



North Carolina Diabetes Advisory Council

Welcome

Friday, October 27, 2023

diabetesnc.com/diabetes-advisory-council/

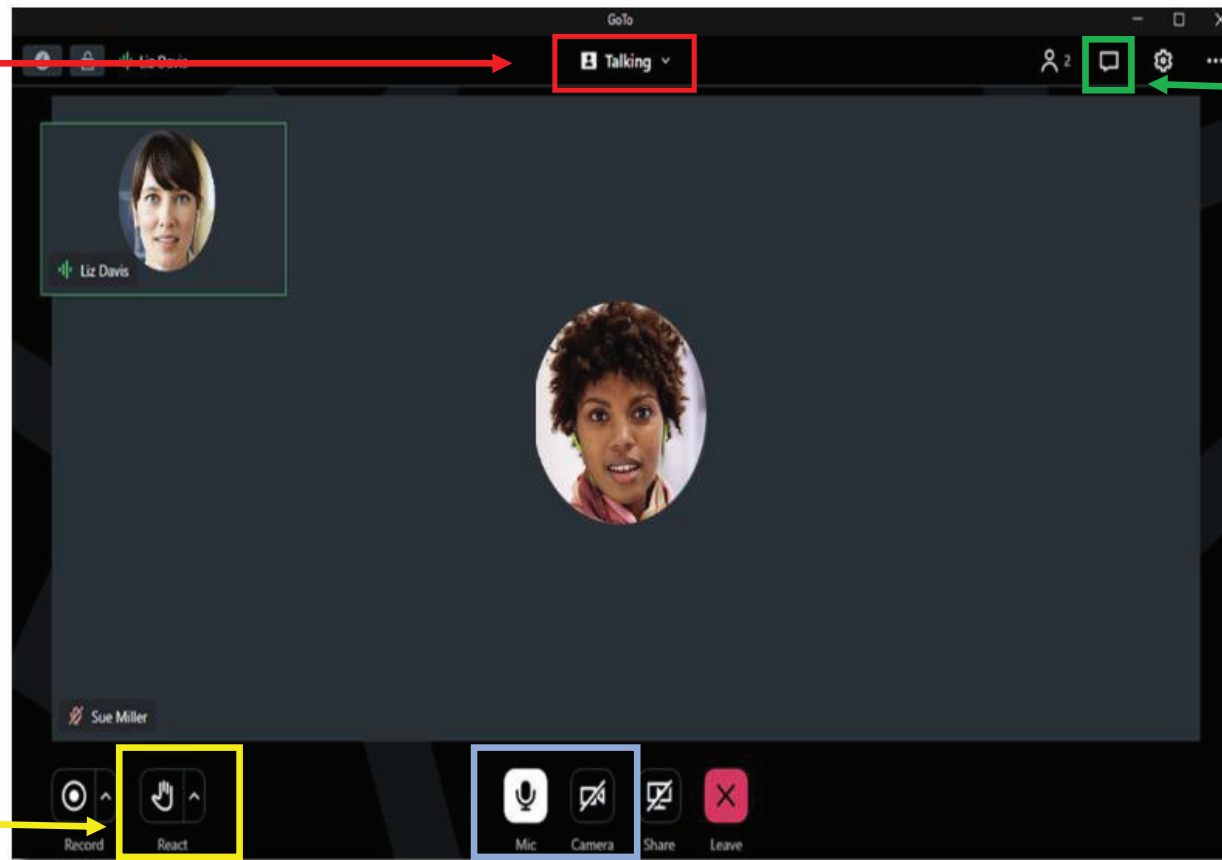


