

# Division of Public Health Agreement Addendum FY 18-19

Alamance County Health Department  
**Local Health Department Legal Name**

North Carolina Office of  
Minority Health and Health Disparities  
**DPH Section / Branch Name**

473 Minority Diabetes Prevention Program  
**Activity Number and Description**

Lisa Hodges, 919-707-5041,  
lisa.hodges@dhhs.nc.gov  
**DPH Program Contact**  
(name, phone number, and email)

06/01/2018 – 05/31/2019  
**Service Period**

**DPH Program Signature** **Date**  
(only required for a negotiable agreement addendum)

07/01/2018 – 06/30/2019  
**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 North Carolina Office of Minority Health and Health Disparities (NC OMHHD) to establish and administer, in consultation with the Chronic Disease and Injury Section of the Division of Public Health, 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 North Carolina Minority Diabetes Prevention Program (NC MDPP) is to provide these three components: (1) a prediabetes and diabetes prevention awareness

  
Health Director Signature (use blue ink)

04.30.2018  
Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Glenda Linens, RN</u>
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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 NC 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 NC 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, with six or more follow-up classes held during the last six months.

## II. Purpose:

This Agreement Addendum enables the Local Health Department to utilize the Regional MDPP Collaborative to (1) complete the last six months of the DPP Lifestyle classes with previously enrolled participants and (2) engage, screen and deliver the North Carolina 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 Regional MDPP, provided that no less than 60% of program participants are members of racial or ethnic minority groups.

The Local Health Department shall serve as the Regional MDPP 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 North Carolina 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 MDPP Collaborative, shall:

1. **Submit a plan** that demonstrates partnership with the existing health access infrastructure (e.g., CBO, FBO, CCNC networks, hospitals, FQHC, Rural Health Centers, Farmworker programs, and Indian Health Services) to the NC OMHHD Program Contact by 4:00 pm on July 13, 2018. The plan shall identify community partners who will assist the lead agency with the continuation of the NC OMHHD MDPP to plan and provide early detection, outreach, screening, follow-up and referral services for Regional MDPP eligible minority populations.
2. **Submit Memoranda of Agreement (MOAs)** in which the Local Health Department partners with CBOs, FBOs, hospitals, 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 NC OMHHD Program Contact by 4:00 pm on August 11, ~~2017~~ <sup>2018</sup> *QB*
3. **Submit an application for CDC recognition or maintain the existing CDC recognition for the Diabetes Prevention Program.** A copy of the CDC Diabetes Prevention Recognition Program

Standards and Operating Procedures can be found at  
<http://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>.

4. **Provide the following staff for the Regional MDPP:** one Regional MDPP Coordinator and a minimum of two MDPP Lifestyle Coaches.
  - a. New Regional MDPP staff hires must complete the two-day Diabetes Prevention Program Lifestyle Coach training by August 17, 2018. Those hired after August 17, 2018 must complete an in-person training provided by a CDC-approved vendor within 30 days of hire date. This training can be obtained from a local certified DPP Master Trainer or a Master Trainer from one of the following Lifestyle Coach and Master Training organizations:
    1. American Association of Diabetes Educators, Diabetes Prevention Program
    2. Black Women's Health Imperative
    3. Center for Excellence in Aging & Community Wellness/Quality and Technical Assistance Center (QTAC)
    4. Diabetes Training and Technical Assistance Center, The Emory Centers for Training and Technical Assistance at Emory University
    5. Magnolia Medical Foundation
    6. Solera Health Inc
    7. University of Pittsburgh Diabetes Prevention Support Center, Department of Epidemiology at the Graduate School of Public Health
    8. Virginia Center for Diabetes Prevention & Education
    9. Any CDC-approved vendor in-person training.
  - b. Documentation of new hires having completed training must be submitted to the NC OMHHD Program Contact by August 17, 2018. For those hired after August 17, 2018, documentation must be submitted within 45 days of hire date.
  - c. A minimum of one full-time (1.0 FTE) **Regional MDPP Coordinator** to serve the entire collaborative area. The Regional MDPP Coordinator shall:
    1. Ensure that all Regional 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 17, 2018.
    2. 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 Regional MDPP participants where they can share ideas, celebrate successes, and work to overcome obstacles.
      - d. Provide or refer Regional MDPP participants to physical activity opportunities.

