
MDPP ADMINISTRATIVE AGREEMENTS

1. PURPOSE

The Division of Public Health allocated Minority Diabetes Prevention Program (MDPP) funding to Region V for the purpose of establishing an evidenced-based diabetes prevention program targeting minority populations within the nine (9) county region.

The goal of the MDPP funding is to 1) to implement a prediabetes and diabetes prevention awareness and marketing campaign in minority communities, 2) to provide community screening for prediabetes and referrals to diabetes prevention lifestyle classes and diabetes self-management programs, and 3) to offer CDC Lifestyle classes "Prevent T2" and its Spanish-language equivalent to minority communities.

The purpose of this Agreement is for the parties to develop and maintain a relationship that will allow each party to engage in the Minority Diabetes Prevention Program (MDPP) funding. The parties hereby agree to jointly enter into this Agreement for the administrative coordination and financial support for the implementation of MDPP. Alamance County through its Health Department shall act as an Administrator and will serve as a MDPP participant and fiscal agent, respectively, for Region 5 County Health Departments (Rockingham, Caswell, Person, Orange, Randolph, Durham, Guilford and Chatham counties) in regards to MDPP.

2. SERVICES

The services to be provided will begin July 1, 2017 and continue until June 30, 2018. All services will be provided in a professional, competent and workmanlike manner.

Alamance County, is responsible for the following:

1. Serve as the fiduciary agent for MDPP Region V funding including budgeting funds and working with local health directors to establish allocations to local health departments and/or community organizations
2. Submit plans, reports, and budget to the NC Division of Public Health contact
3. Identify an internal lead to oversee the Agreement Addenda
4. Contract for a Regional Coordinator to implement the deliverables as detailed in the Agreement Addenda
5. Lead the regional collaborative via the Regional Coordinator and internal lead
6. Execute all other major duties as defined by the lead agency in the Agreement Addenda (Appendix A)

The Participating Counties shall:

1. Designate a County contact to serve a liaison for the MDPP program. This liaison will serve on the regional collaborative.
2. Submit a budget for allocated MDPP funds in accordance with acceptable expenditures as defined in the Agreement Addenda Section VI: Funding Guidelines or Restrictions
3. Identify staff and/or community partner(s) to be trained as coach(es).
 - a. Newly trained staff shall submit a copy of documentation that training has been completed to the Regional Coordinator.
 - b. Newly identified coaches shall participate in weekly coaching calls with the Regional Coordinator.
4. Participate in a minimum of 50% of the regional collaborative meetings.
5. Work with regional coordinator to coordinate at least one community screening events.

6. Implement and provide lifestyle coaching classes for referred individuals.
 - a. Coaches shall fulfill the requirements as outlined in the MDPP Agreement Addenda Section 3 subpart (b) located in Appendix A of this agreement.
 - b. Class shall be implemented and conducted with fidelity including but not limited to accurate monitoring of participants.
 - c. Participating counties shall be placed on a Plan for Improvement if identified as not complying with the fidelity of the model as determined by the Regional Coordinator, Lead Health Director and/or Division of Public Health Program Coordinator. The plan will include strategies for success and expected outcomes for improvement period. Failure to comply with fidelity or plan for improvement may result in the loss of funds.
3. **BUDGET** - Region 5 will receive \$230,105 through the MDPP funding beginning July 1, 2017 and ending June 30, 2018. Funds are recurring annually, dependent on the availability of funding. Funds will be distributed within Region 5 according the agreement addenda, Appendix A. The Participating County will receive at least \$14,623 to implement the MDPP program in the community.

Participating County shall prepare an allocation expenditure budget by August 30, 2017. Upon receipt of proposed budget and subsequent approval of proposed budget, Alamance County will release funds to the Participating County for use. Acceptable expenditures for the allocation to the Participating County must meet the requirements set out by the Agreement Addenda in Section VI and may include:

- Salary and fringe benefits for staff
- Program supplies (including books, manuals, food, etc)
- Participant incentives
- Equipment
- Training
- Travel for staff
- Media and Communications (including flyers, brochures, etc)

Participating County is responsible for purchase of all items included in the submitted budget. Participating County shall follow and abide by fiscal accounting policies and maintain records of expenditures in the event of an audit. Any changes to the budget once approved shall require notification to the Alamance County Health Department liaison and an amended budget to reflect changes.

4. **SPACE/LOCATION** – Alamance County Health Department will provide space for the lead agency liaison and appropriate space for regional coordinator, as needed. Each local agency is responsible for providing or coordinating space, as needed, to identified life style coaches in their counties.
5. **ASSURANCE** – All parties listed herein agree to follow all federal, state and local employment law to assure the appropriate treatment of staff hired through this Contract.
6. **TERM AND TERMINATION** – This Contract may continue annually, contingent on the availability of funding. Contracts will be reviewed and signed each year of funding. Should funds or other financial support for this program become unavailable, any party may cancel their involvement in this Contract arrangement with a thirty (30) day written notice to each party's identified representative as listed in this document. Also, any party may terminate their participation in this Contract for any reason and without penalty upon thirty (30) days written notice to all other parties.

7. **AMENDMENT** - The terms of this Contract may only be modified or amended with a written Contract Amendment executed by the parties.
8. **NOTICES** – Written notices are required to be mailed to all parties by being sent to the attention of the contact persons listed herein:

Participating County Health Department

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

Attention: L. Layton Long, Jr.