North Carolina Diabetes Advisory Council

GoToMeeting Housekeeping: What You See as an Attendee

Change
your view
and how
you see
participants
and
speakers

Raise
your
hand and
other
reactions

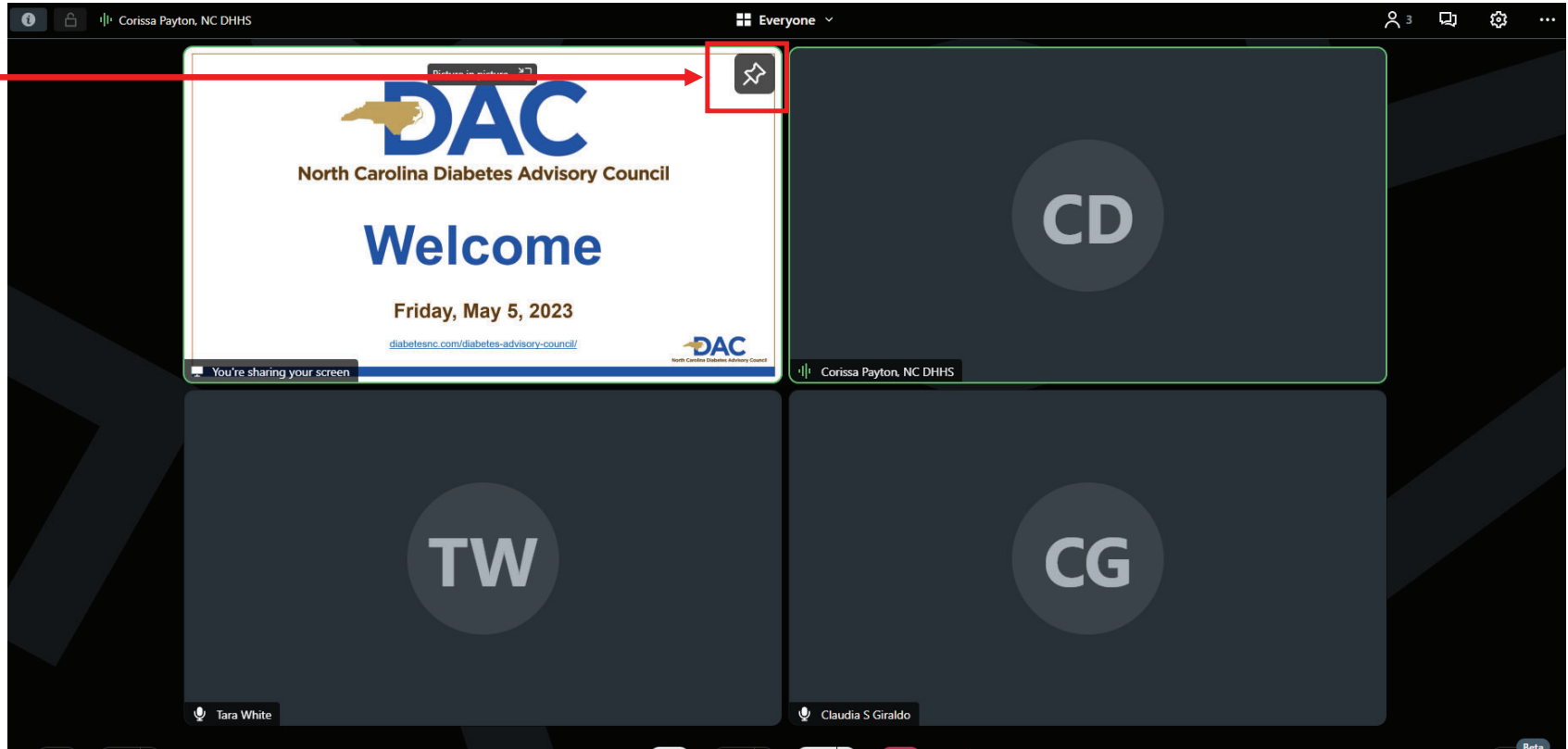


Chat box

Mic (mute) and Camera

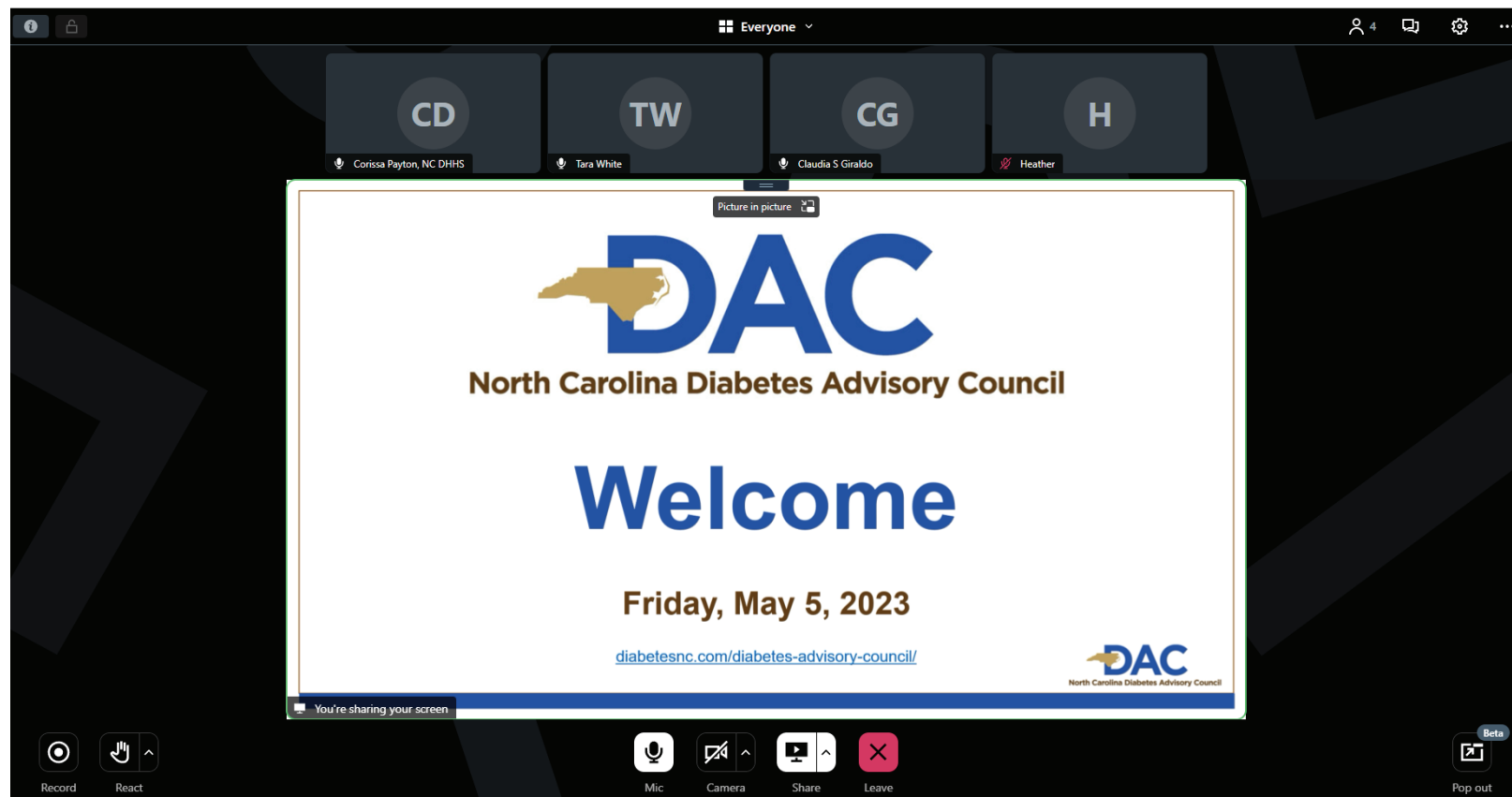
GoToMeeting Housekeeping: What You See as an Attendee