Refer to the CDC website for more information about the lifestyle program at <http://www.cdc.gov/diabetes/prevention/lifestyle-program/experience/index.html>.
    3. Serve alongside the minimum of two Regional MDPP Lifestyle Coaches as a third Lifestyle Coach.

4. Ensure that:
    - a. Participant and program data is entered into the Regional MDPP database on a weekly basis
    - b. The Regional MDPP Monthly Reports are submitted to the NC OMHHD MDPP Coordinator by the 10<sup>th</sup> of the month, and
    - c. The MDPP Monthly Detailed Spreadsheets are signed and dated in blue ink, and an original copy is mailed to the NC OMHHD MDPP Program Contact Administrator by the 15th day of the following month.
  5. Participate in all mandatory NC OMHHD training classes and monthly Regional MDPP lifestyle coach conference 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.
- d. A minimum of two part-time **Regional MDPP Lifestyle Coaches** to serve the entire collaborative area. Each Lifestyle Coach shall:
1. Conduct NC MDPP 12-month Lifestyle Class series which are to begin during this Agreement Addendum's Service Period.
  2. Conduct the remaining classes for the NC MDPP 12-month Lifestyle Class series which began during the FY17-18 Agreement Addendum.
  3. If newly hired, complete the NC MDPP Lifestyle Coach Demographic Questionnaire provided by NC OMHHD MDPP Coordinator.
  4. Administer the NC MDPP Pre- and Post-Knowledge and Behavioral Health Questionnaires provided by NC OMHHD MDPP Coordinator to all Regional MDPP participants at baseline, during the last Phase 1 Lifestyle Class, and during the final Phase 2 Lifestyle Class. Enter the questionnaire data, Regional MDPP participant data, and program data into the NC MDPP database on a weekly basis.
  5. Encourage and provide opportunities for Regional MDPP Lifestyle Class participants to complete A1c testing at baseline, during the Phase 1 Lifestyle Class, and during the final Phase 2 Lifestyle Class.
  6. Deliver the NC MDPP program in a way that increases the capacity of Regional 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.
  7. Encourage Regional MDPP Lifestyle Class participants to talk to their physician before starting a physical activity regimen. Promote increased physical activity by encouraging Regional MDPP Lifestyle Class participants to achieve a minimum of 150 minutes of physical activity per week or physical activity goals as recommended by his/her physician throughout the 12-month Regional MDPP Lifestyle Class Series.
  8. Provide support and guidance to Regional 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 Regional 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 Regional 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.
5. **Conduct a targeted marketing and awareness campaign** utilizing existing DPH DPP and CDC materials in minority communities using 5-15% 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
  - h. Region specific marketing campaign
6. **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 Regional 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 NC 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

7. Enroll a minimum of 75 people total into the North Carolina 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  $\geq 24$  kg/m ( $\geq 22$  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 <sup>65</sup>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>.

8. **Charge all Regional 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 Regional 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 Regional 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 Regional 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.
9. **Distribute the following** supplies to Regional MDPP staff including but not limited to: food models, blood pressure cuffs, digital scales.
10. **Complete all activities** for the Regional MDPP 12-month Lifestyle Class series which began during the FY 17-18 Agreement Addendum's Service Period.
11. **Conduct a minimum of five MDPP 12-month Lifestyle Classes series** in multiple counties throughout the Local Health Department's region to serve a minimum total of <sup>15</sup>50 Regional 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 Regional MDPP 12-month Lifestyle Class series shall start between June 1 and September 14, 2018, 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 Regional MDPP Lifestyle Classes.

- b. The last six months of each series must include a minimum of six follow-up Regional MDPP Lifestyle Classes.
12. **Maintain the following retention rates, out of the Regional MDPP 12-month Lifestyle Class series:**
- a. During the first six months of the program:
    1. 50% of MDPP participants complete four Regional MDPP Lifestyle Classes
    2. 33% of MDPP participants complete eight Regional 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 Regional MDPP Lifestyle Classes
    2. 33% of MDPP participants complete six of the monthly Regional MDPP Lifestyle Classes
13. **Track participant and program data**, including program outcomes, in the Wake Forest School of Medicine Minority DPP data subscription service database (“NC MDPP database”).
14. **Maintain a subscription** to the Wake Forest School of Medicine Minority DPP data subscription service (“NC MDPP database”) for the entire fiscal year.
15. **Collect and report aggregate data** from all Regional Collaborative partners on the outcomes and effectiveness of the Regional MDPP to NC OMHHD MDPP.
16. **Adhere** to all documents, reporting and evaluation requirements and timelines as designated by NC OMHHD, CDC, and the Wake Forest University School of Medicine.
17. **Provide items and services** that address barriers to participating in the Regional MDPP Lifestyle classes, including but not limited to:
- 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.eatsmartmovemorenc.com/HealthyMeetingGuide/HealthyMeetingGuide.html>.)
18. **Administer an incentive program** for Regional MDPP participants to promote successful completion of the 12-month Lifestyle class series. All incentive programs must be approved by NC OMHHD prior to administration. Approved incentive programs include but are not limited to the following items:

Number of Classes Completed	Corresponding Lessons	Participant Incentives
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

10	Shop and Cook to Prevent T2; Shop to Cook to Prevent T2	Digital Food Scale; Farmers Market tokens, Farmers Market vouchers, Farmers Market Double Up Food Bucks
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

19. **Organize and co-host at least one community forum** (“Community Conversation”) with NC OMHHD 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 NC OMHHD. The skill building meetings and webinars must be attended by the MDPP Regional Coordinators 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, 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 Regional MDPP staff who participate in Regional 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   8	225	Monthly, Interim, and Final
2. Percent of eligible people referred to Regional MDPP 12-month Lifestyle Class series	100%	Monthly
3. Percent of eligible people referred to DSME program	100%	Monthly
4. Percent minority Regional MDPP participants in community and clinical screening events	≥75%	Monthly

Table 2: MDPP Program Measures	Minimum Standard	Reporting Frequency
1. Number of Regional MDPP 12-month Lifestyle Class series offered across region	≥3	Monthly



2. Number of people enrolled in Regional MDPP 12-month Lifestyle Class series	75	Monthly
3. Number and percentage of Regional MDPP participants who attend $\geq 4$ Regional MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series	$\geq 50$	Monthly
4. Number and percentage of Regional MDPP participants who attend $\geq 8$ Regional MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series	$\geq 33\%$	Monthly
5. Number and percentage of Regional MDPP participants who attend $\geq 9$ Regional MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series	$\geq 25\%$	Monthly
6. Number and percentage of Regional MDPP participants who attend 16 Regional MDPP Lifestyle Classes in the first 6 months of the 12-month Lifestyle Class series	$\geq 50\%$	Monthly
7. Number and percentage of Regional MDPP participants who attend $\geq 4$ Regional MDPP Lifestyle Classes in the last 6 months of the 12-month Lifestyle Class series	$\geq 50\%$	Monthly
8. Number and percentage of Regional MDPP participants who attend 8 Regional 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 Regional MDPP Lifestyle Classes	$\geq 75\%$	Monthly
10. Number and types of incentives distributed	N/A	Monthly, Interim and Final
11. Number and percentage of Regional MDPP participants who attend a minimum of four MDPP Lifestyle Classes and lose $\geq 5\%$ of their baseline body weight	$\geq 50\%$	Interim and Final
12. Percentage of Regional MDPP participants who report a change in knowledge	$\geq 50\%$	Quarterly, Interim, and Final
13. Percentage of Regional MDPP participants who report a change in behavior	$\geq 50\%$	Quarterly, Interim, and Final

<b>Table 3: Outreach Measures</b>	<b>Minimum Standard</b>	<b>Reporting Frequency</b>
1. Number of people who participate in community screening events	N/A	Monthly
2. Number of people who submitted clinical screenings results	N/A	Monthly
3. Number of follow-up phone calls to non-compliant Regional MDPP enrollees	$\geq 2$	Monthly
4. Number of follow-up emails to non-compliant Regional MDPP enrollees	$\geq 1$	Monthly
5. Number of home visits to non-compliant Regional MDPP enrollees (optional)	N/A	Monthly

