



North Carolina Diabetes Advisory Council

North Carolina's Guide to

Diabetes Prevention and Management 2020

March 23, 2021

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www.diabetesnc.com

<https://www.diabetesnc.com/diabetes-advisory-council/>



North Carolina Diabetes Advisory Council



Disclosures to Participants

Notice of Requirements for Successful Completion:

For successful completion, participants are required to be in attendance in the full 'live' webinar activity and complete the program evaluation at the conclusion of the educational event. Those viewing the recorded webinar are not eligible for continuing education credit.

Presenter Conflicts of Interest/Financial Relationships Disclosures:

**Laura Emerson Edwards, RN, MPA – None
Chris Memering, MSN, RN, CDCES, FADCES – None**

Disclosure of Relevant Financial Relationships and Mechanism to Identify and Mitigate Conflicts of Interest: No conflicts of interest

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Off-label Use: Participants will be notified by speakers to any product used for a purpose other than that for which it was approved by the Food and Drug Administration



In support of improving patient care, the Association of Diabetes Care & Education Specialists is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team



North Carolina Diabetes Advisory Council





North Carolina's Guide to Diabetes Prevention and Management

2020



North Carolina Diabetes Advisory Council

MANAGE WEIGHT | LIVE TOBACCO FREE | PARTICIPATE IN LIFESTYLE CHANGE PROGRAMS
PARTICIPATE IN DIABETES EDUCATION | ADHERE TO TREATMENT PLAN | GET ADEQUATE SLEEP



North Carolina Diabetes Advisory Council

https://www.diabetesnc.com/wp-content/themes/dnc/assets/downloads/1120/DiabetesGuide2020_Screen.pdf

Learning Objectives/Program Overview

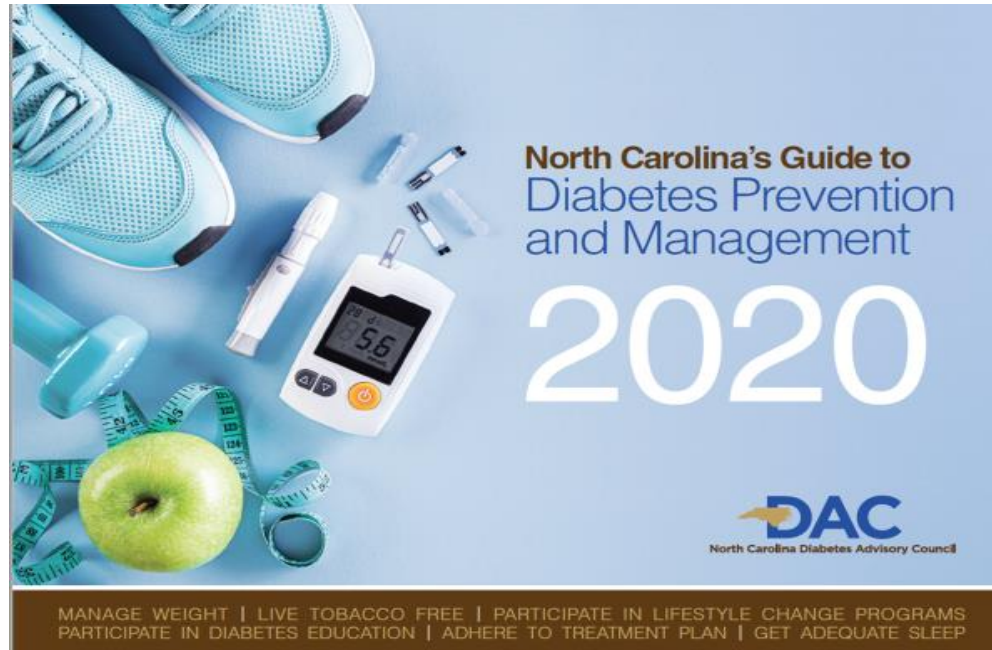
This live webinar will discuss prediabetes and diabetes in NC, provide an overall review of the Guide, and address actions that individuals/organizations can take to decrease the burden of diabetes in NC.

The webinar will discuss social determinants of health and health equity to prevent and manage diabetes at the individual, relationship, community and society levels.

The webinar will provide information and address roles of the interprofessional team in focus areas for prevention and management.

The desired outcomes are increased awareness and understanding of diabetes and prediabetes incidence, knowledge of primary prevention and management strategies, and understanding of the social determinants of health related to diabetes.





Purpose

NC's Guide to Diabetes Prevention and Management 2020



Call to Action to Prevent and Manage Diabetes

1. Increase understanding of the impact of diabetes in North Carolina
2. Provide specific strategies to assist people managing their risk for developing and/or managing diabetes, including reducing risk of complications
3. Describe opportunities to reduce the burden of diabetes using policy and advocacy in NC



The Burden of Diabetes in NC

- 12.5% of North Carolinians have diabetes
 - 1.3M North Carolinians have Type 1 or Type 2 diabetes
 - In past 10 years, 33% increase in the % of people diagnosed
- 34.5% of NC adults have prediabetes
 - >80% of those with prediabetes are not aware they have it
- ~3,000 people were projected to die in 2020, directly or indirectly because of diabetes and its complications
- NC is ranked 7th in nation for diabetes related death

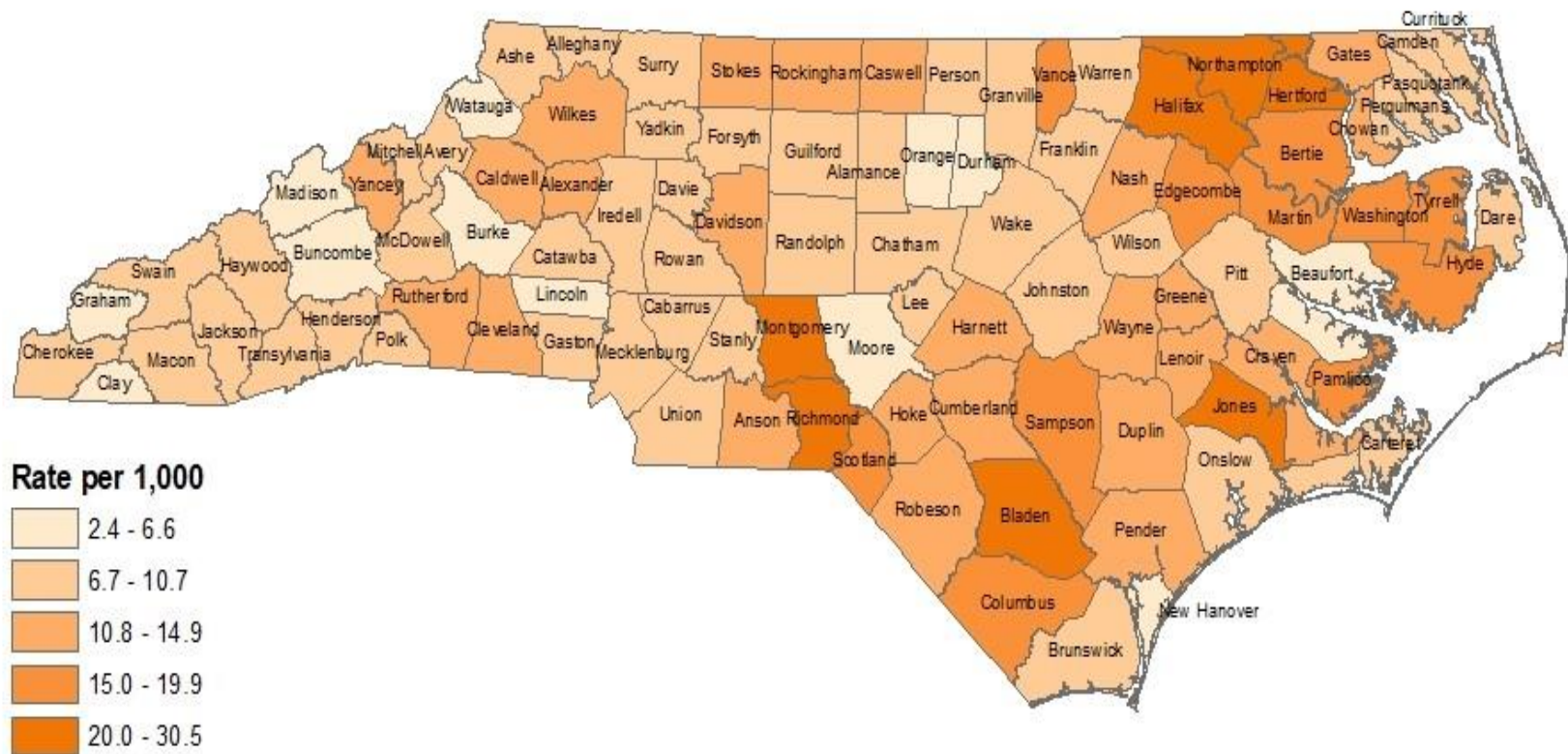


The Cost of Diabetes in NC

- People with diabetes have medical expenses 2.3 times higher than those without diabetes
- In 2017, diabetes accounted for \$11 billion in direct and indirect healthcare costs in NC
- Diabetes was the primary cause for 23,713 NC hospitalizations in 2018, at a cost of \$790 million