Use the Push Pin icon to pin the slideshow to make it the main screen



GoToMeeting Housekeeping: What You See as an Attendee

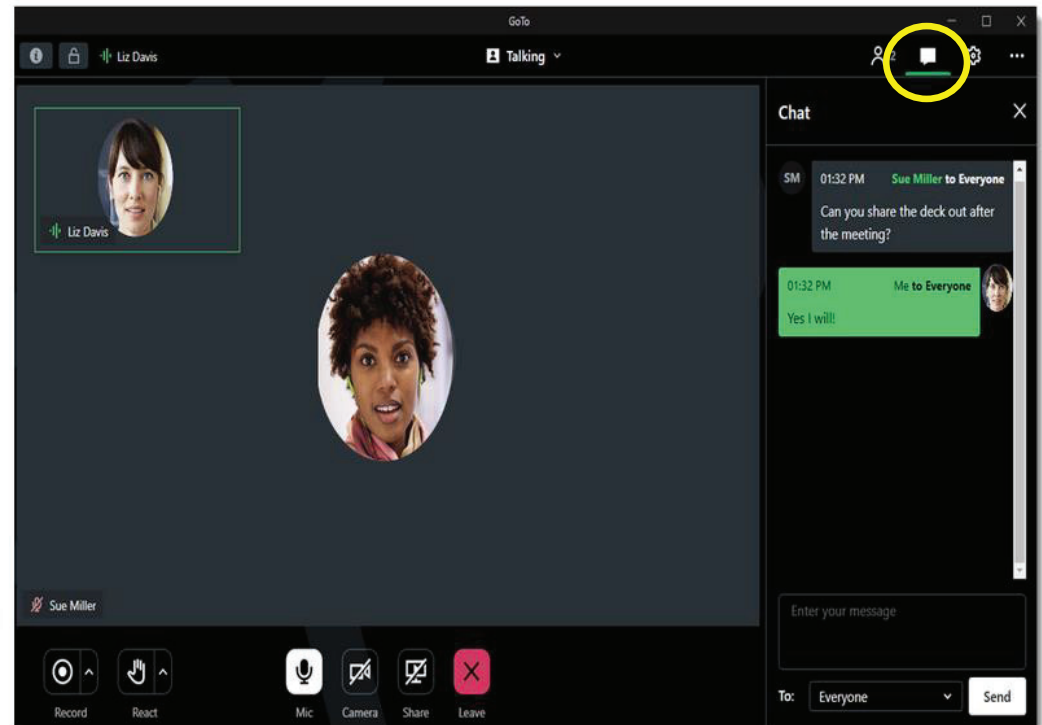
Then it should be the main screen



Roll Call

Please enter the
following information in
the chat for our
attendance records:

Name
Organization/Affiliation
Email Address



diabetesnc.com/diabetes-advisory-council/

Agenda

- Welcome, Introductions and Review and Approval of May 2023 Highlights
- Announcements
- DAC Workgroup Reporting
- Membership Survey Reporting
- Nutrition Equity and Security
- Break
- Diabetes Program Updates
- 2023 DAC Awards and Scholarship Ceremony and Reception



North Carolina Diabetes Advisory Council



Past Diabetes Advisory Council Meetings

October 29, 2021 [Agenda](#) | [Meeting Highlights](#)

[Register to Watch the Recording](#)

[Health Equity in Context – Cornell Wright](#)

[West Marion Community Forum](#)

[DSMES Updates](#)

June 4, 2021 [Agenda](#) | [Meeting Highlights](#)

[Register to Watch the Recording](#)

[Guide Webinar Evaluation and Metrics](#)

[Diabetes and Hearing](#)

[Diabetes and COVID-19](#)

February 19, 2021 [Agenda](#) | [Meeting Highlights](#)

[Register to Watch the Recording](#)

[2021 ADA Standards of Medical Care in Diabetes](#)

[2020-2025 USDA Dietary Guidelines](#)

[NC Diabetes Registry](#)

[DSMES Updates](#)

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North Carolina Diabetes Advisory Council