<b>Table 4: Meeting and Training Measures</b>	<b>Minimum Standard</b>	<b>Reporting Frequency</b>
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 Regional MDPP focused radio ads and PSAs ran during FY 18/19	≥ 10	Monthly, Interim, and Final
3. Number of Regional MDPP focused newspaper ads and impressions (English and Spanish)	≥1	Monthly, Interim, and Final
4. Number of direct mailers distributed (English and Spanish)	N/A	Interim and Final
5. Estimated number of people reached through the targeted marketing and awareness campaign	N/A	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 28, 2018 and a final report by June 28, 2019 to the NC OMHHD 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 each month 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 NC OMHHD 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 2 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. Regional MDPP Participant incentives to include but are not limited to: Calorie King books, portion plates, digital food scale, digital bathroom scale, pedometers, fitness trackers, Farmers Market tokens, Farmers Market vouchers, Farmers Market Double Up Food Bucks, gym memberships or subscription services, George Foreman grills, and T-shirts. All NC MDPP incentives must be approved by NC OMHHD. All Regional 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 Regional MDPP log when they receive the incentive valued at more than \$10. This shall be evidenced by the Regional 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 Regional 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: 18/19 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
65 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
D5 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
D6 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>Lisa Hodges</i> 12/28/17	Sign and Date - DPH Section Chief <i>[Signature]</i> 12/28/17
Sign and Date - DPH Contracts Office <i>Rebecca Miller</i> 1-2-18	Sign and Date - DPH Budget Officer <i>[Signature]</i> 1/3/18

RFM 1/2/18

# Division of Public Health Agreement Addendum FY 18-19

Alamance County Health Department  
**Local Health Department Legal Name**

North Carolina Office of  
Minority Health and Health Disparities  
**DPH Section / Branch Name**

473 Minority Diabetes Prevention Program  
**Activity Number and Description**

Lisa Hodges, 919-707-5041,  
lisa.hodges@dhhs.nc.gov  
**DPH Program Contact**  
(name, phone number, and email)

06/01/2018 – 05/31/2019  
**Service Period**

**DPH Program Signature** **Date**  
(only required for a negotiable agreement addendum)

07/01/2018 – 06/30/2019  
**Payment Period**

- Original Agreement Addendum  
 Agreement Addendum Revision # 1

**I. Background:**  
No change.

**II. Purpose:**  
This Agreement Addendum Revision #1 revises the language in Section III as written below. These changes are needed to correct reporting dates and add the new CDC requirement to change the population the NC MDPP is able to recruit and enroll into the NC MDPP project. This new ruling will increase the eligibility for new potential enrollees to participate in the NC MDPP project. The new language will enhance eligibility in the following three components: (1) maintain a prediabetes and diabetes prevention awareness and marketing campaign in minority communities, (2) increase enrollment from community screenings for prediabetes and referrals to Diabetes Prevention Program Lifestyle classes and diabetes self-management programs, and (3) maintain the CDC's Lifestyle Classes "Prevent T2" and "Preventa el T2" to minority communities across North Carolina.

There is no funding change associated with this Revision.

**III. Scope of Work and Deliverables:**  
*As of August 1, 2018, this Agreement Addendum Revision #1 makes the following changes:*

*Delete and replace the last sentence in Paragraph 2, as follows:*

The executed MOAs shall be submitted to the NC OMHHD Program Consultant by 4:00 p.m. on August 31, 2018.



Health Director Signature (use blue ink)

08.06.2018

Date

Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: <u>Glenda Linens, / Maryn Hayward</u> Phone number with area code: <u>919-5706340</u> <u>919-570-6414</u> Email address: <u>glenda.linens@alamance-nc.com</u> <u>maryn.hayward@alamance-nc.com</u>
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**Signature on this page signifies you have read and accepted all pages of this document.**



***Add the following sentence to Paragraph 4.a.:***

All NC MDPP staff hires must complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and submit a certificate of completion to the NC OMHHD Program Consultant by August 17, 2018. Those hired after August 17, 2018 must complete the HIPAA training within 30 days of hire date.

***Delete and replace the introductory sentence to 4.c., as follows:***

A minimum of one full-time (1.0 FTE) **NC Regional MDPP Coordinator** to serve the entire collaborative area. The Regional NC MDPP Coordinator shall:

***Add Subparagraph 6 to Paragraph 4.c., as follows:***

6. Complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and submit a certificate of completion to the NC OMHHD Program Consultant by August 31, 2018.

***Add Subparagraph 12 to Paragraph 4.d., as follows:***

12. Complete Health Insurance Portability and Accountability Act of 1996 (HIPAA) training and submit a certificate of completion to the NC OMHHD Program Consultant by August 31, 2018.