80 East Street

Pittsboro, NC 27312

Phone: 919.542.8212

Email: Layton.Long@chathamnc.org

ALAMANCE COUNTY HEALTH DEPARTMENT

Attention: Stacie Saunders

319 N Graham Hopedale Rd.

Suite B

Burlington, NC 27217

Phone: 336.513.5514

Email: Stacie.Saunders@alamance-nc.com

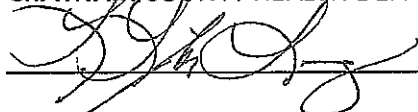
9. **INDEPENDENT CONTRACTOR** – The parties shall operate as independent contractors for all purposes. Without waiving sovereign immunity, the parties agree to each be solely responsible for their own acts or omissions in the performance of each of their individual duties hereunder, and shall be financially and legally responsible for all damages proximately caused by their individual acts or omissions.
10. **WAIVER** - No party's failure to insist on enforcement of any rights under this Contract at any time or for any period of time shall be deemed waiver of those rights. The waiver by any party to this Contract of a breach of any provision hereof shall not operate or be construed as a waiver of any subsequent breach.
11. **HEADINGS** - The headings set forth in this Contract are for convenience only and shall not in any way affect the substance of any provisions contained in this Contract.
12. **SEVERABILITY** - The provisions of this Contract are independent of and separable from each other, and no provision shall be affected or rendered invalid or unenforceable by virtue of

the fact that for any reason any other provision or other provisions may be invalid or unenforceable in whole or in part.

13. **GOVERNING LAW AND VENUE** – This Contract shall be governed by the laws of the State of North Carolina. Venue shall be proper and shall lie exclusively in the Superior Court of Alamance County North Carolina.
14. **ENTIRE CONTRACT** - This Contract, including Exhibits and/or Attachments, if any, sets forth the entire agreement between the parties with respect to the subject matter hereof. All prior conversations or agreements, whether written or oral among the parties hereto or their representatives are merged within and extinguished. Except as provided herein, no modification hereof shall be binding upon the parties unless the same is in writing and signed by all.

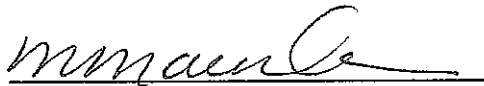
IN WITNESS WHEREOF, the parties have set their hands and seals as of the day and year written above.

CHATHAM COUNTY HEALTH DEPARTMENT



L. Layton Long, Jr., MSA, REHS, Health Director

ALAMANCE COUNTY HEALTH DEPT.



Stacie Saunders, MPH, Health Director

Division of Public Health

Agreement Addendum

FY 17-18

| | |
|--|--|
| Alamance County Health Department | North Carolina Office of Minority Health and Health Disparities |
| Local Health Department Legal Name | DPH Section / Branch Name |
| 473 Minority Diabetes Prevention Program | Lisa Hodges, 919-707-5041, lisa.hodges@dhhs.nc.gov |
| Activity Number and Description | DPH Program Contact (name, phone number, and email) |
| 06/01/2017 – 05/31/2018 | |
| Service Period | DPH Program Signature Date |
| 07/01/2017 – 06/30/2018 | (only required for a negotiable agreement addendum) |
| Payment Period | |

- Original Agreement Addendum
 Agreement Addendum Revision # _____

I. 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 86 million American adults have prediabetes, but only about 11% of them know it. 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 2014). In 2013, the prevalence of prediabetes in North Carolina was estimated to be about 9%. In that same year, 9.5% 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, 31.3% were racial and ethnic minorities (African Americans: 13.0%; Hispanic/Latinos: 5.1%; American Indians: 6.8%; and other racial and ethnic minorities: 6.4%). (North Carolina State Center for Health Statistics, BRFSS 2014).

Without intervention, each year, about 11% of those with prediabetes will progress to type 2 diabetes. Early detection and treatment of prediabetes can help to slow the projected increase in type 2 diabetes prevalence.

In 2016, the North Carolina General Assembly made funding available to the Division of Public Health (DPH) for the Office of Minority Health and Health Disparities (NC OMHHD) to establish and administer, in consultation with the Chronic Disease and Injury Section, an evidenced-based diabetes prevention program targeting African-Americans, Hispanic/Latinos and American Indians (HB 1030, 2015-241, Section 12E.3). The goal of the Minority Diabetes Prevention Program (MDPP) is to provide

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| | 05.09.2017 | | | | | | |
| Health Director Signature (use blue ink) | Date | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Local Health Department to complete: (If follow-up information is needed by DPH)</td> <td style="width: 50%;">LHD program contact name: <u>GLENDIA LINENS</u></td> </tr> <tr> <td></td> <td>Phone number with area code: <u>336-570-6430</u></td> </tr> <tr> <td></td> <td>Email address: <u>GLENDIA.LINENS@ALAMANCE-NC.COM</u></td> </tr> </table> | | Local Health Department to complete: (If follow-up information is needed by DPH) | LHD program contact name: <u>GLENDIA LINENS</u> | | Phone number with area code: <u>336-570-6430</u> | | Email address: <u>GLENDIA.LINENS@ALAMANCE-NC.COM</u> |
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| | Phone number with area code: <u>336-570-6430</u> | | | | | | |
| | Email address: <u>GLENDIA.LINENS@ALAMANCE-NC.COM</u> | | | | | | |

Signature on this page signifies you have read and accepted all pages of this document. Revised June 2016

these three components: 1) a prediabetes and diabetes prevention awareness and marketing campaign in minority communities, 2) community screenings for prediabetes and referrals to Diabetes Prevention Program Lifestyle classes and diabetes self-management programs and 3) offering the CDC's Lifestyle Classes "Prevent T2" and "Prevenga el T2" to minority communities across North Carolina.