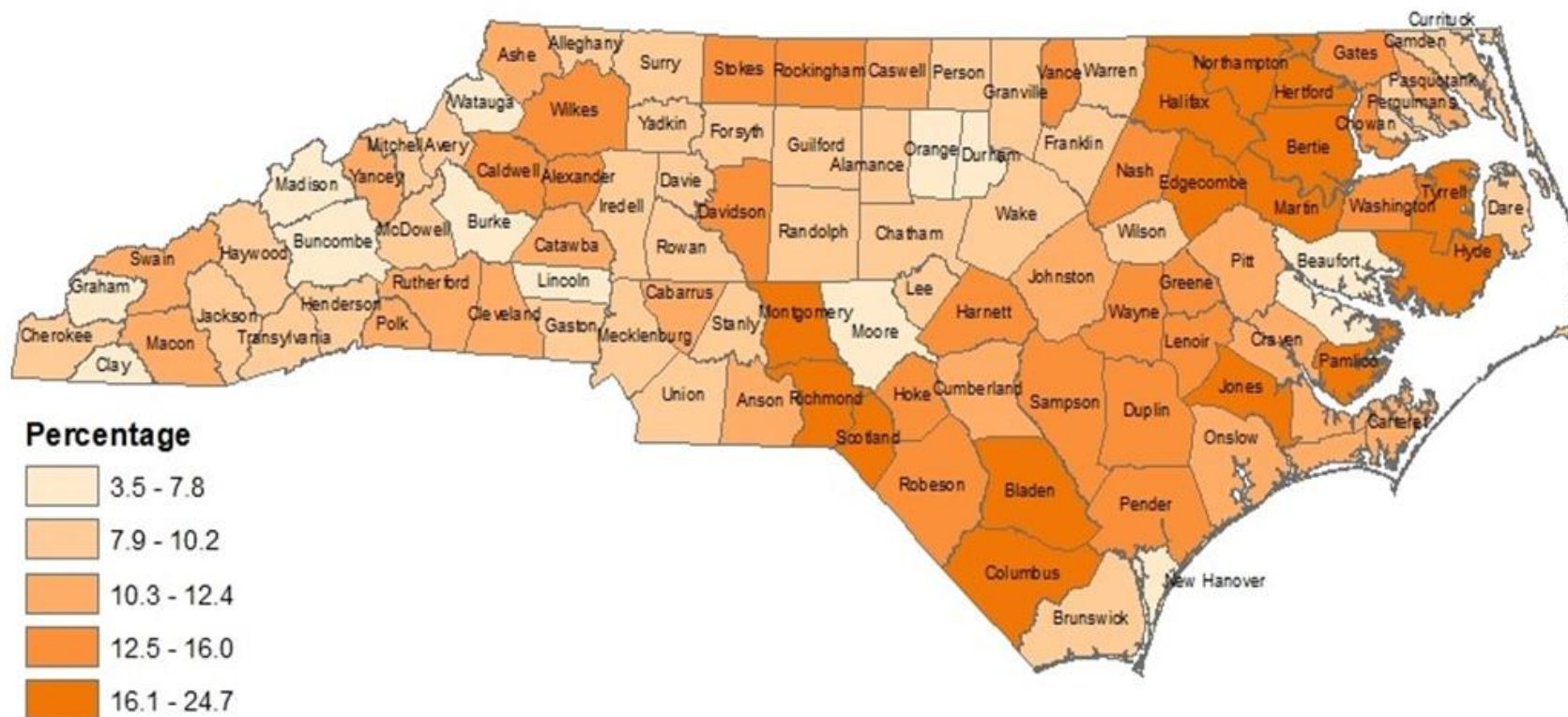


**Newly Diagnosed Diabetes,
Adults Aged 20+ Years, Age-Adjusted Rate per 1,000, NC
Counties, 2017**



Source: Centers for Diabetes Control and Prevention. Diabetes Data and Statistics. Accessed at www.cdc.gov/diabetes/data on February 17, 2021.

**Diagnosed Diabetes,
Adults Aged 20+ Years, Age-Adjusted Percentage, NC
Counties, 2017**



Source: Centers for Diabetes Control and Prevention. Diabetes Data and Statistics. Accessed at www.cdc.gov/diabetes/data on February 17, 2021.

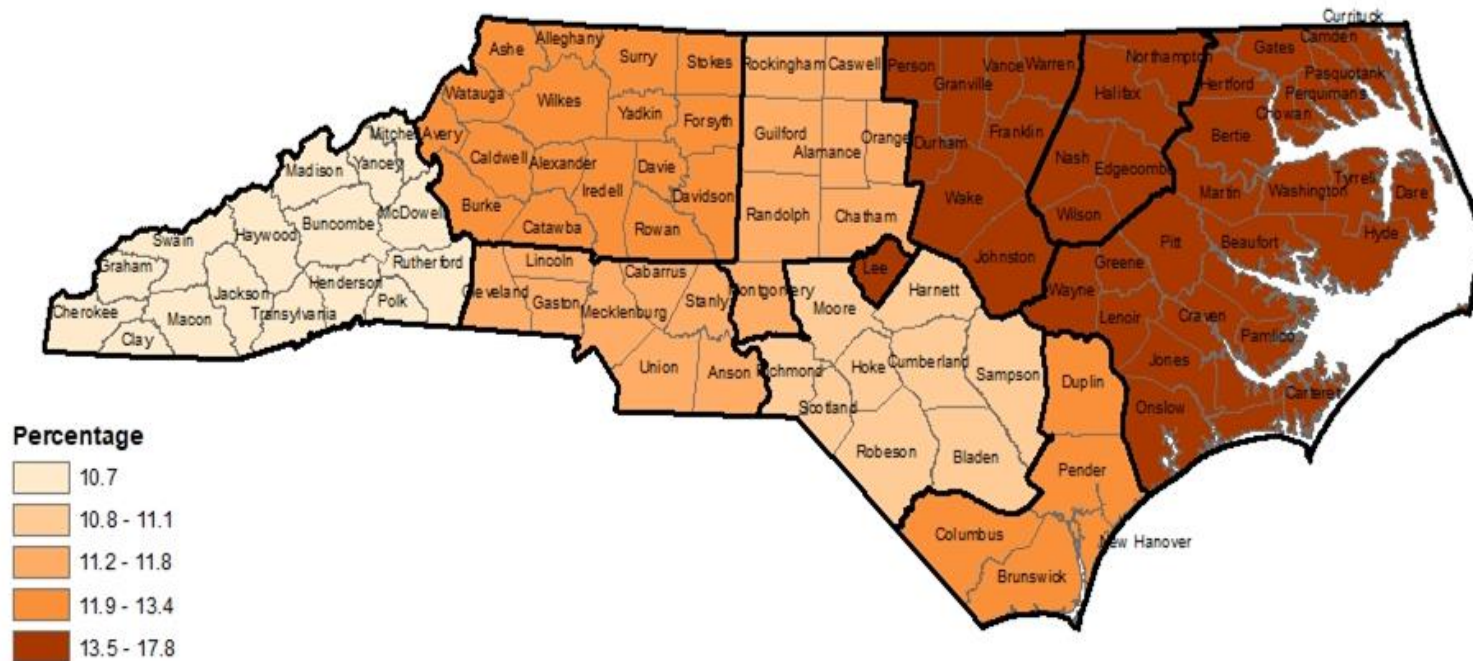
Self-Reported Prediabetes and Diabetes Prevalence by Region, NC, 2019

Area Health Education Centers (AHEC) Region	Prevalence of Prediabetes	Prevalence of Diabetes
<i>North Carolina</i>	<i>13.6%</i>	<i>11.8%</i>
Mountain AHEC	10.7%	10.1%
Northwest	13.2%	14.6%
Charlotte	11.8%	10.6%
Greensboro	11.7%	10.4%
Southern Regional	11.1%	15.1%
Southeast	13.4%	12.0%
Wake	16.7%	8.3%
Area I & Eastern	17.8%	14.1%

Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance System (BRFSS). Accessed at <https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/topics.htm> on February 17, 2021.



