

**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**

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Reporting Requirements

Session Law 2017-57, Section 11E.5.(a): The Department of Health and Human Services, Division of Public Health, Office of Minority Health, shall continue to administer, in consultation with the Chronic Disease and Injury (CDI) Prevention Section, an evidence-based Diabetes Prevention Program modeled after the program recommended by the National Institute of Diabetes and Digestive and Kidney Diseases, focusing on communities of color.

Session Law 2017-57, Section 11E.5.(b): By December 1, 2017, and annually thereafter, the Department of Health and Human Services shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status, participant demographics, cost, and outcomes of the Diabetes Prevention Program authorized by subsection (a) of this section.

Executive Summary

Prediabetes is a condition where people have higher than normal blood glucose levels and are at risk of developing type 2 diabetes without intervention. Roughly one-third of North Carolinians with prediabetes are racial and ethnic minorities.

In 2016, the North Carolina General Assembly made funding available to the Division of Public Health (DPH) for the North Carolina Office of Health Equity (OHE), previously the Office of Minority Health & Health Disparities (NC OMHHD), to establish and administer, in consultation with the Chronic Disease and Injury Section, an evidence-based diabetes prevention program targeting African-Americans, Hispanic/Latinos and American Indians (HB 1030, 2015-241, Section 12E.3). Diabetes Prevention Programs (DPP) are designed to empower people with prediabetes to take charge of their health and well-being. These 12-month, evidence-based programs can help people who have prediabetes or are at high risk for type 2 diabetes make realistic and achievable lifestyle changes that can cut their risk of developing type 2 diabetes by up to 58% percent (CDC, “Preventing Type 2 Diabetes”). This report outlines the metrics of the North Carolina Minority Diabetes Prevention Program’s (NC MDPP) administration and identifies room for increasing its effectiveness.

Background

Prediabetes is a condition where people have higher than normal blood glucose levels (mg/dl), but their mg/dl is not yet high enough to be diagnosed as diabetes. Nationally, an estimated 96 million American adults have prediabetes, but only 17% have been notified by their healthcare provider. African Americans, American Indians, Alaska Natives, Asians, Hispanics, Native Hawaiians, and other Pacific Islanders are at higher risk than non-Hispanic whites for developing type 2 diabetes (CDC, Diabetes Report 2020). In 2021, an estimated 2.7 million adults in North Carolina had prediabetes. In that same year, 12.7% of respondents to a Behavioral Risk Factor Surveillance System survey indicated that they had been told by a doctor or other health professional that they had prediabetes or borderline diabetes. Of those respondents, 44.7% were racial and ethnic minorities. (North Carolina State Center for Health Statistics, BRFSS 2021). In 2021, the Centers for Disease Control and Prevention estimated that 166 adults in North Carolina develop diabetes daily (Community and Clinical Connections for Prevention and Health, Fact Sheet 2021).

The annual healthcare cost of diabetes in North Carolina is estimated to surpass \$17 billion by 2025 (North Carolina Diabetes Advisory Council Report 2020). Without lifestyle changes to improve their health, many people living with prediabetes are more likely to develop type 2 diabetes within five years (CDC, Prediabetes Fact Sheet 2020). Implementing NC MDPP will improve the early detection and treatment of prediabetes and help slow the projected increase in type 2 diabetes prevalence in North Carolina.

NC MDPP General Overview

The goal of NC MDPP is to establish a statewide framework to decrease the incidence of diabetes in communities of color. NC MDPP is composed of three main components: (1) Community screenings for prediabetes and region-specific targeted marketing campaigns in communities of color promoting prediabetes and diabetes awareness, (2) 12-month NC MDPP Lifestyle Class Series in communities of color, (3) Community conversations to communities of color across North Carolina.

NC MDPP Regional Collaboratives were created to engage, screen, and deliver NC MDPP that includes the CDC curricula (“Prevent T2” and “Prevenca el T2”) to a cohort of communities of color within its region. The Local Health Department and its partners may engage, screen, and enroll non-Hispanic white persons in the NC MDPP, provided that no less than 60% of program participants are of color.

Program Activities

NC MDPP is a multi-component initiative that includes the following components:

- 1) Community screenings and region-specific targeted marketing campaigns
- 2) 12-month NC MDPP Lifestyle Class series
- 3) Community conversations

1. Community Screenings and Region-Specific Targeted Marketing Campaigns

Prediabetes screening events were facilitated at local health departments, faith-based organizations, food banks, pharmacies, and other community agencies. Screening tools included: the CDC prediabetes paper screener, fasting and non-fasting blood glucose tests, hemoglobin A1c tests, and electronic health records. In addition, because of COVID-19, NC MDPP Regional Coordinators developed a virtual copy of the CDC screening tool to promote electronic screening efforts.

