

Division of Public Health

Agreement Addendum

FY 16-17

Page 1 of 9

Alamance County Health Department
Local Health Department Legal Name

473 Minority Diabetes Prevention Program
Activity Number and Description

11/01/2016 – 05/31/2017
Service Period

12/01/2016 – 06/30/2017
Payment Period

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

Lucretia Hoffman, 919-707-5043,
lucretia.hoffman@dhhs.nc.gov

DPH Program Contact
(name, telephone number with area code, and email)

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

- ☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision #** ____ (Please do not put the Budgetary Estimate revision # here.)

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,

Health Director Signature.

(use blue ink)

Date

Local Health Department to complete:
(If follow-up information is needed by DPH)

LHD program contact name: _____
Phone number with area code: _____
Email address: _____

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

Revised July 2015

2015-241, Section 12E.3). The goal of the Minority Diabetes Prevention Program (MDPP) is to provide 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 MDPP Lifestyle classes 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 Lifestyle classes 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 (LHD) to create a Regional Collaborative which will engage, screen and deliver the Minority Diabetes Prevention Program that includes the CDC curricula: "Prevent T2" or "Prevenga el T2" to minority communities within its region. The LHD and its partners may engage, screen and enroll non-Hispanic whites in the MDPP, provided that no less than 75% of program participants are members of racial/ethnic minority groups.

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 November 15, 2016. The plan shall identify community partners 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. These draft MOAs shall be submitted to the DPH Contract Administrator by 4:00 pm on December 1, 2016.
3. **Apply for CDC recognition of its Diabetes Prevention Program** by December 1, 2016. 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. **Track participant and program data**, including program outcomes, in the Wake Forest School of Medicine Minority DPP data subscription service database ("MDPP database").
5. **Provide the following staff** for the MDPP: one Regional MDPP Coordinator and a minimum of three Lifestyle Coaches, and ensure that all MDPP staff are hired, in place, and prepared to participate in one of the Lifestyle Coach training session during the week of December 5, 2016 or the week of December 12, 2016. A list of registered staff must be submitted to the DPH Program Contact by 12:00 pm on December 2, 2016.
 - 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 session during the week of December 5, 2016 or the week of December 12, 2016.
 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 (1) the use of a CDC-approved curriculum (i.e., Prevent T2 or Prevenga el T2) with lessons, handouts, and other resources, (2) a lifestyle coach, specially trained to lead the program and facilitate discussions and help make the program fun and engaging (3) 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>.
 3. May serve alongside the three required Lifestyle Coaches as a fourth Lifestyle Coach, for which the role is described below in Section III, Item 4.b..
 4. 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.
 5. Submit monthly progress reports to the NC OMHHD by the 15th day of the following month.
 6. Participate in all mandatory NC OMHHD training sessions 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 **Lifestyle Coaches** to serve the entire collaborative area. Each Lifestyle Coach shall:
 1. Complete the two-day Diabetes Prevention Program Lifestyle Coach Training session on during the week of December 5, 2016 or the week of December 12, 2016.
 2. Conduct a minimum of five series of the Minority Diabetes Prevention Program Lifestyle Class (Lifestyle class). The Lifestyle classes must be held at a minimum of two counties within the region.
 3. Maintain the following retention rates for the first six months of the program:
 - a. 50% of participants complete 4 classes
 - b. 33% of participants complete 8 classes
 - c. 25% of participants complete 9 or more classes
 4. 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.

5. Provide support and guidance to MDPP participants in the lifestyle program and implement standard curriculum designed for the lifestyle program by the CDC.
 6. Deliver the 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.
 7. Enter participant and program data into the MDPP database on a weekly basis.
 8. Maintain an outreach log to track correspondence with MDPP participants.
 9. 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.
6. 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.
7. **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 Lifestyle classes (Lifestyle classes). One of these screening methods is to be used:
- a. A CDC prediabetes paper screening which requires a score of 9 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 4 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.