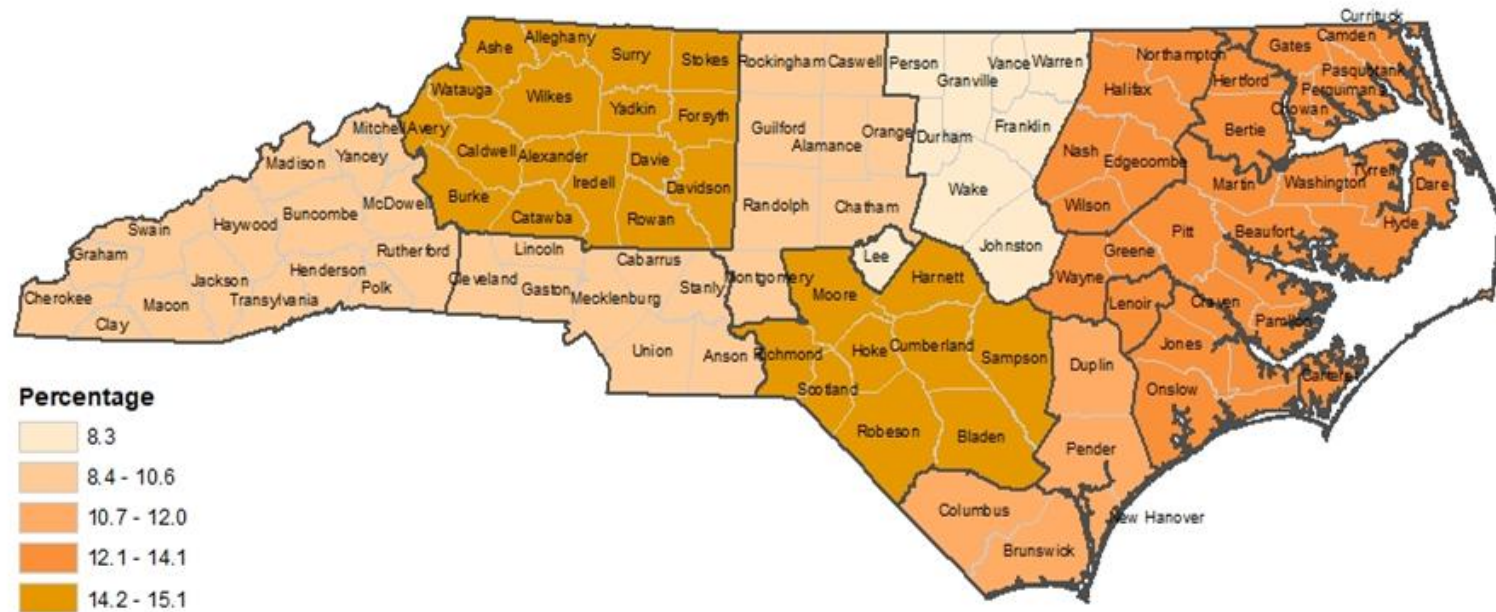
Self-Reported Prediabetes Prevalence by Area Health Education Centers (AHEC) Region, NC, 2019



Source: System (BRFSS). Accessed at <https://schs.dph.ncdhhsce>: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance gov/data/brfss/2019/nc/all/topics.htm on February 17, 2021.



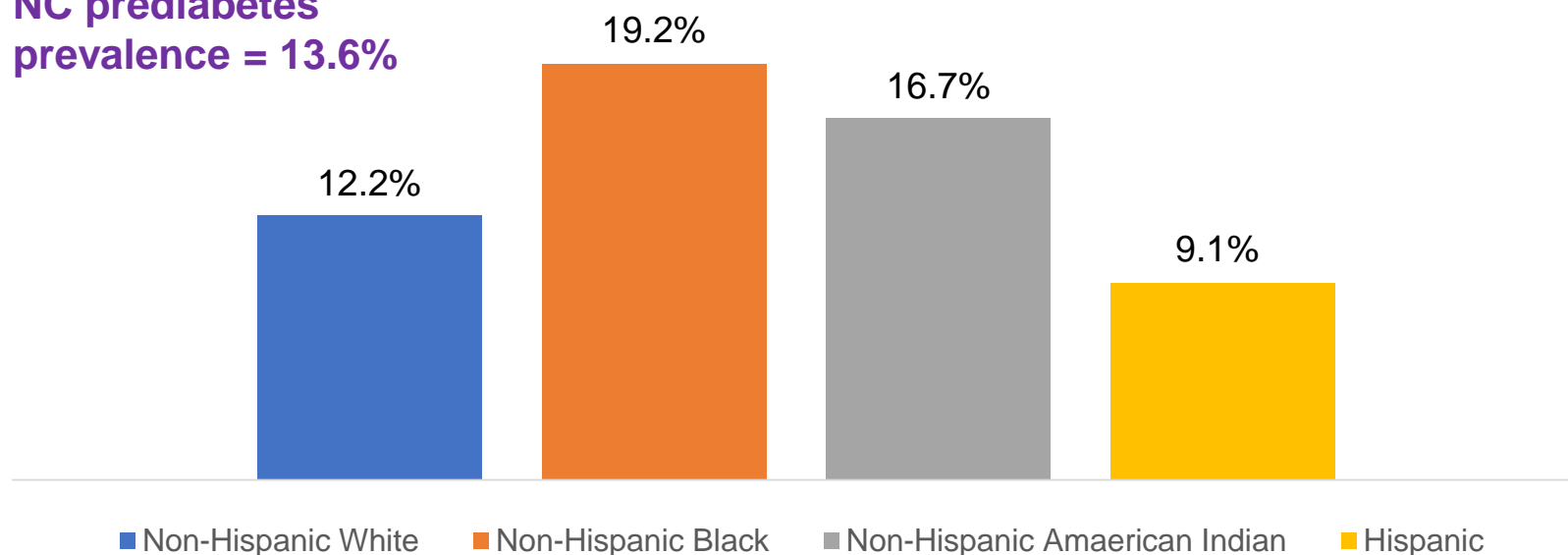
Self-Reported Diabetes Prevalence by Area Health Education Centers (AHEC) Region, NC, 2019



Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance System (BRFSS). Accessed at <https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/topics.htm> on February 17, 2021.

Self-Reported Prediabetes Prevalence by Race/Ethnicity, NC, 2019

NC prediabetes prevalence = 13.6%

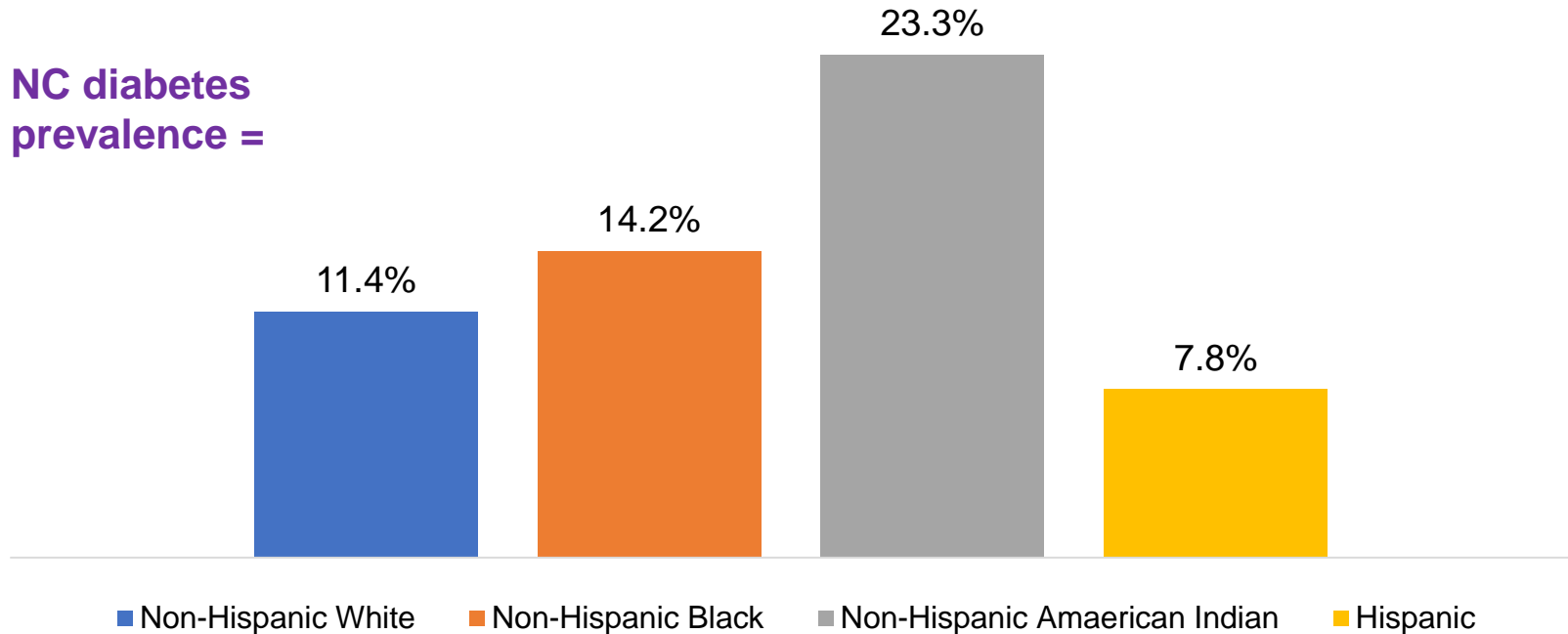


Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance System (BRFSS). Accessed at <https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/topics.htm> on February 17, 2021.