***Delete Paragraph 7 in its entirety and replace with the following:***

7. Enroll a minimum of 75 people total into the North Carolina 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.
  - a. All program's participants must have a body mass index (BMI) of  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup>, if Asian American).
  - b. The CDC requires that all Lifestyle Class participants be 18 years of age or older and not pregnant at time of enrollment. These programs are intended for adults at high risk for developing Type 2 diabetes.
  - c. All a program's participants must be considered eligible based on either:
    1. A recent (within the past year) blood test (may be self-reported for CDC recognition purposes; but, for Medicare DPP suppliers, a self-reported blood test is not permitted) meeting one of these specifications:
      - i. Fasting glucose of 100 to 125 mg/dl (CMS eligibility requirement for Medicare DPP suppliers is 110 to 125 mg/dl)
      - ii. Plasma glucose measured 2 hours after a 75-gm glucose load of 140 to 199 mg/dl
      - iii. A1c of 5.7 to 6.4
      - iv. Clinically diagnosed gestational diabetes mellitus (GDM) during a previous pregnancy (may be self-reported; allowed for CDC, but not for Medicare beneficiaries.); or
    2. A positive screening for prediabetes based on the CDC Prediabetes Screening Test (available in the Guidance section of this document or accessible online at <https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>) or a screening result indicating high risk for type 2 diabetes on the hard copy or electronic version of the American Diabetes Association Type 2 Diabetes Risk



Test (<http://www.diabetes.org/areyou-at-risk/diabetes-risk-test/>). Note: These are not options for eligibility for Medicare beneficiaries.

- d. Participants cannot have a previous diagnosis of type 1 or type 2 diabetes prior to enrollment.
- e. A health care professional may refer potential participants to the program, but a referral is not required for participation in CDC-recognized programs.
- f. Recognized organizations can retain participants if the following occurs:
  1. Participants who develop type 2 diabetes while in the program should be referred to their primary care provider for referrals to ADA-recognized or AADE-accredited diabetes self-management education and support (DSMES) programs and other resources such as Medical Nutrition Therapy (MNT) as appropriate.
  2. Lifestyle change programs for type 2 diabetes prevention emphasize weight loss and are not appropriate for women who are currently pregnant. Participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.
- g. A minimum of 35% of all participants in a yearlong cohort must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM. The remainder (a maximum of 65% of participants) must be eligible based on the CDC Prediabetes Screening Test or the American Diabetes Association (ADA) Type 2 Diabetes Risk Test. If a participant comes into a program on the basis of a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on a post-enrollment blood test. Evaluation for this requirement is based on all participants attending at least 3 sessions during months 1-6 and whose time from first session to last session is at least 9 months. At least 5 participants per submission who meet this criterion are required for evaluation. If a recognized organization is also a Medicare DPP supplier, all Medicare participants must be eligible based solely on a blood test indicating prediabetes. Refer to the Participant Eligibility section for more information. Note: While CDC is setting an organizational requirement for eligibility, individual payers, including Medicare, may impose higher or lower participant level eligibility requirements for blood testing for reimbursement purposes.

*Delete and replace Paragraph 9, as follows:*

9. **Distribute the following** supplies to Regional NC MDPP staff including: food models, blood pressure cuffs, blood pressure machines, A1c machines, digital scales, computer. All other supplies must be approved by NC OMHHD prior to distribution. All Regional NC MDPP supplies (valued at more than \$10) must be logged within 24 hours of purchase and maintained in locked storage. Each NC MDPP Staff member must sign and date the Regional NC MDPP supply log when NC MDPP participants receive an item valued at more than \$10. The log must include the serial number for all items, when applicable. This shall be evidenced by the Regional NC MDPP supply log and available for review during every site visit. Receipts are to be maintained by month of purchased and available for review during every site visit.

*Delete and replace Paragraph 16, as follows:*

16. **Adhere** to all HIPAA protocol as defined by the Local Health Department Consolidated Agreement. Sharing data includes providing client information allowed as permitted disclosures under the HIPAA, Public Law 104-91, HIPAA Administration Simplification Provisions Sections 261 through 264, 45 CFR 164.512. NC OMHHD MDPP Staff must be notified of all HIPAA breaches or the threat of a potential HIPAA breach within 24 hours.

**IV. Performance Measures/Reporting Requirements:**

No change.

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

No change.

**VI. Funding Guidelines or Restrictions:**

No change.