Diabetes prevention programs are designed to empower people with prediabetes to take charge of their health and well-being. These year-long, evidenced-based programs can help people who have prediabetes or who are at high risk for type 2 diabetes make realistic and achievable lifestyle changes which can cut their risk of developing type 2 diabetes by up to 58% percent. (CDC, "Preventing Type 2 Diabetes") People who are enrolled in the 12-month MDPP Lifestyle Class series will learn to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress reduction and coping skills into their daily lives. The 12-month MDPP Lifestyle Class series are held with a trained lifestyle coach over a 12-month period. There are 16 classes held on a weekly basis during the first six months, after that, six or more follow-up classes are held during the last six months.

II. Purpose:

This Agreement Addendum enables the Local Health Department to utilize the MDPP Regional Collaborative that it created in the previous fiscal year to (1) complete the last six months of the DPP Lifestyle classes with previously enrolled participants and (2) engage, screen and deliver the Minority Diabetes Prevention Program that includes the CDC curricula "Prevent T2" and "Prevenga el T2" to a new cohort of minority communities within its region. The Local Health Department and its partners may engage, screen and enroll non-Hispanic whites in the MDPP, provided that no less than 60% of program participants are members of racial/ethnic minority groups.

76.1. 803

The Local Health Department shall serve as the Regional Collaborative's fiduciary lead agency and shall encourage entities such as other local health departments, community-based organizations (CBOs), faith-based organizations (FBOs), local Community Care of North Carolina (CCNC) networks, Federally Qualified Health Centers (FQHC), Rural Health Centers, farmworker programs, Indian Health Services, and hospitals to join its Regional Collaborative in order to better engage with minority communities through meeting the Minority Diabetes Prevention Program's screening, education and outreach goals.

III. Scope of Work and Deliverables:

The Local Health Department, in conjunction with its Regional Collaborative, shall:

1. **Submit a plan** that demonstrates partnership with existing health access infrastructure (e.g., CBO, FBO, CCNC networks, hospitals, FQHC, Rural Health Centers, Farmworker programs, and Indian Health Services) to the DPH Program Contact by 4:00 pm on July 14, 2017. The plan shall identify community partners who will assist the lead agency with the continuation of the MDPP to plan and provide early detection, outreach, screening, follow-up and referral services for MDPP eligible minority populations.
2. **Submit Memoranda of Agreement (MOAs)** to partner with CBOs, FBOs, hospitals, and CCNC networks (including Health Net providers), or other health care provider organizations that offer primary care services (e.g., FQHC, rural health centers, Indian health centers, Health Net providers, free clinics, private providers). These partnership agreements shall include roles delineation, scopes of work, and allotted resources, so that each partnership will deliver a Diabetes Prevention Program (DPP) curricula: PreventT2 or Prevenga el T2. The executed MOAs shall be submitted to the DPH Contract Administrator by 4:00 pm on August 11, 2017.

3. Provide the following staff for the MDPP: one Regional MDPP Coordinator and a minimum of two Lifestyle Coaches.
 - a. A minimum of one full-time (1.0 FTE) **Regional MDPP Coordinator** to serve the entire collaborative area. The Regional MDPP Coordinator shall:
 1. Complete the two-day Diabetes Prevention Program Lifestyle Coach training by August 15, 2017 for all new staff. To facilitate this required training, a local certified DPP Master Trainer or a Master Trainer from one of the following Lifestyle Coach and Master Training organizations may be utilized:
 - a. American Association of Diabetes Educators, Diabetes Prevention Program
 - b. Black Women's Health Imperative
 - c. Center for Excellence in Aging & Community Wellness/Quality and Technical Assistance Center (QTAC)
 - d. Diabetes Training and Technical Assistance Center, The Emory Centers for Training and Technical Assistance at Emory University
 - e. Magnolia Medical Foundation
 - f. Solera Health Inc
 - g. University of Pittsburgh Diabetes Prevention Support Center, Department of Epidemiology at the Graduate School of Public Health
 - h. Virginia Center for Diabetes Prevention & Education
 - i. Any CDC approved vendor in-person training.
 2. Submit documentation that shows that he or she has completed the aforementioned in-person training or an equivalent on-line training within the previous 12 months to the DPH Program Contact by August 15, 2017. MDPP staff trained prior to August 15, 2017 may complete the CDC-approved on-line refresher course. MDPP staff hired after August 15, 2017 must complete an in-person training provided by a CDC-approved vendor.
 3. Ensure that all MDPP staff have been trained to provide the National DPP curricula (Prevent T2 and the Spanish version Prevenga el T2) and submit documentation to the DPH Program Contact by August 15, 2017.
 4. Implement the lifestyle program, supervise daily operations related to the lifestyle program, provide support and guidance to lifestyle coaches, and ensure that the program achieves quality performance outcomes. The lifestyle program must include:
 - a. The use of a CDC-approved curriculum (i.e., Prevent T2 or Prevenga el T2) with lessons, handouts, and other resources
 - b. A lifestyle coach, specially trained to lead the program and facilitate discussions and help make the program fun and engaging
 - c. A support group for MDPP participants where they can share ideas, celebrate successes, and work to overcome obstacles.