8. **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.
9. **Enroll** a minimum of 75 people in a Minority Diabetes Prevention Program Lifestyle class (Lifestyle class) 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>.

10. **Charge** all Lifestyle class participants a one-time fee of \$25. Scholarships, in the form of a fee waiver, must be offered to any 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. All Lifestyle class participants must pay, at a minimum, a one-time fee of \$5 to participate in the Lifestyle classes.
11. **Offer** all Lifestyle classes and other MDPP services (i.e., screenings, outreach and marketing) in ways that meet the cultural and linguistic needs of the target population and are in line with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). A copy of the National CLAS Standards can be found at <https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>.
12. **Conduct five to six Lifestyle classes** in multiple counties throughout the Local Health Department’s region to serve a minimum total of 75 MDPP participants. All classes shall start no later than February 6, 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>.

13. Provide items and services that address barriers to participating in the Lifestyle classes, including:
- Transportation, bus passes and gas cards
 - Facility rentals
 - Child care, and
 - Healthy snacks for sessions. (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>.)

14. **Administer an incentive program** for MDPP participants according to the plan listed below to ensure successful completion of the Lifestyle classes. Incentives should consist of the following items:

Number of Classes Completed	Corresponding Lesson	Participant Incentive
2	Get Active to Prevent T2	T-shirts
3	Track Your Activity	Calorie King books
4	Eat Well to Prevent T2	Portion plates
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

15. Distribute the following supplies to MDPP staff: Food models, blood pressure cuffs, digital scales.
16. Subscribe to the Wake Forest School of Medicine Minority DPP data subscription service (“MDPP database”) by January 6, 2017.
17. Adhere to all documents, reporting and evaluation requirements and timelines as designated by DPH, CDC, and the Wake Forest University School of Medicine
18. Collect and report aggregate data from all Regional Collaborative partners on the outcomes and effectiveness of the MDPP to DPH.

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

The Local Health Department shall:

- Participate in:
 - 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.
 - Monthly reporting and technical assistance calls regarding challenges in achieving performance and strategies for overcoming the barriers.
 - All evaluation and program activities as required by the NC OMHHD, CCCPH, DPH, CDC and the Wake Forest School of Medicine.
 - Mandatory meetings and training sessions sponsored by the NC OMHHD, including but not limited to:
 - An Introduction to Culturally and Linguistically Appropriate Services (CLAS)
 - 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 in order 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 16	225	Monthly, Interim and Final
2. Percent of eligible people referred to 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 class series offered across region	≥5	Monthly
2. Number of people enrolled in MDPP class series	75	Monthly
3. Number and percentage of MDPP participants who attend ≥4 classes in the first 6 months	≥50	Monthly
4. Number and percentage of MDPP participants who attend ≥8 classes in the first 6 months	≥33%	Monthly
5. Number and percentage of MDPP participants who attend ≥9 classes in the first 6 months	≥25%	
6. Number and percentage of MDPP participants who attend 16 classes in the first 6 months		Monthly
7. Number and percentage of minority participants in MDPP Lifestyle classes	≥75%	Monthly
8. Number and types of incentives distributed		Monthly, Interim and Final
9. Number and percentage of MDPP participants who attend a minimum of 4 classes and lose ≥5% of their baseline body weight		Interim and Final
10. Percentage of MDPP participants who report a change in knowledge		Interim and Final
11. Percentage of MDPP participants who report a change in behavior		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 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 February 28, 2017 and a final report by June 30, 2017 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: (if applicable)

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH 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 DPH 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 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. Participant incentives to include: Calorie King books, portion plates, digital food scales, fitness trackers, gym memberships or subscription services, and T-shirts. All incentives (valued at more than \$10) must be logged by serial number within 24 hours of purchase and maintained in locked storage. Each incentive recipient must sign and date the log when they receive the incentive valued at more than \$10. This shall be evidenced by the 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, recipient, and signature from recipient acknowledging receipt.
 2. Healthy snacks served during classes
 3. Facility rental to hold classes
 4. Childcare during class sessions
 - 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., Paragraphs 2.f. and 2.g. above.