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

In fiscal year 2021-2022, NC MDPP Regional Collaboratives developed region-specific targeted marketing awareness campaigns, reaching over 6.5 million people. They used various platforms to disseminate messages, including billboards, radio, print, and online advertisements, digital media, television public service announcements, websites, and social media. Regional staff continues to expand their reach and collaborate with Faith-based organizations and lay leaders to support diabetes awareness through testimonials. Word of mouth from NC MDPP participants and their families continues to be a significant driver for recruitment and retention initiatives. In addition, several Regional Collaboratives continued to establish partnerships with local

laboratories and physicians to create a bidirectional screening system via electronic health records. The bidirectional screening system has increased reach through a streamlined A1c screening process that directed more residents to NC MDPP classes and DSME programs.

2. 12-month NC MDPP Lifestyle Class Series

Increasing minority participation in Diabetes Prevention Programs (i.e., Lifestyle Class series using the CDC Prevent T2 curriculum) is the core goal of NC MDPP. Participants enrolled in the NC MDPP Lifestyle Class series receive nutrition education, strategies for problem-solving, resources and access to facilities for safe physical activity, and stress management skills. The NC MDPP Lifestyle Class series is facilitated by a trained lifestyle coach over 12 months.

The continued enrollment and participation success in fiscal year 2021-2022 was primarily a result of existing lay leaders and referring physicians advocating for NC MDPP 12-month Lifestyle Classes and screening efforts. The goal was to facilitate a cumulative minimum of 281 Lifestyle Class series across the state, enrolling a minimum of 4245 residents cumulatively. By the end of fiscal year 2021-2022, NC MDPP facilitated 429 NC MDPP 12-month Lifestyle Class series across the state, with 4,393 enrolled participants, exceeding the cumulative enrollment goals. Continued COVID-19 closures and changes in NC MDPP Staff responsibilities throughout the pandemic greatly impacted NC MDPP 12-month Lifestyle Class implementation. As a result, several Regional Collaboratives formed and served on Task Forces to maintain engagement, boost staff and participant morale, and increase NC MDPP retention rates.

NC MDPP agencies continue to be agents of change. In 2021, as Covid-19 entered its second year and the rapid introduction of new variants, NC MDPP Regional Collaborate exercised flexibility, alternating between virtual platforms, socially distanced in-person classes, and hybrid options to make everyone feel safe. This commitment to NC MDPP participant success and NC MDPP staff support allowed NC MDPP agencies to maintain high retention rates using various platforms in Fiscal Year 21-22. As a result, several NC MDPP agencies continue to be recognized by the Center for Disease Control and Prevention (CDC) for success, with some sites even gaining Full-Plus recognition, allowing them, to be granted recognition for a total of five years.

3. Community Conversations

NC MDPP continued to facilitate Community Conversations that invoked dialogue that built awareness and support around health issues within the targeted communities. These conversations were critical to identifying and addressing health inequities related to diabetes prevention and awareness. Like in previous years, many barriers identified were related to the Social determinants of health. However, some Community Conversations were canceled due to the emergence of new rapidly spreading covid variants and staff changes. In contrast, others held virtual or socially distanced community conversations. NC MDPP Regional Coordinators reported the following barriers identified by NC MDPP participants; 1) Inconsistent internet access or speed in NC MDPP participant homes, 2) Insufficient access to technology that supports virtual platforms, 3) Limited knowledge of virtual platform application or Zoom fatigue, 4) Increased stress and anxiety due to isolation, 5) Missed classes due to loss and caregiving, and 6) Decreased self-efficacy for adopting positive behavior lifestyle changes to prevent or delay the onset of diabetes due to limit access to safe opportunities for physical

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

Public Health Outcomes

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

NC MDPP participation in 12-month Lifestyle Class sessions has steadily increased amid COVID-19, with an average participant attendance of nearly 14 sessions. The total number of sessions available to NC MDPP participants varies by region. In Phase 1 (0-6 months) of the series, participants are asked to participate in 16 Lifestyle Class sessions. During Phase 2 (7-12 months), participants are asked to attend a minimum of 6 Lifestyle Class sessions. Regional staff received feedback that NC MDPP participants desired more engagement during Phase 2 (supportive phase). As a result, regional staff worked to increase engagement and accountability by providing private social media support groups, virtual fitness opportunities, grocery store tours, and other events to encourage NC MDPP participant engagement during this supportive phase.