Refer to the CDC website for more information about the lifestyle program at <http://www.cdc.gov/diabetes/prevention/lifestyle-program/experience/index.html>.
 5. May serve alongside the three required Lifestyle Coaches as a fourth Lifestyle Coach, for which the role is described in Section III, Paragraph 4.b below.

6. Ensure that participant and program data is entered into the MDPP database on a weekly basis and that monthly reports are submitted to the DPH Program Contact by the 15th day of the following month.
 7. Submit monthly progress reports to the NC OMHHD by the 15th day of the following month.
 8. Participate in all mandatory NC OMHHD training classes and monthly MDPP lifestyle coach calls organized by the NC OMHHD and the Community and Clinical Connections for Prevention and Health Branch (CCCPH) in the Chronic Disease and Injury Section.
- b. A minimum of two part-time **MDPP Lifestyle Coaches** to serve the entire collaborative area. Each Lifestyle Coach shall:
1. Complete the two-day Diabetes Prevention Program Lifestyle Coach training by August 15, 2017 for new hires. To facilitate this required training, a local certified DPP Master Trainer or a Master Trainer from one of the following Lifestyle Coach and Master Training organizations may be utilized:
 - a. American Association of Diabetes Educators, Diabetes Prevention Program
 - b. Black Women's Health Imperative
 - c. Center for Excellence in Aging & Community Wellness/Quality and Technical Assistance Center (QTAC)
 - d. Diabetes Training and Technical Assistance Center, The Emory Centers for Training and Technical Assistance at Emory University
 - e. Magnolia Medical Foundation
 - f. Solera Health Inc
 - g. University of Pittsburgh Diabetes Prevention Support Center, Department of Epidemiology at the Graduate School of Public Health
 - h. Virginia Center for Diabetes Prevention & Education
 - i. Any CDC approved vendor in-person training.
 2. Submit documentation that shows that he or she has completed the aforementioned in-person training or an equivalent on-line training within the previous 12 months to the DPH Program Contact by August 15, 2017. MDPP staff trained prior to August 15, 2017 may complete the CDC approved on-line refresher course. MDPP staff hired after August 15, 2017 must complete an in-person training provided by a CDC-approved vendor.
 3. Conduct a maximum of two MDPP 12-month Lifestyle Class series which are to begin during this Agreement Addendum's Service Period.
 4. Conduct the remaining classes for the MDPP 12-month Lifestyle Class series which began during the FY16-17 Agreement Addendum.
 5. Newly hired MDPP Lifestyle Coaches must complete the MDPP Lifestyle Coach Demographic Questionnaire provided by DPH.
 6. Administer the MDDP Pre- and Post-Knowledge and Behavioral Health Questionnaires provided by DPH to all MDPP participants, enter the questionnaire data into the MDPP database, scan and send a copy of the completed MDPP

participant questionnaires to DPH. Enter MDPP participant and program data into the MDPP database on a weekly basis.

7. Deliver the MDPP program in a way that increases the capacity of MDPP participants to make and sustain positive lifestyle changes. This includes understanding and being sensitive to issues and challenges for individuals trying to make and sustain significant lifestyle changes.
 8. Provide support and guidance to MDPP participants in the lifestyle program and implement standard curriculum designed for the lifestyle program by the CDC.
 9. Make and document a minimum of four good faith attempts to follow-up with MDPP participants who miss a weekly session during the first six months of the program or who miss a monthly session during the last six months of the program. Each participant follow-up should include two telephone calls and a written letter or email, and may include a home visit.
 10. Maintain an outreach log to track correspondence with MDPP participants.
 11. Participate in all mandatory NC OMHHD training sessions and monthly MDPP lifestyle coach calls organized by the NC OMHHD and the CCCPH in the Chronic Disease and Injury Section.
4. **Conduct a targeted marketing and awareness campaign** utilizing existing DPH DPP and CDC materials in minority communities using 10-15% of the budget. Marketing is to include one or more of the following:
- a. Billboards and bulletins in minority neighborhoods
 - b. Running advertisements in English and Spanish on English and Spanish-language radio stations that rank highly in the target minority communities
 - c. Direct mail, social media, PSAs, TV ads and other approval media outlets
 - d. Recruitment at community events
 - e. Recruitment at clinical offices (such as flyers and posters)
 - f. Healthcare provider information about prediabetes
 - g. Worksite education and outreach.
5. **Screen for prediabetes** a minimum of 225 people, ages 18 years and older. The Local Health Department may screen more than the minimum number for prediabetes, if screening is being used as one of several strategies to identify, refer and enroll people in MDPP 12-month Lifestyle Classes series. One of these screening methods is to be used:
- a. A CDC prediabetes paper screening which requires a score of nine and above to indicate the presence of prediabetes. The CDC prediabetes paper screening can be found at <http://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>
 - b. A prediabetes paper screening from the American Diabetes Association (ADA) which requires a score of four and above to indicate the presence of prediabetes. The ADA prediabetes paper screening can be found at <http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf>
 - c. Plasma glucose measured 2 hours after a 75 gm glucose load, with a result of 140 to 199 mg/dl