Self-Reported Diabetes Prevalence by Race/Ethnicity, NC, 2019

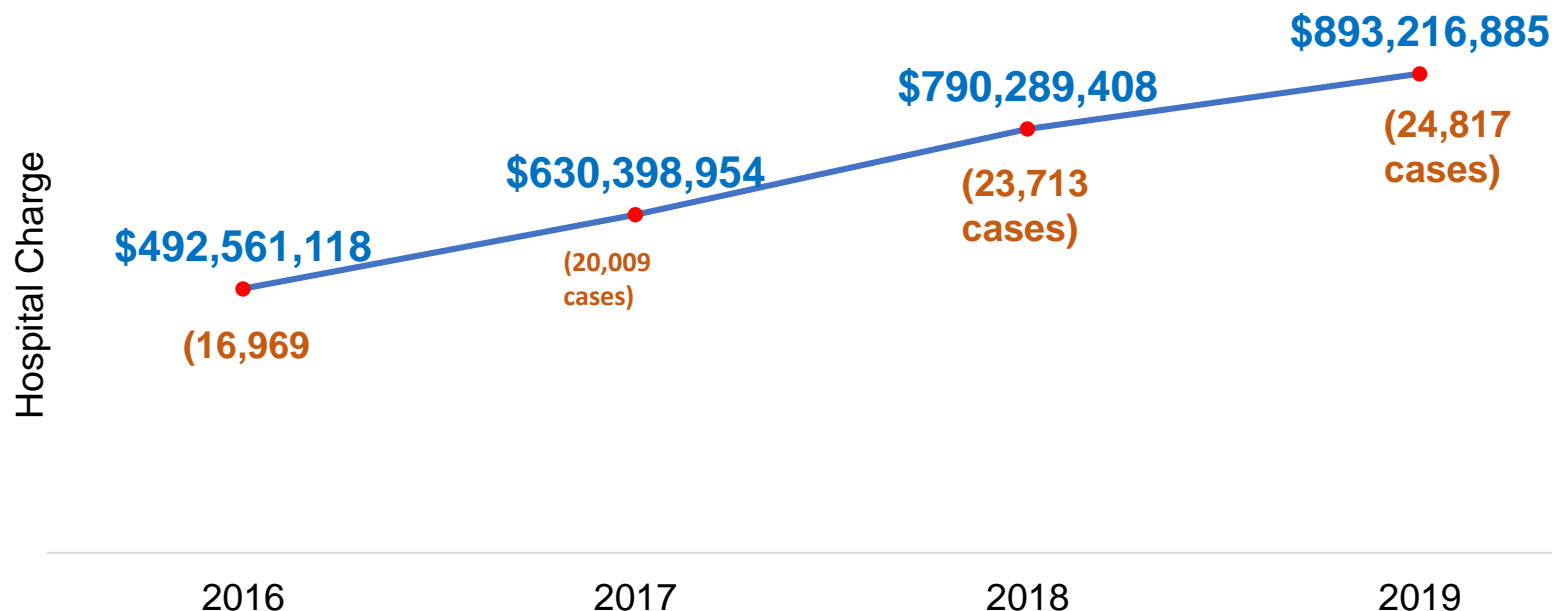
NC diabetes prevalence =



Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Behavioral Risk Factor Surveillance System (BRFSS). Accessed at <https://schs.dph.ncdhhs.gov/data/brfss/2019/nc/all/topics.htm> on February 17, 2021.



Inpatient Hospital Utilization and Charges for Diabetes as a Principal Diagnosis, NC, 2016 - 2019



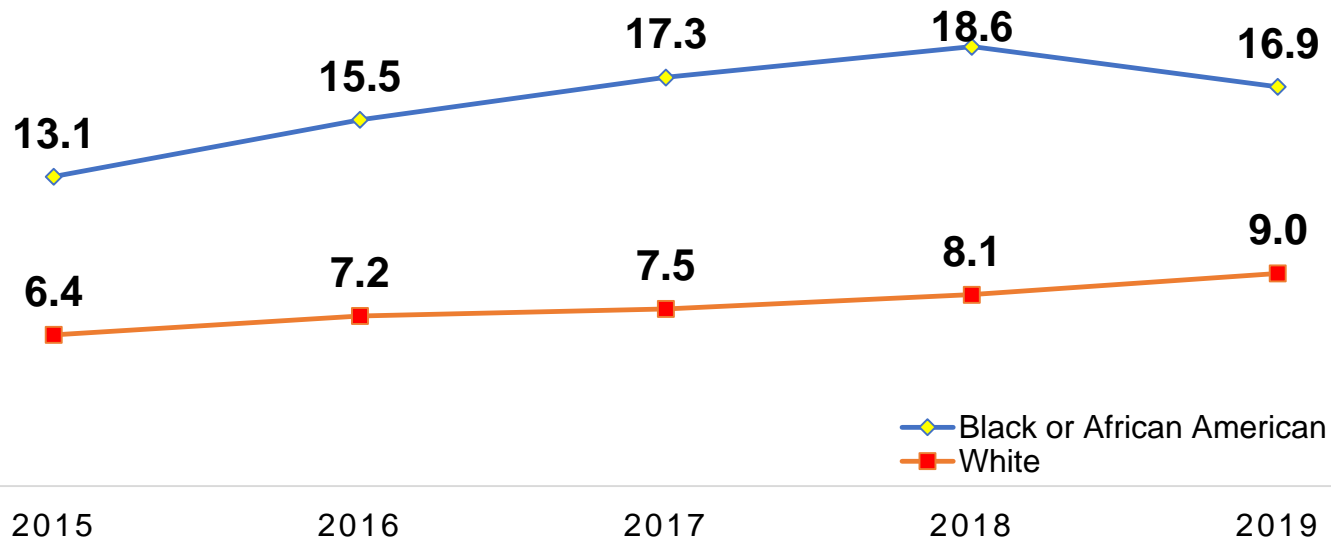
Diabetes: ICD-10 Codes E10-E11

North Carolina residents excluding newborns and discharges from out of state hospitals.

Source: North Carolina Department of Health and Human Services, Division of Public Health, State Center for Health Statistics. Data produced upon request.



Diabetes Death Rates by Race, NC, 2015 - 2019



Diabetes: ICD-10 Codes E10-E11

Source: Rates per 100,000 population, age-adjusted to the 2000 U.S. standard population.

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

Compressed Mortality File, 1999-2019. CDC WONDER Online Database, released in 2020.

Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on February 18, 2021.



To Reduce NC's Diabetes Disparity

- Alleviate the gap in health access/outcomes of care among different groups of people
- Address health equity inclusive of strategies that address social determinants of health
- Address “upstream” issues that contribute to health disparities and exist for our society and our most vulnerable populations



Opportunities to Reduce Burden



Communities



Healthcare Providers



Healthcare Insurers



Employers



Advocates and Policymakers

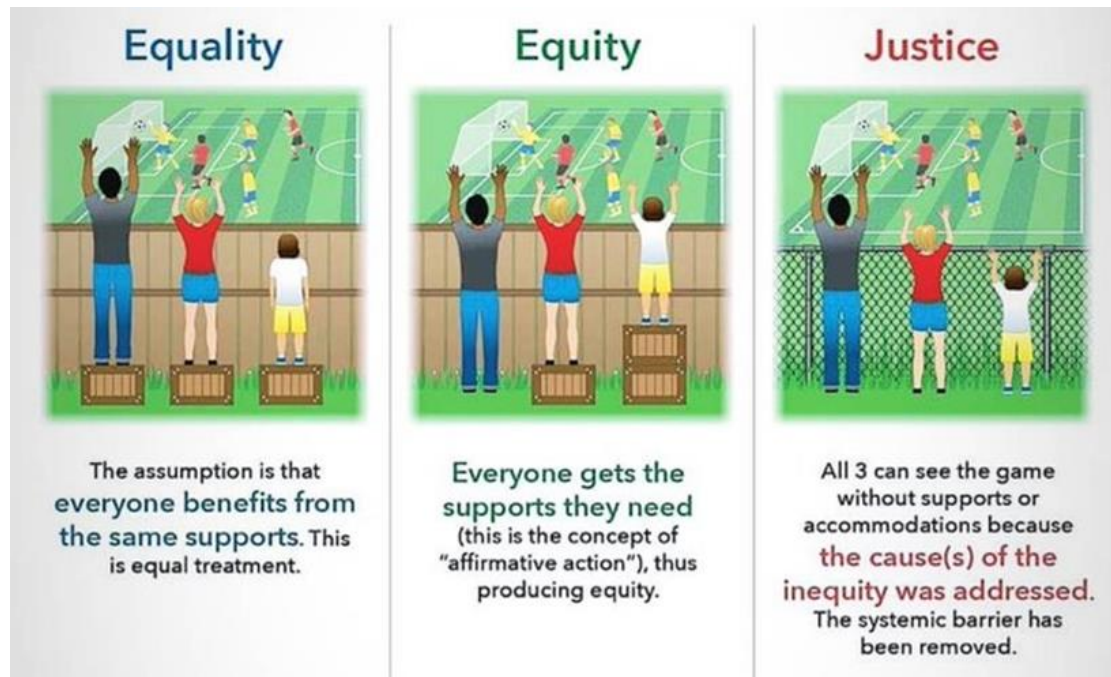
New in the 2020 Guide

The Sociological Model of Health links the core behaviors that assist individuals in preventing and managing their diabetes to policy strategies that communities, employers, and health care providers can implement to support the same.