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

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

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

COVID-19 Accommodations

Connecting NC MDPP participants with agencies that can provide appropriate resources to equip and empower them to make lasting lifestyle changes necessary to prevent or delay the onset of diabetes is vital to the success of NC MDPP. NC MDPP agencies participated in community-centered Task Forces that identified COVID-19 barriers while leveraging community assets to promote health equity. NC MDPP agencies continued safe practices to support healthy lifestyle changes by distributing incentives and health resources and facilitating active-lifestyle opportunities. NC MDPP agencies accomplished this by mailing incentives and health resources, facilitating drive-thru incentive pick-up, hosting walking teleconferences, establishing outdoor and virtual fitness opportunities, and maintaining accountability through private social media platforms. As morale began to decrease due to the longevity of COVID-19, Regional collaboratives responded by holding one-on-one sessions between participants and coaches, providing additional interpersonal connection via mobile phone, and hosted challenges among cohorts to keep them engaged.

Innovative Approaches

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

NC MDPP Collaboratives continued to enroll participants and alums into a Chatbot program to engage participants via text message. NC MDPP Participants and alum received interactive messages about healthy eating, physical activity, and stress management strategies. The Chatbot also provided virtual resources, including links to recipes, online workouts, and stress reduction techniques. NC MDPP Lifestyle Coaches participated in the Chatbot program alongside NC MDPP participants and facilitated group discussions around the topics presented. NC MDPP Regional Coordinators and staff are continually working toward establishing best practices for equipping and empowering NC MDPP participants to make lasting lifestyle changes to prevent or delay the onset of diabetes.

Program Annual Status Updates

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

STATUS OF PROGRAMMATIC GOALS FOR FISCAL YEAR 2021-2022		
Program Annual Goals for Fiscal Year 2021-22	Actual Measures Achieved as of 6/30/22	Progress
1,875 total people screened for prediabetes	3,769 people screened for prediabetes	Goal exceeded
10% of the regional budget spent on targeted marketing campaigns	10% of the regional budget spent on targeted marketing campaigns, using various region-specific platforms, with an estimated reach of 7 million people.	Goal met
580 total people enrolled into MDPP	525 people enrolled into NC MDPP	91% of goal met
49 total NC MDPP 12-Month Lifestyle Class series	66 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
9 total Community Conversation events	6 Community Conversation events	67% of goal met

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

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

STATUS OF CUMULATIVE GOALS BY THE END OF FISCAL YEAR 2021-2022		
Program Cumulative Total by Fiscal Year-end 2021-22	Actual Measures Achieved as of 6/30/22	Progress
12,910 total people screened for prediabetes	29,727 people screened for prediabetes	Goal exceeded
10% of the regional budget spent on targeted marketing campaigns	10% of the regional budget spent on targeted marketing campaigns, using various region-specific platforms, with an estimated reach of 7 million people.	Goal met
4,245 total people enrolled into MDPP	4,393 people enrolled into NC MDPP	Goal exceeded
281 total NC MDPP 12-Month Lifestyle Class series	429 NC MDPP 12-Month Lifestyle Class series	Goal exceeded
56 total Community Conversation events	72 Community Conversation events	Goal exceeded

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

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

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

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

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

Budget and Funding Mechanism

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

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

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

Level 1	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	<ul style="list-style-type: none"> • 250 people screened for prediabetes • 75 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 6-8 NC MDPP 12-month Lifestyle Class Series
Level 2	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	<ul style="list-style-type: none"> • 200 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 5-6 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood, Jackson, Macon, Swain, Transylvania	\$197,956.00	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled in NC MDPP • 60% of people served must be racial/ethnic minorities • 4-5 NC MDPP 12-month Lifestyle Class Series
Region 3 Forsyth County (Lead Agency)	Davidson, Forsyth, Stanly, Union, Wilkes	\$197,956.00	<ul style="list-style-type: none"> • 165 people screened for prediabetes • 50 people enrolled in NC MDPP • 60% of people served must be racial/ethnic minorities • 4-5 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Award Amount	Adjusted Annual NC MDPP Programmatic Goals
Region 7 Granville-Vance Health District (Lead Agency)	Franklin, Granville-Vance, Halifax, Johnston, Nash, Wake, and Warren	\$264,321.00	<ul style="list-style-type: none"> • 225 people screened for prediabetes • 60 people enrolled in NC MDPP • 75% of people served must be racial/ethnic minorities • 6-8 NC MDPP 12-month Lifestyle Class Series