- d. A fasting blood glucose score of 100 to 125mg/dl,
- e. An A1c test resulting in a level of 5.7-6.4 percent, or
- f. Clinically diagnosed gestational diabetes mellitus during a previous pregnancy (may be self-reported)

From the population screened for prediabetes, refer 100% of eligible people to the MDPP and refer 100% of persons whose screening numbers indicate diabetes into diabetes self-management education programs. Document all referrals and include the number of referrals made in the performance reports

6. Enroll a minimum of 75 people total into the Minority Diabetes Prevention Program 12-month Lifestyle Class series which are to begin during this Agreement Addendum's Service Period and ensure that no less than 75% of the MDPP participants are members of racial/ethnic minority groups.

The CDC requires that all Lifestyle Class participants be 18 years of age or older and have a body mass index (BMI) of ≥ 24 kg/m (≥ 22 kg/m, if Asian). In addition, a minimum of 50% of a program's participants must have had a recent (within the past year) blood test (may be self-reported), a medical claim code indicating they have prediabetes, or a history of gestational diabetes mellitus (GDM), according to one of the following specifications):

- a. Plasma glucose measured 2 hours after a 75 gm glucose load, with a result of 140 to 199 mg/dl
- b. A fasting blood glucose score of 100 to 125mg/dl,
- c. An A1c test resulting in a level of 5.7-6.4 percent, or
- d. Clinically diagnosed gestational diabetes mellitus during a previous pregnancy (may be self-reported)

A maximum of 50% of a program's participants may be considered eligible without a blood test or history of GDM only if they screen positive for prediabetes based on the CDC Prediabetes Screening Test or screen positive for diabetes on the hard copy or electronic version of the American Diabetes Association Type 2 Diabetes Risk Test or on a claims-based risk test. The "CDC Diabetes Prevention Recognition Program Standards and Operating Procedures" document can be found at <http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>. A description of the curriculum, handouts and requirements can be found at <http://www.cdc.gov/diabetes/prevention/lifestyle-program/curriculum.html>.

7. Charge all MDPP participants a one-time fee of \$25 unless a scholarship is provided. Scholarships, in the form of a fee waiver, must be offered to any MDPP participant who finds the participation fee to be a barrier. Scholarships should be offered on a sliding scale in the amounts of \$10, \$15 or \$20, depending on need. Lead agencies and their partners can provide scholarships to class participants. All MDPP participants receiving scholarships are responsible to pay the remaining balance (i.e., if the participants receive a \$20 scholarship, he or she shall pay the remaining \$5 balance) of the one-time fee. Organizations not affiliated with the Lead agency and their partners can provide a sponsorship voucher in the amount of \$25 to cover the one-time class fee. Sponsored MDPP participants must complete the Readiness to Change Questionnaire, administered by staff of the non-affiliated organization, and have a score that reflects readiness to change. DPH will provide the Readiness to Change Questionnaire.

8. **Distribute the following supplies to MDPP staff:** Food models, blood pressure cuffs, digital scales.
9. **Complete all activities** for the MDPP 12-month Lifestyle Class series which began during the FY16-17 Agreement Addendum's Service Period.
10. **Conduct a minimum of five and a maximum of six MDPP 12-month Lifestyle Classes series** in multiple counties throughout the Local Health Department's region to serve a minimum total of 50 MDPP participants. The Lifestyle classes must be held at a minimum of two counties within the Local Health Department's region. The Local Health Department and its collaborative partners may deliver additional classes (i.e., more than the minimum requirement of one session each month) for participants needing additional support.

All new MDPP 12-month Lifestyle Class series shall start between June 1 and September 15, 2017, and shall be conducted in accordance with the CDC recommendations, guidelines, standards, and operating procedures, as described in the "CDC Diabetes Prevention Recognition Program Standards and Operating Procedures" document, which can be found at <http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

- a. The first six months of each series must include 16 weekly MDPP Lifestyle Classes.
 - b. The last six months of each series must include a minimum of six follow-up MDPP Lifestyle Classes.
11. **Maintain the following retention rates, out of the MDPP 12-month Lifestyle Class series:**
 - a. During the first six months of the program:
 1. 50% of MDPP participants complete four MDPP Lifestyle Classes
 2. 33% of MDPP participants complete eight MDPP Lifestyle Classes
 3. 25% of MDPP participants complete nine or more MDPP Lifestyle Classes
 - b. During the last six months of the program:
 1. 50% of MDPP participants complete three of the monthly MDPP Lifestyle Classes
 2. 33% of MDPP participants complete six of the monthly MDPP Lifestyle Classes
 12. **Track participant and program data**, including program outcomes, in the Wake Forest School of Medicine Minority DPP data subscription service database ("MDPP database").
 13. **Maintain a subscription** to the Wake Forest School of Medicine Minority DPP data subscription service ("MDPP database") for the entire fiscal year.
 14. **Collect and report aggregate data** from all Regional Collaborative partners on the outcomes and effectiveness of the MDPP to DPH.
 15. **Adhere** to all documents, reporting and evaluation requirements and timelines as designated by DPH, CDC, and the Wake Forest University School of Medicine.
 16. **Provide items and services** that address barriers to participating in the MDPP Lifestyle classes, including:
 - a. Transportation, bus passes and gas cards
 - b. Facility rentals
 - c. Child care, and

- d. Healthy snacks for classes and meetings. (Utilize the “Eat Smart North Carolina: Guidelines for Healthy Foods and Beverages at Meetings, Gatherings and Events” for suggestions on food and drinks to serve at meetings. The guide can be found at <http://www.catsmartmovemorenc.com/l/healthyMeetingGuide/lhealthyMeetingGuide.html>.)

