,105.00	\$174,937.98	<b>326</b> People Screened for Prediabetes <b>55</b> Participants Enrolled <b>8</b> Lifestyle Class Series	<b>4,148</b> People Screened for Prediabetes <b>542</b> Participants Enrolled <b>54</b> Lifestyle Class Series
<b>Region 7</b> Granville-Vance Health District	Granville-Vance, Halifax, Johnston, Wake,	\$230,105.00	\$230,099.06	<b>290</b> People Screened for Prediabetes <b>94</b> Participants Enrolled <b>7</b> Lifestyle Class Series	<b>2,581</b> People Screened for Prediabetes <b>666</b> Participants Enrolled <b>61</b> Lifestyle Class Series
Level 4	Counties Served	Award Amount	Amount Expended	Annual NC MDPP Programmatic Goals Status	Cumulative Total Served (per 6/30/25 for Year 7)

<b>Region 2</b> Buncombe County	Buncombe, Henderson, McDowell	\$294,321.00	\$294,321.00	<b>615</b> People Screened for Prediabetes <b>21</b> Participants Enrolled <b>1</b> Lifestyle Class Series	<b>2,727</b> People Screened for Prediabetes <b>453</b> Participants Enrolled <b>41</b> Lifestyle Class Series
<b>Region 9</b> Martin-Tyrrell-Washington Health District	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	\$290,761.30	<b>657</b> People Screened for Prediabetes <b>80</b> Participants Enrolled <b>11</b> Lifestyle Class Series	<b>3,751</b> People Screened for Prediabetes <b>982</b> Participants Enrolled <b>97</b> Lifestyle Class Series
<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>Cumulative Total Served (per 6/30/25 for Year 7)</b>
<b>Region 10</b> Pitt County	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$370,105.00	\$370,104.90	<b>466</b> People Screened for Prediabetes <b>152</b> Participants Enrolled <b>13</b> Lifestyle Class Series	<b>13,626</b> People Screened for Prediabetes <b>982</b> Participants Enrolled <b>101</b> Lifestyle Class Series

## Recommendations

Because funding has remained flat while costs have continued to rise, the North Carolina Minority Diabetes Prevention Program’s capacity to serve participants at risk for diabetes has diminished. Costs have gone up, and funding has not kept pace with those changes. As a result, the number of participants regional health departments can enroll and support has remained the same for the past five years, even though waiting lists show that demand for services continues to grow.

The need for diabetes prevention remains critical across North Carolina, and current resources limit the program’s ability to reach participants consistently and deliver the full range of supports that help them complete the program and sustain healthy behaviors. If additional resources or external funding were secured—an area the NC OMHHD is actively exploring—regional health departments could expand their capacity to prevent diabetes, reach more individuals before the onset of disease, and offer more comprehensive supports that help participants achieve lasting reductions in chronic disease risk.

We are seeking an increase in funding not only to strengthen our program statewide, but also to reinstate operations in Region 8, which encompasses Robeson, Bladen, Sampson, Columbus, Duplin, Onslow, Pender, New Hanover, and Brunswick counties. Funding for Region 8 was previously discontinued due to underperformance; however, recent assessments have identified a critical and growing need for diabetes prevention services in this area. Aside from a limited virtual offering through another program, there are no active diabetes prevention programs serving the residents of Region 8.

Data has demonstrated the urgency of reinstating services. As of 2021, Robeson and Sampson counties have the highest diabetes rates in North Carolina, and both counties also have age-adjusted diabetes mortality rates that exceed both the state and national averages, highlighting the need for intervention. Additionally, the prevalence of diabetes among Native Americans is 19.6%, significantly higher than the state average of 12.4% (America’s Health Ranking, 2024). The counties in Region 8 are home to several Native American Tribes, including the Lumbee Tribe in Robeson County, the Coharie Tribe in Sampson County, The Waccamaw Siouan Tribe in Columbus and Bladen counties.

Reinstating Region 8 operations will allow NC MDPP to address significant inequities in high-need, underserved counties. It will allow us to collaborate with tribal leadership and local

organizations to deliver a culturally relevant diabetes program tailored to the needs of the community. Reestablishing our services will help improve health outcomes and reduce the long-term healthcare costs associated with diabetes complications. Given this demonstrated need, and the potential for meaningful impact, we are committed to seeking additional funding to reinstate and sustain operations in Region 8 as part of our broader strategy to advance diabetes prevention across North Carolina.

**Next Steps with the NC MDPP:**

1. NC OMHHD 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 OMHHD will provide technical assistance and ongoing health equity training for health and human service professionals to support program expansion.
3. NC OMHHD will continue to work with NC DHHS and its partners to connect NC MDPP participants and communities to ongoing resource mapping/sharing efforts, relevant programmatic opportunities, and other initiatives that seek to improve health outcomes and behaviors.
4. NC OMHHD will explore ways to expand NC MDPP's reach by partnering and collaborating with organizations and entities that enhance the mission and vision of NC DHHS.
5. NC OMHHD will provide CLAS training to regional coordinators and lifestyle coaches to ensure a standard of cultural competency throughout NC MDPP.
6. NC OMHHD will expand partnerships for outreach to the Latinx population.
7. NC OMHHD will expand partnerships for outreach to the American Indian population.
8. NC OMHHD will expand partnerships for outreach to rural communities with targeted populations.
9. NC OMHHD will expand partnerships for outreach to Asian and Pacific Islander communities.
10. NC OMHHD will work to improve the accessibility of the NC MDPP Lifestyle Classes to reach people with disabilities.
11. NC OMHHD will work to secure additional funding to broaden the reach of NC MDPP further, with an emphasis on Region 8, to serve as many community members as possible.
12. NC OMHHD will partner with organizations whose mission is to prevent or control diabetes statewide and nationally.