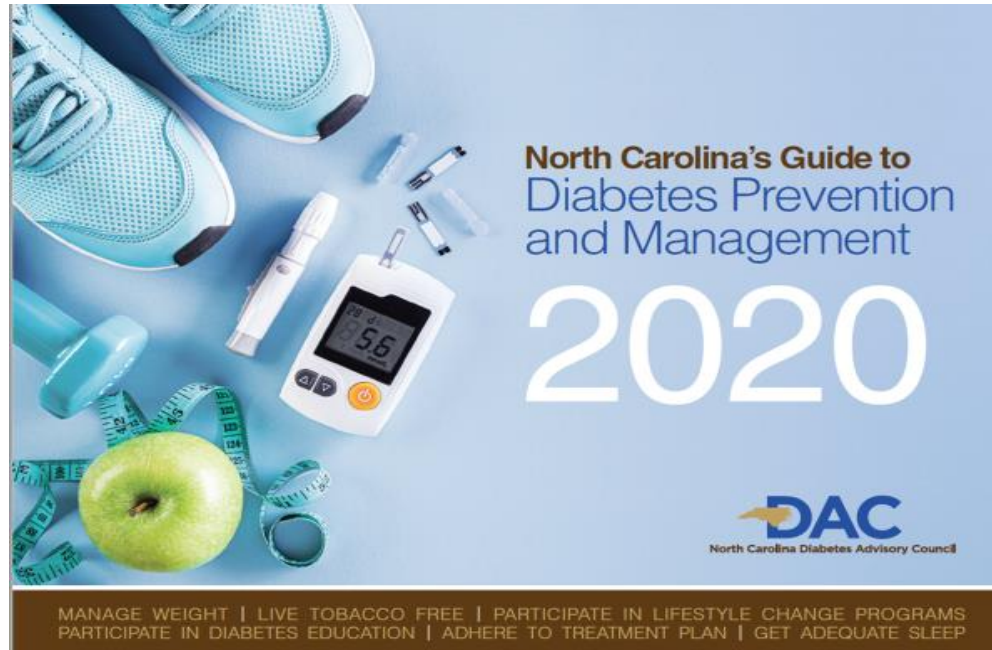


New in the 2020 Guide

Focus on achieving Health Equity



Source-<https://www.nwhu.on.ca/ourservices/Pages/Equity-vs-Equality.aspx>



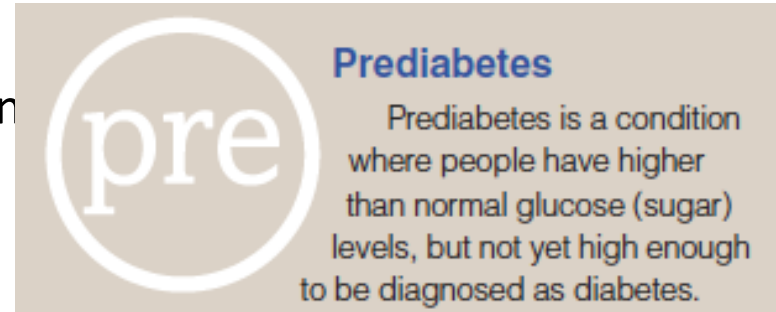
Overview

NC's Guide to Diabetes Prevention and Management 2020



Definitions

- **Diabetes:** A chronic condition in which the body either does not make any insulin or becomes resistant to insulin resulting in a relative deficiency of insulin.



- Three main types:

- Type 1
- Type 2
- Gestational



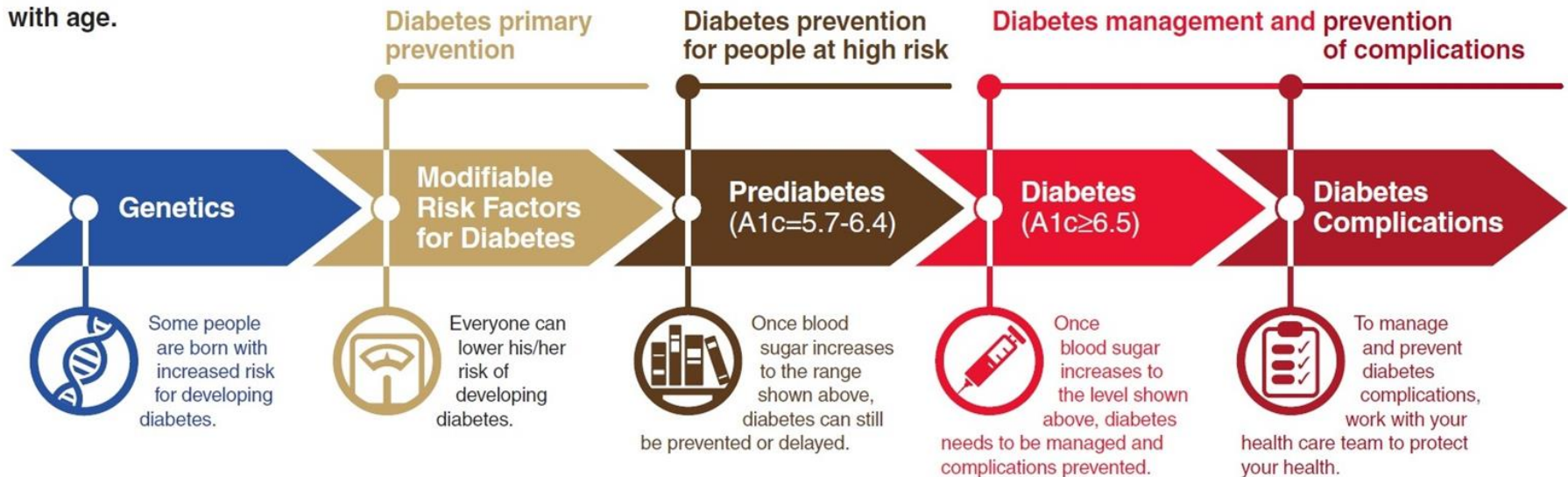
- Other terms defined in Guide:

- Glucose
- Insulin Resistance
- Prevalence
- Incidence

Lifetime Risk

Lifetime Risk Management for Developing and Controlling Type 2 Diabetes

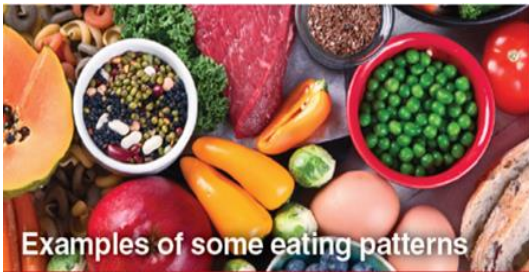
The risk of developing diabetes increases with age.



Diabetes Primary Prevention

Type 2 diabetes is the most common form of diabetes and can indeed be prevented if not delayed—sometimes for many years—by paying attention to the following healthy behaviors:

Maintain a healthy weight | Adopt healthy eating habits | Be more physically active | Live tobacco free | Get adequate sleep



Examples of some eating patterns

- Mediterranean Style
- Vegetarian or Vegan
- DASH (Dietary Approaches to Stopping Hypertension)
- Low Fat
- Low-Carbohydrate
- Diabetes Plate Method



Focus on the key factors that are common among healthful eating patterns



- Balance with carbohydrates, Protein, and Fats
- Emphasize non starchy vegetables, fruits, whole grains and dairy products
- Low or Full Fat Dairy Products are OK
- Minimize added sugars and refined grains
- Choose whole over overly processed foods
- Reducing overall carbohydrate levels
- Reduce trans fats, added sugars and sodium
- Practice portion control
- Alcohol in moderation if not contraindicated
- Avid sugar sweetened beverages (SSB)
- Engage in Fasting carefully, preferably with your doctor's guidance

Healthful Eating Patterns Include

- Fruits, vegetables, whole grains and fat-free or low-fat dairy and dairy products
- Lean meat, poultry, fish, beans, eggs and nuts
- Moderate amounts of saturated fats, sodium and added sugars, and no trans fats
- Calorie needs to achieve and maintain a healthy weight