17. **Administer an incentive program** for MDPP participants according to the plan listed below to ensure successful completion of the 12-month Lifestyle class series. Incentives should consist of the following items:

| Number of Classes Completed | Corresponding Lesson | Participant Incentive |
|-----------------------------|------------------------------|---|
| 2 | Get Active to Prevent T2 | Calorie King books |
| 3 | Track Your Activity | Pedometers |
| 4 | Eat Well to Prevent T2 | Portion plates |
| 6 | Get More Active | T-shirt |
| 8 | Shop and Cook to Prevent T2 | Digital food scale |
| 10 | Find Time for Fitness | Fitness trackers |
| 16 | Stay Motivated to Prevent T2 | Gym Membership or Subscription Service |
| 18 | Take a Fitness Break | Gym Membership or Subscription Service and a digital bathroom scale |
| 20 | Stay Active Away from Home | Gym Membership or Subscription Service and a \$25 Grocery Store gift card |
| 24 | Get Enough Sleep | Gym Membership or Subscription Service and a George Foreman grill |

18. **Organize and co-host at least one community forum** (“Community Conversation”) with DPH MDPP staff. During these Community Conversations, representatives from the Regional Collaborative, the NC OMHHD, and CCCPH will meet with community members for a discussion on prediabetes, its impact on the community’s health and how we can all work together improve health outcomes and reduce the disparities.

IV. Performance Measures/Reporting Requirements:

The Local Health Department shall:

1. Participate in:
 - a. Program skill building meetings and webinars as required by DPH. The skill building meetings and webinars must be attended by the MDPP Regional Coordinator and Lifestyle Coaches.
 - b. Monthly reporting and technical assistance calls regarding challenges in achieving performance and strategies for overcoming the barriers.
 - c. All evaluation and program activities as required by the NC OMHHD, CCCPH, DPH, CDC and the Wake Forest School of Medicine.
 - d. Mandatory meetings and training sessions sponsored by the NC OMHHD, including but not limited to:
 1. An Introduction to Culturally and Linguistically Appropriate Services (CLAS)
 2. Effective Community Engagement Strategies

All LHD and MDPP staff who participate in MDPP meetings, training sessions and webinars must complete the event sign-in sheet to receive credit for attendance.

2. Submit performance reports that include the information listed in the Tables 1 to 5 below:

| Table 1: Screenings and Referral Measures | Minimum Standard | Reporting Frequency |
|--|-------------------|-----------------------------|
| 1. Total number of people screened for prediabetes via community and clinical methods in FY 17 | 250 <i>225</i> | Monthly, Interim, and Final |
| 2. Percent of eligible people referred to MDPP 12-month Lifestyle Class series | 100% | Monthly |
| 3. Percent of eligible people referred to DSME program | 100% | Monthly |
| 4. Percent minority MDPP participants in community and clinical screening events | ≥75% | Monthly |

| Table 2: MDPP Program Measures | Minimum Standard | Reporting Frequency |
|---|------------------|-------------------------------|
| 1. Number of MDPP 12-month Lifestyle Class series offered across region | 25 <i>25</i> | Monthly |
| 2. Number of people enrolled in MDPP 12-month Lifestyle Class series | 50 <i>75</i> | Monthly |
| 3. Number and percentage of MDPP participants who attend ≥4 MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series | ≥50 | Monthly |
| 4. Number and percentage of MDPP participants who attend ≥8 MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series | ≥33% | Monthly |
| 5. Number and percentage of MDPP participants who attend ≥9 MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series | ≥25% | |
| 6. Number and percentage of MDPP participants who attend 16 MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series | | Monthly |
| 7. Number and percentage of MDPP participants who attend ≥4 MDPP Lifestyle Classes in the last 6 months of the 12-month Lifestyle Class series | ≥50% | Monthly |
| 8. Number and percentage of MDPP participants who attend 8 MDPP Lifestyle Classes in the last 6 months of the 12-month Lifestyle Class series | 33% | Monthly |
| 9. Number and percentage of minority participants in MDPP Lifestyle Classes | ≥75% | Monthly |
| 10. Number and types of incentives distributed | | Monthly, Interim and Final |
| 11. Number and percentage of MDPP participants who attend a minimum of 4 MDPP Lifestyle Classes and lose ≥5% of their baseline body weight | | Interim and Final |
| 12. Percentage of MDPP participants who report a change in knowledge | | Quarterly, Interim, and Final |
| 13. Percentage of MDPP participants who report a change in behavior | | Quarterly, Interim, and Final |

| Table 3: Outreach Measures | Minimum Standard | Reporting Frequency |
|---|------------------|---------------------|
| 1. Number of people who participate in community screening events | | Monthly |
| 2. Number of people who submitted clinical screenings results | | Monthly |
| 3. Number of follow-up phone calls to non-compliant MDPP enrollees | ≥2 | Monthly |
| 4. Number of follow-up emails to non-compliant MDPP enrollees | ≥1 | Monthly |
| 5. Number of home visits to non-compliant MDPP enrollees (optional) | | Monthly |