DAC Voting Members

Name	Affiliation
Joanne Rinker, Co-Chair	Association of Diabetes Care and Education Specialist
Christine Memering, Co-Chair	Carolina East Medical Center; ADCES
Gideon Adams	Food Bank of Central and Eastern North Carolina
Caroline Blackwell Young	Wake Forest University, School of Medicine
Paul Bray	Vidant Health
Pat Cannon	Novo Nordisk
Leonor Corsino	Duke University Medical Center
Vandana Devalapalli	Blue Cross Blue Shield of NC
Kathy Dowd	The Audiology Project
Laura Edwards	Collaborative Health Solutions
Susan Houston	Vidant Health
Joseph Konen	
Diana Laursen	Academy of Nutrition and Dietetics
Monique Mackey	Area L AHEC
Melanie Mabrey	NC Board of Nursing
Jan Nicollerat	Clinical Specialist and Certified Diabetes Educator
Julie Paul	Wake Med Health & Hospitals
Sharon Pearce	Carolina Anesthesia Associates
Carmen Samuel-Hodge	University of North Carolina at Chapel Hill
Susan Spratt	Duke University Medical Center
Lynette Tolson Somers	American Diabetes Association
Sheree Vodicka	NC Alliance of YMCA's
Natasha Vos	UNC – Asheville
Linda Wooley	New Hanover Regional Medical Center
Marico Dove	JanusRx
Members Emeritus	
John Buse	
Liaison Member	
Ciara Ruske	NC Division of Public Health, Cancer Prevention and Control Branch
Amy Johnson	NC Division of Public Health, Children and Youth Branch
Joyce Swetlick	NC Division of Public Health, Tobacco Prevention and Control Branch

DAC Announcements

Chris Memering
Joanne Rinker
Corissa Payton



North Carolina Diabetes Advisory Council

ADA Health Expo

SAVE THE DATE!

STATE OF DIABETES HEALTH EXPO

Nov. 18, 2023
10 am–3 pm • Durham Tech
1637 E Lawson Street, Durham, NC 27703

**FREE
ADMISSION!**

Highlights

- Health screenings
- Vaccinations
- Presentations
- Community organizations
- Small groups
- Cooking demos
- Exercise and mindfulness
- En Español tambien

Scan the QR code to register!



Contact Katie-Rose Crater at kcrater@diabetes.org with any questions.



ADCES Diabetes Tech Conference

2023 Diabetes Technology
CONFERENCE
FAIRMONT CHICAGO MILLENNIUM PARK

Friday, December 1-
Saturday, December 2



North Carolina Diabetes Advisory Council

CGM Billing Update

In a win for beneficiaries using continuous glucose monitors, Medicare [announced October 19](#) that it will align the billing cycle with the 90-day quantity for CGM supplies beginning **January 1, 2024**. The current, misaligned billing cycle that requires bills on 30-day increments for 90-day supplies creates a paperwork burden for people with diabetes, suppliers, and Medicare itself that risk interrupting access to supplies such as sensors that are necessary to maintain functional use of this critical technology that so many people depend on for their diabetes self-management. ADCES advocated for this with the Diabetes Technology Access Coalition and applauds CMS for this change.



North Carolina Diabetes Advisory Council

2024 DAC Meeting Dates

February 2, 2024

May 3, 2024*

October 18, 2024*

All meetings will be held at the McKimmon Center in Raleigh with a virtual option.



North Carolina Diabetes Advisory Council

DAC Workgroups Overview

Membership Workgroup

The purpose of this workgroup is to develop a standardized process for identifying and engaging a diverse group of diabetes professionals to join the NC DAC as either stakeholders or voting members.

Activities may include:

- 1) Developing a member survey to send to multi-disciplinary networks or organizations,
- 2) Assist the NC DAC leadership team in increasing awareness of the Council to individuals and organizations that are involved in diabetes care, education and advocacy.

This group would also identify gaps in our membership against the list of member representatives desired and then reach out to those orgs to request representation.

Abstract Workgroup

The purpose of this workgroup is to develop a standard presentation including talking points and handouts for any NC DAC representatives who are interested in submitting abstracts to state, national or international meetings or conferences.

Interest Survey Workgroup

The purpose of this workgroup is to develop an interest survey for current NC DAC voting members and stakeholders to identify professionals who desire to:

- 1) Continue to serve as voting members
- 2) Move from serving as stakeholders to voting members,
- 3) Increase involvement in the NC DAC by leading or participating in new workgroups, or
- 4) Present on current or future diabetes work during upcoming NC DAC meetings or other state or national professional meetings

DAC Workgroups Reporting

Abstract Workgroup

New access pathway to Guide

Information required for access:

- Email
- First Name
- Last Name
- Name of Organization

Data we can collect:

- How many downloads
- Locations of downloads

North Carolina's Guide to Diabetes Prevention and Management 2020

This guide includes basic information about diabetes, its effects on the North Carolina population, and suggestions on how individuals can prevent and manage the disease that you may download and/or print as needed. The guide is available in both English and Spanish.