DESCRIPTION	P.O. NUMBER	ACCOUNT CODE	AMOUNT
CHATHAM CO PUB HLT..MDPP PROG-HLT		1105110651	14,250.00
		TOTAL	14,250.00

THIS DOCUMENT HAS A GREEN BACKGROUND ON THE FACE AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.



ALAMANCE COUNTY

124 W. Elm Street
Graham, North Carolina 27253

WACHOVIA BANK, N.A.
CHARLOTTE, NC

86-21
530

THIS DISBURSEMENT HAS BEEN APPROVED AS REQUIRED BY
THE LOCAL GOVERNMENT BUDGET AND FISCAL CONTROL ACT.

DATE

04/26/17

CHECK NO

070995

AMOUNT

\$***14,250.00

PAY
TO
THE
ORDER
OF

CHATHAM CO PUBLIC HEALTH DEPT
PO BOX 130
PITTSBORO, NC
27312

Susan D. Roberts
FINANCE OFFICER
[Signature]
COMMISSIONER

⑈0000070995⑈ ⑆053000219⑆2014440029936⑈

This Contract is hereby made and entered into this 1st day of December, by and between a Chatham County a political subdivision of the State of North Carolina through the CHATHAM COUNTY HEALTH DEPARTMENT, hereinafter referred to as "Partner" and Alamance County, a political subdivision of the State of North Carolina through the ALAMANCE COUNTY HEALTH DEPARTMENT hereinafter referred to as "ACHD", and also collectively referred to as the "Parties".

WITNESSETH:

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, the parties agree as follows:

1. **PURPOSE** - The purpose of this Contract 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 Contract for the administrative coordination and financial support for the implementation of MDPP. Chatham County Health Department and Alamance County Health Department will serve as a MDPP participant and fiscal agent, respectively for Region 5 County Health Departments (Rockingham, Caswell, Person, Orange, Durham, Guilford and Chatham counties) in regards to MDPP.
2. **SERVICES** - The services to be provided are outlined in Attachment 1 referred to as Appendix A- RFA#A-473, Minority Diabetes Prevention Program dated November 1, 2016.

All services will be provided in a professional, competent and workmanlike manner

3. **FINANCIAL EXPOSURE** - Region 5 will receive \$230,105 through the MDPP funding beginning November 1, 2016 and ending June 30, 2016. Funds are recurring annually, dependent on the availability of funding. Funds will be distributed within Region 5 according the agreement addenda, Appendix A. For fiscal year 2016/2017 and for each subsequent year through the end of the allocation period Chatham will invoice monthly for expenditures not to exceed amount of the total funds appropriated each year. Chatham will invoice ACHD each month for the direct costs of the MDPP grant. In addition, Chatham will submit supporting documentation for each expenditure with the monthly invoice.
4. **SPACE/LOCATION** -ACHD 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 is for recurring annually, dependent of available 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:

CHATHAM COUNTY PUBLIC HEALTH DEPARTMENT

Attention: Layton Long
80 East Main Street
Pittsboro, NC 27312
Phone: 919.542.8215
Email: Layton.long@chathamnc.org

ALAMANCE COUNTY HEALTH DEPARTMENT

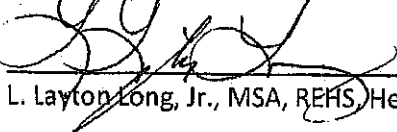
Attention: Stacie Saunders
319 N Graham Hopedale Rd.
Suite B
Burlington, NC 27217
Phone: 336.513.5514
Email: Stacie.Saunders@alamance-nc.com

9. **INDEMNIFICATION** – The parties shall operate as independent contractors for all purposes. 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 liabilities, costs, damages, expenses and attorney fees resulting from, or attributable to any and all of their individual acts or omissions to the extent allowable by law.
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