Additional Resources for Healthful Eating



Nutrition and Fitness

- MyFitnessPal (Apple/Android); free with in-app purchases
- Weight Watchers (Apple/Android); paid program; virtual DPP
- Fooducate (Apple/Android); free with in-app purchases
- Calorie Mama AI (Apple/Android); free with in-app purchases
- Calorieking (Apple and Android) free
- Lose It! (Apple/Android); free with in-app purchases
- Zombies, Run! (Apple); free with in-app purchases
- FitBit (Apple/Android); free with in-app purchases; requires wearable device

Management, Monitoring, and Education

- Tidepool (Apple/Android); free
- MySugr (Apple/Android); free with in-app purchases
- One Drop (Apple/Android); free with in-app purchases
- Livongo (Apple/Android); through employers
- Omada Health (Apple/Android); Virtual DPP and DSMES
- WellDoc/BlueStar Diabetes (Apple/Android); Virtual

Stress Management

- Calm (Apple/Android); free with in-app purchases
- Breathe2Relax (Apple/Android); free

RESOURCES FOR HEALTHY EATING

Association of Diabetes Care and Education Specialists (ADCES)

- diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/aade7/aade7_healthy_eating.pdf?sfvrsn=16
- diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/aade7/aade7_healthy_eating_sp_rev.pdf?sfvrsn=6 (Spanish)

American Diabetes Association (English and Spanish)

- diabetes.org/nutrition

National Diabetes Education Program (English and Spanish and adapted for Chinese, African Americans, Southeastern and South Asian Americans, Filipino Americans, and Korean Americans)

- cdc.gov/diabetes/ndep/toolkits/choosing-healthy-foods.html

Center for Disease Control — Nutrition for Diabetes and Healthy Weight

- cdc.gov/diabetes/managing/eat-well/meal-plan-method.html
- cdc.gov/healthyweight (English)
- cdc.gov/healthyweight/spanish



Risk Factor Identification, Early Detection, and Screening



www.diabetes.org/risk-test



Prevention for People at High Risk

- No known prevention for Type 1 diabetes
- Type 2/Gestational: Weight loss through healthful eating and moderate physical activity
- Lifestyle Change Program
 - www.DiabetesFreeNC.com (to find one near you)
 - Individual and group diabetes prevention education
- Medication – Though none have FDA approval, a few diabetes medications may prevent progression from prediabetes to Type 2 diabetes through weight changes and action on beta-cell function

Diagnosing Diabetes

Common Terms and Acronyms Used for Diagnosing Prediabetes and Diabetes⁷⁵

A1C:
Hemoglobin A1C

BMI:
Body Mass Index

FBG:
Fasting Blood Glucose

FPG:
Fasting Plasma Glucose

GDM:
Gestational Diabetes Mellitus

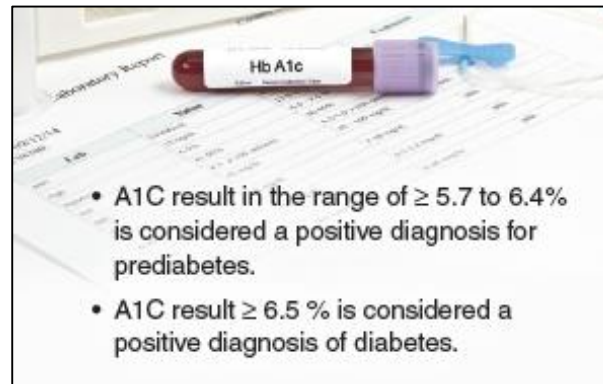
IFG:
Impaired Fasting Glucose

IGT:
Impaired Glucose Tolerance

OGTT:
Oral Glucose Tolerance Test

TIR:
Time in Range

- Recommended Screening Guidelines
- Diagnosis Criteria
- Frequency of Testing



- A1C result in the range of ≥ 5.7 to 6.4% is considered a positive diagnosis for prediabetes.
- A1C result $\geq 6.5\%$ is considered a positive diagnosis of diabetes.

Frequency of Testing

- Those persons with an A1C $\geq 5.7\%$, or with prediabetes, IGT, or IFG should be tested yearly.
- Women who had Gestational diabetes mellitus (GDM) should be tested 4–6 weeks postpartum and then 1 to 3 years for the remainder of their lives.
- Otherwise, testing for diabetes should begin for all individuals beginning at age 45 years.
 - If results are normal, those individuals should be tested every 3 years or more frequently based on risk, lab results, diabetes symptoms, and/or change in health status.



Diabetes Prevention Programs

<https://www.diabetesfreenc.com/find-a-program/>

Improve your health while following the Stay at Home order. Consider an online diabetes prevention program

Find a Program

CDC-recognized diabetes prevention programs in North Carolina

Click on a county or use the dropdown list below for available programs

Select county from list

Let's get started

Call 811.334.0321
We'll guide you every step of the way

Available Onsite Programs

Onsite Programs in Guilford County

YMCA of Greensboro (Alex W. Spears II YMCA)
***Free/Low-Cost Class**
 3216 Horse Pen Creek Rd.
 Greensboro, North Carolina 27410
<https://www.ymcagreensboro.org/evidencebased>
tracie.hawner@ymcagreensboro.org
 (336) 478-9622 Ext. 240
 This class has online components

Cone Health Nutrition and Diabetes Education Services
***Free/Low-Cost Class**
 301 E. Windover Ave.
 Suite 415
 Greensboro, North Carolina 27401
<https://www.conehealth.com/services/diabetes-education/>
 (336) 622-3235

Guilford County DHHS Public Health Division
 1203 Maple St.
 Greensboro, North Carolina 27405
<https://www.guilfordcountync.gov/our-county/human-services/health-department/adult-health-services>
 (336) 641-4152

YMCA of Greensboro (Hayes-Taylor Memorial YMCA)
***Free/Low-Cost Class**
 2030 E. Florida St.
 Greensboro, North Carolina 27401
<https://www.ymcagreensboro.org/evidencebased>
tracie.hawner@ymcagreensboro.org
 (336) 478-9622

YMCA of Greensboro (Kathleen Price Bryan Family YMCA)
***Free/Low-Cost Class**
 501 W. Market St.
 Greensboro, North Carolina 27410
<https://www.ymcagreensboro.org/evidencebased>
tracie.hawner@ymcagreensboro.org
 (336) 478-9622
 This class has online components

Available Online Programs

Eat Smart, Move More, Prevent Diabetes
***Free/Low-Cost Class**

See Class Times

SirioRx
***Free/Low-Cost Class**
<https://www.siriorx.com/preventdiabetes>
 (844) 326-3643
preventdiabetes@sirio.com
 On-line, flexible class times, for persons who meet CDC prediabetes qualification

Harris Teeter
***Free/Low-Cost Class**
<https://www.harris-teeter.com/preventdiabetes/>
 (800) 246-6520
 On-line, flexible app or web-based education with real, live coach text communication and 1 on 1 call offerings. Also features group classes via telehealth. For persons who meet CDC prediabetes or higher risk qualifications.

Delata Health
 (201) 648-0202

Beth Health
<https://bethhealth.com/>
 (877) 877-6767



Diabetes Management and Prevention of Complications

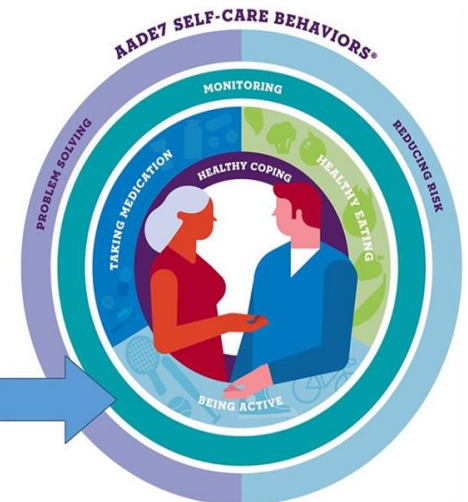
- Time In Range (TIR) to assess overall control
 - Target Range = 70-180 mg/dL for Type 1 & 2, 63-140 mg/dL during pregnancy
- Diabetes Self-Care Management Education and Support (DSMES) by credentialed professionals
- Follow up with your diabetes care team every 3 months
- Regular screenings
- Vaccinations



When to Refer for DSMES

There are four critical times when DSMES should be provided for Type 2 diabetes (Figure 4):