| Table 4: Meeting and Training Measures | Minimum Standard | Reporting Frequency |
|---|------------------|---------------------|
| 1. Attendance and participation in mandatory monthly meetings | 100% | Monthly |
| 2. Attendance in NC OMHHD trainings | 100% | Interim and Final |

| Table 5: Targeted Marketing & Awareness Campaign Measures | Minimum Standard | Reporting Frequency |
|---|------------------|-----------------------------|
| 1. Number of billboards or bulletins flights in minority communities (English and Spanish) | ≥1 | Monthly, Interim, and Final |
| 2. Number of MDPP focused radio ads and PSAs ran during FY 16 | ≥ 10 | Monthly, interim, and Final |
| 3. Number of MDPP focused newspaper ads and impressions (English and Spanish) | ≥1 | Monthly, Interim, and Final |
| 4. Number of direct mailers distributed (English and Spanish) | | Interim and Final |
| 5. Estimated number of people reached through the targeted marketing and awareness campaign | | Interim and Final |

3. Demonstrate that progress toward project objectives is being made and tracked by submitting a monthly performance report to the NC OMHHD.
4. Submit an interim report by December 29, 2017 and a final report by June 30, 2018 to the DPH Program Contact. A template will be provided by the NC OMHHD. These reports shall include:
 - a. Experience with implementing the evidence-based program
 - b. Strategies
 - c. Number of people served
 - d. Services provided
 - e. Outreach outcomes, and
 - f. Other demographic information.

V. **Performance Monitoring and Quality Assurance:**

The NC OMHHD and CCCPH will monitor the Local Health Department by conducting site visits and audits (minimum of one per year) and reviewing the required reports to determine if program deliverables are being met. The Local Health Department will be visited at least once during the service period of this Agreement Addendum and there will be routine correspondence between the Regional MDPP Coordinators and the DPH MDPP Program Consultants. If deliverables are not being met, the

NC OMHHD will request a written response from the Local Health Department that documents the barriers that are preventing the Local Health Department from meeting the deliverables.

If the Local Health Department is deemed out of compliance, the NC OMHHD and CCCPH staff shall provide technical assistance and funds may be withheld until the Local Health Department is back in compliance with deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated. Funds will be re-allocated if milestones included in implementation plan are not achieved in a reasonable timeframe.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 1 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Funds may be used for:
 - a. Salaries and fringe benefits
 - b. Materials and supplies needed to implement the proposed interventions including, but not limited to, printing costs, blood pressure cuffs, food models, and digital scales
 - c. Travel, using current state rates.
 - d. Indirect costs, not to exceed 10%
 - e. Targeted marketing in minority communities utilizing existing DPH DPP and CDC materials that raise awareness of prediabetes and advertise the MDPP (10-15% of the total award) to include:
 1. Billboard and bulletins in minority neighborhoods
 2. Advertisements in English and Spanish on English and Spanish-language radio stations that rank highly in the target minority communities
 3. Direct mail, social media, PSAs, TV ads and other approval media outlets
 4. Recruitment at community events
 5. Recruitment at clinical offices (flyers, posters)
 6. Healthcare provider information about prediabetes
 7. Worksite education and outreach.
 - f. MDPP Participant incentives to include: Calorie King books, portion plates, digital food scale, digital bathroom scale, pedometers, fitness trackers, gym memberships or subscription services, George Foreman grills, and T-shirts. All MDPP incentives (valued at more than

\$10) must be logged within 24 hours of purchase and maintained in locked storage. Each MDPP incentive recipient must sign and date the MDPP log when they receive the incentive valued at more than \$10. This shall be evidenced by the MDPP incentive log reviewed during every site visit.

- g. Items to address barriers to DPP participation to include:
 - 1. Gas cards from gas stations and travel vouchers if used to address transportation barriers for MDPP participants to attend focus groups and DPPs. Gas cards must be from gas stations and not department or grocery stores that offer gas. Gas cards must be tracked by card number (serial number), recipient, and signature from recipient acknowledging receipt.
 - 2. Healthy snacks served during Lifestyle classes
 - 3. Facility rental to hold Lifestyle classes
 - 4. Childcare during Lifestyle class
- h. Lifestyle Coach Training sessions
- i. Wake Forest School of Medicine data subscription service
- j. Funds may not be used for:
 - 1. Lobbying activities
 - 2. Cash incentives
 - 3. Gift cards except as noted above in Section VI., Paragraph 2.g.1 above.