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

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

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

The chart below displays the awarded amount, actual FY 21-22 expenditures, lead regional health department, counties served, total participants screened, total participants enrolled, and the number of classes conducted for each region in their respective funding level

Level 1	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 1 Macon County (Lead Agency)	Clay, Haywood Jackson, Macon, Swain, Transylvania	\$137,956.00	\$137,467.07	131 people screened for prediabetes; 37 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 5 Alamance County (Lead Agency)	Alamance, Caswell, Chatham, Durham, Guilford, Orange, Person, Randolph, Rockingham	\$170,105.00	\$165,114.76	166 people screened for prediabetes; 48 NC MDPP participants; 6 NC MDPP 12-month Lifestyle Class Series

Level 2	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 3 Forsyth County (Lead Agency)	Davison, Forsyth, Stanly, Union, Wilkes	\$197,956.00	\$186,023.54	144 people screened for prediabetes; 39 NC MDPP participants; 8 NC MDPP 12-month Lifestyle Class Series
Level 3	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 4 Cabarrus County (Lead Agency)	Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly	\$230,105.00	\$230,096.10	410 people screened for prediabetes; 49 NC MDPP participants; 3 NC MDPP 12-month Lifestyle Class Series
Region 6 Richmond County (Lead Agency)	Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Scotland	\$230,105.00	\$227,767.55	301 people screened for prediabetes; 34 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series
Level 4	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 7 Granville-Vance Health District (Lead Agency)	Franklin, Granville-Vance, Halifax, Johnston, Nash, Wake, and Warren	\$264,321.00	\$254,828.60	142 people screened for prediabetes; 49 NC MDPP participants; 5 NC MDPP 12-month Lifestyle Class Series
Level 5	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 2 Buncombe County (Lead Agency)	Avery, Buncombe, Burke, Caldwell, Hendersonville, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey	\$294,321.00	\$280,378.00	215 people screened for prediabetes; 63 NC MDPP participants; 7 NC MDPP 12-month Lifestyle Class Series
Region 9 Martin-Tyrrell-Washington Health District (Lead Agency)	Bertie, Dare, Martin, Pasquotank, Tyrrell, Washington	\$294,321.00	\$294,321.00	180 people screened for prediabetes; 96 NC MDPP participants; 16 NC MDPP 12-month Lifestyle Class Series
Level 6	Counties Served	Award Amount	Total Amount Expended	Annual NC MDPP Programmatic Goals
Region 10 Pitt County (Lead Agency)	Beaufort, Carteret, Craven, Greene, Jones, Lenoir, Pitt, Wayne, Wilson	\$380,106.00	\$374,275.12	2080 people screened for prediabetes; 137 NC MDPP participants; 13 NC MDPP 12-month Lifestyle Class Series

Recommendations

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

The following recommendations will enhance NC MDPP:

1. NC OHE MDPP Staff will attend training and work with ALCS and OIA to update monitoring protocols to be consistent with current OIA guidelines.
2. NC OHE will provide technical assistance and ongoing training related to cultural diversity and cultural competency for health and human service professionals to support program expansion.
3. NC OHE will continue to work with NC DHHS and its partners to connect NC MDPP participants and communities to ongoing resource mapping/sharing efforts, relevant programmatic opportunities, and other initiatives that seek to improve health outcomes and behaviors.
4. NC OHE will explore ways to expand NC MDPP reach by partnering and collaborating with organizations and entities that enhance the mission and vision of NC DHHS.
5. NC OHE will work strategically with NC MDPP Regional Collaboratives to establish an accessible virtual platform for NC MDPP 12-Month Lifestyle Classes.
6. NC OHE will provide virtual training opportunities that promote healthy lifestyle behaviors for NC MDPP Participants.
7. NC OHE will work strategically with NC MDPP Regional Collaboratives to integrate the NC MDPP 6-Month Alumni Lifestyle Classes Series across all regions.
8. NC OHE will work strategically with NC MDPP Regional Collaboratives to develop best practices for implementing NC MDPP 12-Month Lifestyle Classes and engaging NC MDPP participants on virtual platforms.
9. NC OHE will expand partnerships for outreach to the Latinx population.
10. NC OHE will work to improve accessibility of the NC MDPP Lifestyle Classes to reach participants with disabilities.
11. NC OHE will update and restructure the funding levels to better meet the needs of the Regional Collaborative as COVID-19 responses decrease