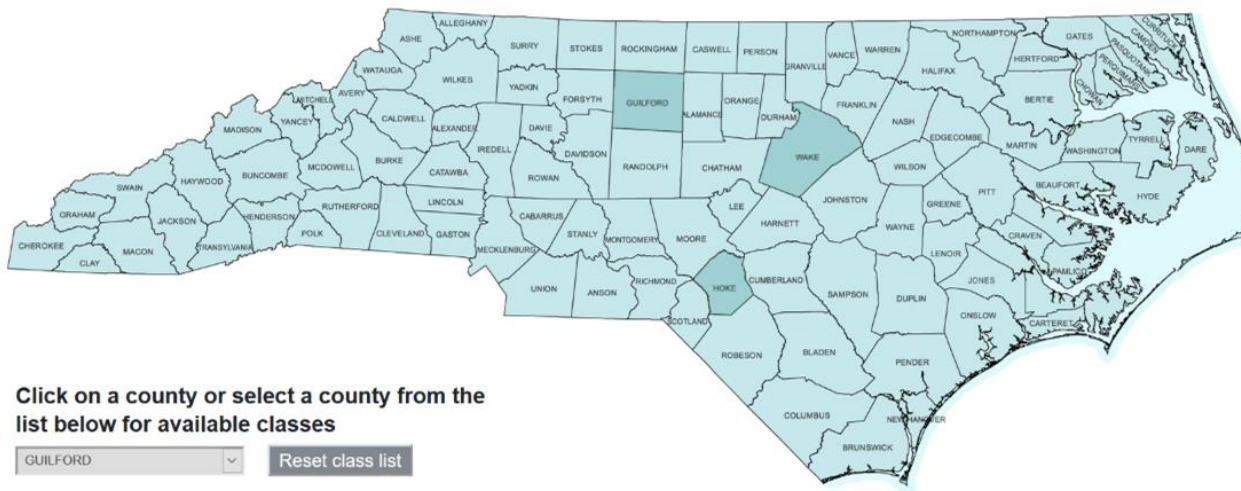
- At diagnosis
- Annually and when not meeting targets
- When complicating factors occur
- When transitions in care occur



DSMES Classes

<https://diabetesmanagementnc.com/find-a-class/>

Find a Class



Click on a county or select a county from the list below for available classes

GUILFORD

Reset class list

Please contact the program for class information.

DSMES sites in GUILFORD County

Cornerstone Diabetes University/Cornerstone Clinical Pharmacy Se

1208 Eastchester Dr., Suite 107
High Point, North Carolina 27265
Contact: Nancy
Phone: 336-802-2588 ext 21052

Internal Medicine Center Diabetes

1200 North Elm Street
Greensboro, North Carolina 27401
Contact: Donna Plyler
Phone: 336-832-2049
Email: donna.plyler@homehealth.com

Telehealth Services Available

Nutrition & Diabetes Education Services

301 East Wendover Ave, Suite 415
Greensboro, North Carolina 27401
Contact: Rosalynne Lopez
Phone: 336-832-3236

DiabetesSmartNC

DiabetesSmartNC is an umbrella program supported by the NC Division of Public Health to increase access to quality Diabetes Self-Management Education and Support services for adults with diabetes in North Carolina. DiabetesSmartNC serves as the sponsoring agency, managing all recognition requirements with the American Diabetes Association, allowing the sites to focus on patient education. To learn more about DiabetesSmartNC, [click here](#).



Language Matters!

- Words and messages are powerful
- Be aware and choose yours with care:
 - Words to Avoid
 - Preferred Words
 - Tone and Body Language are also important

www.diabeteseducator.org/practice/practice-tools/app-resources/diabetes-language-paper

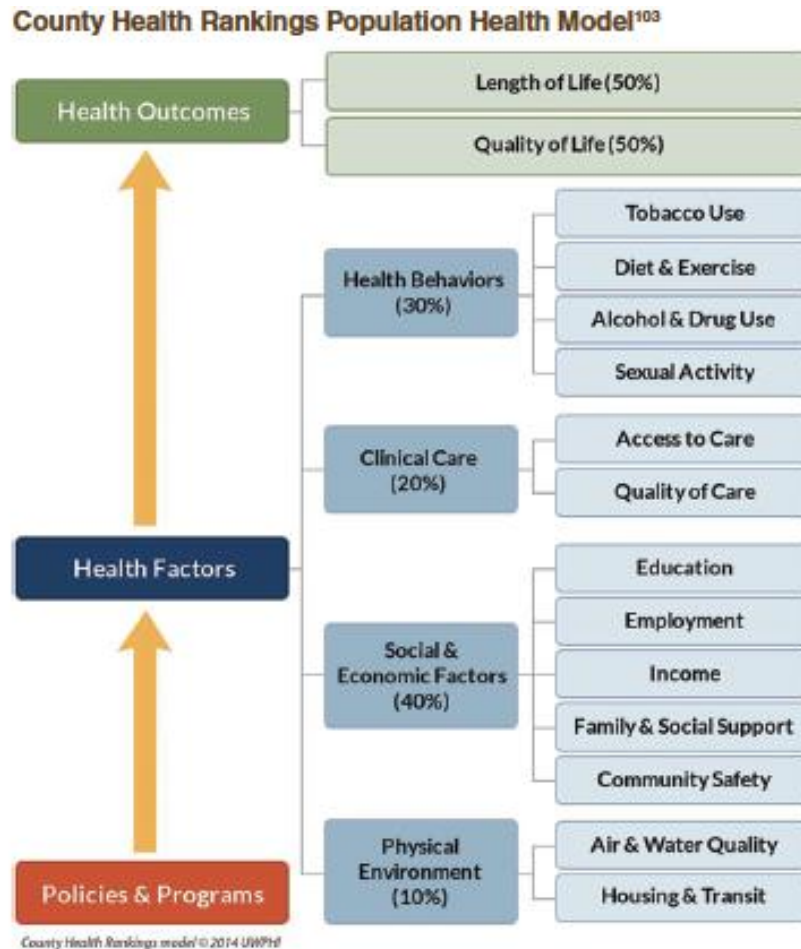
Words to Avoid

- **Judgment** (non-compliant, uncontrolled, don't care, should, failure)
- **Fear/Anxiety** (complications, blindness, death, Diabetic Ketoacidosis)
- **Labels/Assumptions** (Diabetic, all persons with diabetes are fat, suffer)
- **Oversimplifications/Directives** (lose weight, you should, you'll get used to it, at least it's not...)
- **Misunderstanding/Misinformation/Disconnected** (cure, reverse, bad kind, you are fine)
- **Body Language and Tone** (no eye contact, accusatory tone)

BE AWARE AND CHOOSE YOUR WORDS WITH CARE



Social Determinants of Health and Health Equity



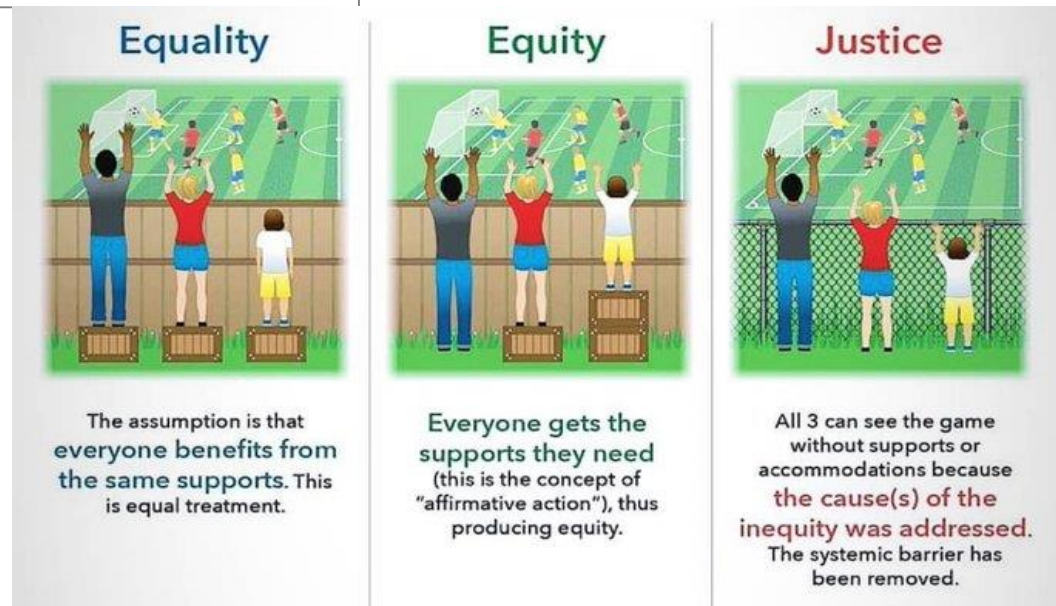
Population-based strategies at multiple levels:

- Community
 - Healthcare
 - Employer
 - Society
- Social and economic factors are believed to contribute to 40% of the quality and length of life in communities

Social Determinants of Health and Health Equity



Multi-faceted approach to address SDOH and health equity



What Can *Local Communities Do?*



- Schools, Community Colleges, and Universities
 - Develop programs and policies to support prevention behaviors
- The Media
 - Educate and draw attention to diabetes through PSAs, broadcasting, and print material without judgment
- Local and State Government
 - Implement programs and policies and encourage community action
- Faith-based Organizations
 - Trusted centers of communities; impactful in addressing health disparities and health equity
- Non-profit/Other Organizations
 - Support communities through outreach, advocacy, and access