DPH-Aid-To-Counties For Fiscal Year: 17/18

Budgetary Estimate Number : 0

| Activity 473 | AA | 1262 4179 00 | Proposed Total | New Total |
|----------------|-----|--------------------|-------------------|--------------|
| Service Period | | 06/01-05/31 | | |
| Payment Period | | 07/01-06/30 | | |
| 01 Alamance | * 0 | 230,105 | 230,105 | 230,105 |
| D1 Albemarle | | 0 | 0 | 0 |
| 02 Alexander | | 0 | 0 | 0 |
| 04 Anson | | 0 | 0 | 0 |
| D2 Appalachian | | 0 | 0 | 0 |
| 07 Beaufort | | 0 | 0 | 0 |
| 09 Bladen | | 0 | 0 | 0 |
| 10 Brunswick | | 0 | 0 | 0 |
| 11 Buncombe | | 0 | 0 | 0 |
| 12 Burke | | 0 | 0 | 0 |
| 13 Cabarrus | * 0 | 230,105 | 230,105 | 230,105 |
| 14 Caldwell | | 0 | 0 | 0 |
| 16 Carteret | | 0 | 0 | 0 |
| 17 Caswell | | 0 | 0 | 0 |
| 18 Catawba | | 0 | 0 | 0 |
| 19 Chatham | | 0 | 0 | 0 |
| 20 Cherokee | | 0 | 0 | 0 |
| 22 Clay | | 0 | 0 | 0 |
| 23 Cleveland | | 0 | 0 | 0 |
| 24 Columbus | | 0 | 0 | 0 |
| 25 Craven | | 0 | 0 | 0 |
| 26 Cumberland | | 0 | 0 | 0 |
| 28 Dare | | 0 | 0 | 0 |
| 29 Davidson | | 0 | 0 | 0 |
| 30 Davie | | 0 | 0 | 0 |
| 31 Duplin | | 0 | 0 | 0 |
| 32 Durham | | 0 | 0 | 0 |
| 33 Edgecombe | | 0 | 0 | 0 |
| 34 Forsyth | * 0 | 165,808 | 165,808 | 165,808 |
| 35 Franklin | | 0 | 0 | 0 |
| 36 Gaston | | 0 | 0 | 0 |
| 38 Graham | | 0 | 0 | 0 |
| D3 Gran-Vance | * 0 | 294,322 | 294,322 | 294,322 |
| 40 Greene | | 0 | 0 | 0 |
| 41 Guilford | | 0 | 0 | 0 |
| 42 Halifax | | 0 | 0 | 0 |
| 43 Harnett | | 0 | 0 | 0 |
| 44 Haywood | | 0 | 0 | 0 |
| 45 Henderson | | 0 | 0 | 0 |
| 46 Hertford | | 0 | 0 | 0 |
| 47 Hoke | | 0 | 0 | 0 |
| 48 Hyde | | 0 | 0 | 0 |
| 49 Iredell | | 0 | 0 | 0 |

| | | | | |
|-----------------|-----|-----------|-----------|-----------|
| 50 Jackson | | 0 | 0 | 0 |
| 51 Johnston | | 0 | 0 | 0 |
| 52 Jones | | 0 | 0 | 0 |
| 53 Lee | | 0 | 0 | 0 |
| 54 Lenoir | | 0 | 0 | 0 |
| 55 Lincoln | | 0 | 0 | 0 |
| 56 Macon | * 0 | 165,808 | 165,808 | 165,808 |
| 57 Madison | | 0 | 0 | 0 |
| D4: M-T-W | * 0 | 294,321 | 294,321 | 294,321 |
| 60 Mecklenburg | | 0 | 0 | 0 |
| 62 Montgomery | | 0 | 0 | 0 |
| 63 Moore | | 0 | 0 | 0 |
| 64 Nash | | 0 | 0 | 0 |
| 66 New Hanover | | 0 | 0 | 0 |
| 66 Northampton | | 0 | 0 | 0 |
| 67 Onslow | | 0 | 0 | 0 |
| 68 Orange | | 0 | 0 | 0 |
| 69 Pamlico | | 0 | 0 | 0 |
| 71 Pender | | 0 | 0 | 0 |
| 73 Person | | 0 | 0 | 0 |
| 74 Pitt | * 0 | 294,321 | 294,321 | 294,321 |
| 76 Randolph | | 0 | 0 | 0 |
| 77 Richmond | * 0 | 230,105 | 230,105 | 230,105 |
| 78 Robeson | * 0 | 230,105 | 230,105 | 230,105 |
| 79 Rockingham | | 0 | 0 | 0 |
| 80 Rowan | | 0 | 0 | 0 |
| D6: R-P-M | | 0 | 0 | 0 |
| 82 Sampson | | 0 | 0 | 0 |
| 83 Scotland | | 0 | 0 | 0 |
| 84 Stanly | | 0 | 0 | 0 |
| 85 Stokes | | 0 | 0 | 0 |
| 86 Surry | | 0 | 0 | 0 |
| 87 Swain | | 0 | 0 | 0 |
| D8: Toe River | | 0 | 0 | 0 |
| 88 Transylvania | | 0 | 0 | 0 |
| 90 Union | | 0 | 0 | 0 |
| 92 Wake | | 0 | 0 | 0 |
| 93 Warren | | 0 | 0 | 0 |
| 96 Wayne | | 0 | 0 | 0 |
| 97 Wilkes | | 0 | 0 | 0 |
| 98 Wilson | | 0 | 0 | 0 |
| 99 Yadkin | | 0 | 0 | 0 |
| Totals | | 2,135,000 | 2,135,000 | 2,135,000 |

| | |
|--|--|
| Sign and Date - DPH Program Administrator <i>Shirley Thomas</i> 12/5/16 | Sign and Date - DPH Section Chief <i>[Signature]</i> 12/5/16 |
| Sign and Date - DPH Contracts Office <i>Keenan Miller</i> 12-5-16 | Sign and Date - DPH Budget Officer <i>Camela Galt</i> 12/7/16 |