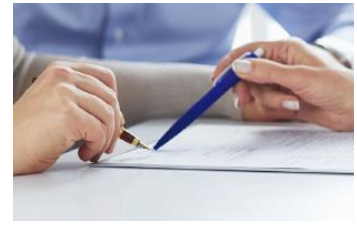


What Can *Healthcare Providers Do?*



- Community Pharmacists:
 - Create collaborative relationships with people with diabetes
- Community Healthcare Workers (CHW):
 - Work within communities in education and other support services in a team-based model
- Address challenges faced by healthcare providers:
 - Increase Medicaid reimbursement for services
 - Obtain continued education for new technologies and care access
- Reduce therapeutic inertia
 - Work across disciplines in team or group care models to ensure best practices are met

What Can *Healthcare Insurers Do?*



- Participate with government, employers, and advocacy group to broadly shape reimbursement policies
- Reimburse for diabetes covered services and education/programs
- Establish their own plan specific policy for covered services
- Improve reimbursement for telehealth services



What Can *Employers Do?*



- Support healthful eating guidelines
- Support participation in regular physical activity
- Support participation in diabetes prevention or self-management programs
- Promote adequate sleep
- Support tobacco-free policies and programs



What Can *Advocates & Policy Makers Do?*



- Live Tobacco Free
 - Policies and programs for tobacco-free communities
- Improve Nutrition/Reduce Overweight and Obesity
 - Follow and promote NC's Plan to Address Overweight and Obesity which has similar strategies that could reduce diabetes impact
- Improve Health Coverage for All
 - Expansion of Medicaid to improve access to healthcare and improved health status



Reducing the Burden of Diabetes Will Occur When...

- Persons at risk are able to change behaviors enough to prevent progress of prediabetes to diabetes
- Everyone uses person-centric, affirmative, enabling, non-judgmental language when dealing with diabetes
- Everyone concerned about diabetes has access and affordability to treatment, education, medications, and technology
- Community stakeholders are engaged and take action to create environments that support diabetes prevention and care for those with diabetes



Where to Go for More Information

NC Division of Public Health:

www.diabetesnc.com

www.diabetesfreenc.com

www.diabetesmanagementnc.com

www.quitlinenc.com/

www.startwithyourheart.com/

Association of Diabetes Care & Education Specialists

www.diabeteseducator.org

American Diabetes Association

www.diabetes.org

CDC Diabetes

www.cdc.gov/diabetes

CDC Diabetes Prevention Recognition Program

<https://www.cdc.gov/diabetes/prevention/program-providers.htm>

CDC Diabetes Toolkit

www.cdc.gov/diabetes/dsmes-toolkit/index.html

National Diabetes Prevention Program

www.cdc.gov/diabetes/prevention/index.html

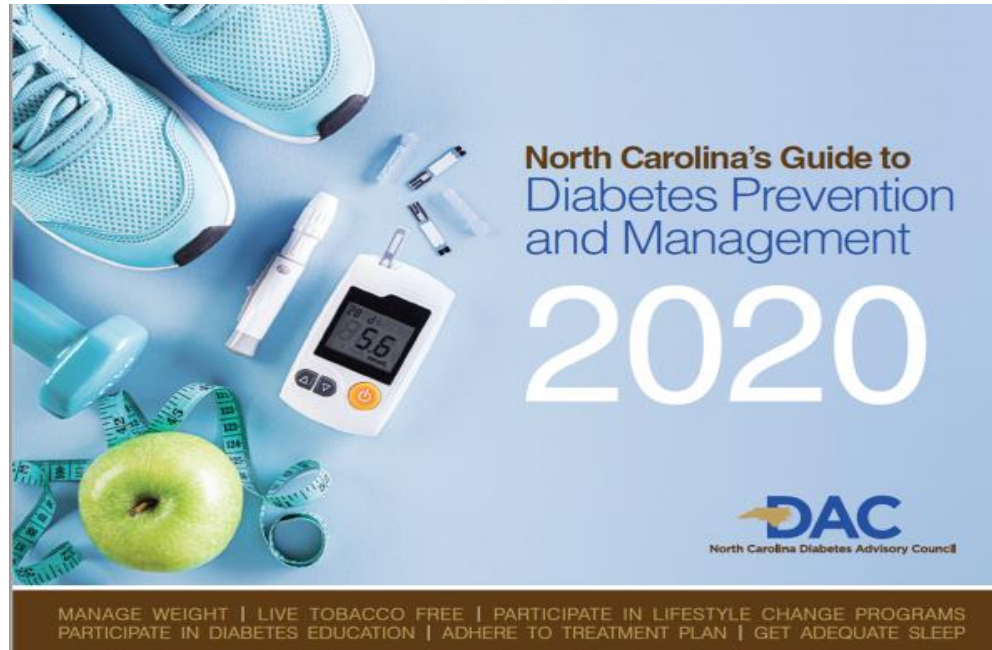


Where to Go for More Information

- Diabetes Advocacy Alliance
- Diabetes at Work
- Diabetes Patient Advocacy Coalition
- Diabetes Sister
- Juvenile Diabetes Research Foundation
- National Diabetes Education Program
- National Institute of Diabetes and Digestive and Kidney Disease
- Partnership for Prescription Assistance
- Taking Control of Your Diabetes

See p. 49 of Guide
for websites





How to Obtain

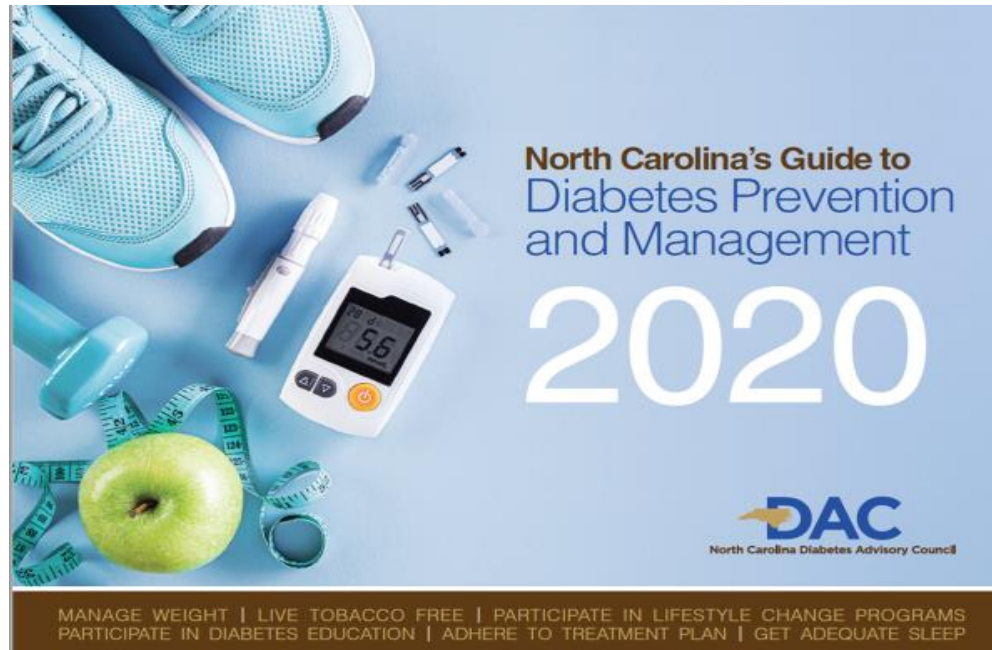
NC's Guide to Diabetes Prevention and Management 2020



Electronic and Printed Guides

- Electronic versions (downloads)
 - Full English Version
 - https://www.diabetesnc.com/wp-content/themes/dnc/assets/downloads/1120/DiabetesGuide2020_Screen.pdf
 - By Section
 - Full Spanish Version
 - [https://www.diabetesnc.com/wp-content/themes/dnc/assets/downloads/guide/NC Guide to Diabetes 2020-Spanish.pdf](https://www.diabetesnc.com/wp-content/themes/dnc/assets/downloads/guide/NC_Guide_to_Diabetes_2020-Spanish.pdf)
- Request printed copies
 - <https://www.surveymonkey.com/r/3QTKZDT>





Dissemination

NC's Guide to Diabetes Prevention and Management 2020



Guide Dissemination

- Presentations
 - By DAC leadership/members
 - Request a presentation
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Guide Development Process

- Built on success of the *2015-2020 Guide*
- Led by a writing team:
 - **Jan Nicollrat**, MSN, RN, ACNS-BC, CDCES (co-lead)
 - **Joseph Konen**, MD, MSPH (co-lead)
 - **Carolyn Crump**, PhD
 - **Robert J. Letourneau**, MPH
 - **Ronny Bell**, PhD, MS
 - **Laura Edwards**, RN, MPA
 - **Chris Memering**, MSN, RN, CDCES
 - **Joanne Rinker**, MS, RDN, CDCES
 - **Kristie Hicks**, MPH, CHES
- Supported by external reviewers (see p. 48 of Guide)



Questions and Thanks

Post your questions in the question box.

Please complete the evaluation form as your feedback is important to us.

Thank you for your participation in the webinar, and thank you for all you do to decrease the burden of diabetes in North Carolina.