Please register to gain access to the guide.

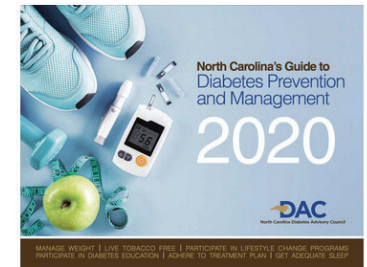
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[To receive the access password click here](#)

This content is password protected. To view it please enter your password below:

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DAC Workgroups Reporting

Abstract Workgroup

Purpose of data collection with the Guide

- Facilitate an assessment of HOW the Guide is being used by registrants
- Identify dissemination efforts and assess the extent to which key organizations are aware of the Guide
- Inform which groups are primary audience for presentations and what should be covered in those presentations

Next Steps

- Promote the guide – how?
- Collect data



North Carolina Diabetes Advisory Council

DAC Workgroups Reporting

Membership Workgroup

Elevator Pitch and DAC Interest Request Link on Webpage



The Diabetes Advisory Council (DAC) of North Carolina was created in 1984 as an advisory group to the Diabetes Prevention and Control program. The DAC works to reduce the burden of diabetes through coordination among the many stakeholders in diabetes control in North Carolina.

Core Responsibilities:

- Educate and publicly validate early detection, treatment and self-management training for diabetes control, as a health priority for all North Carolinians.
- Provide scientific credibility and public validity for new service priority areas and interventions based on evolving clinical and epidemiological studies and technology.
- Foster interagency collaboration and networking for identification, utilization and expansion of resources for diabetes control services.
- Evaluate, present and propose strategies for the control of diabetes in North Carolina in terms of assessed need, estimated costs, potential benefits and probability of success of each strategy.

Join our engaging organization focused on collaborative leadership, advocacy, and resource-sharing to address diabetes across diverse communities. As a member, you'll benefit from a growing clinical and community-based partnership team and the opportunity to make a meaningful impact in reducing and addressing diabetes for North Carolinians.

[Request More Information About DAC Membership](#)



DAC Workgroups Reporting

Membership Workgroup

Longer Elevator Pitch for Membership Recruitment

"Are you passionate about making a difference in the challenges North Carolinians with diabetes face? Join our engaging and dynamic organization that thrives on leadership, collaboration, and advocacy. Our growing clinical and community partnership team is dedicated to sharing resources, utilizing innovative tools, and providing a platform for input on reducing and addressing diabetes from the perspective of diverse populations.

By becoming a member, you not only contribute to the solution, but also add credibility to your organization as a part of a statewide network. Together, we can make a significant impact on the lives of those affected by diabetes. Join us today and be part of a community that benefits both you and your organization in tackling this important health challenge to many North Carolinians."

DAC Workgroups Reporting

Membership Workgroup



DAC
North Carolina Diabetes Advisory Council

The Diabetes Advisory Council (DAC) of North Carolina works to reduce the burden of diabetes through coordination among the many stakeholders in diabetes control in North Carolina.

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

Core Responsibilities

- Educate and publicly validate early detection, treatment and self-management training for diabetes management.
- Provide scientific credibility and public validity for new service priority areas and interventions based on evolving clinical and epidemiological studies and technology.
- Foster interagency collaboration and networking for identification, utilization and expansion of resources for diabetes control services.
- Evaluate, present and propose strategies for the prevention and management of diabetes in North Carolina.



Join our engaging organization focused on collaborative leadership, advocacy, and resource-sharing to address diabetes across diverse communities in North Carolina.

DAC Workgroups Reporting

Membership Workgroup

Next Steps

- Membership nomination/request process
- Onboarding and orientation
- Clarifying and/or redefining membership roles and responsibilities



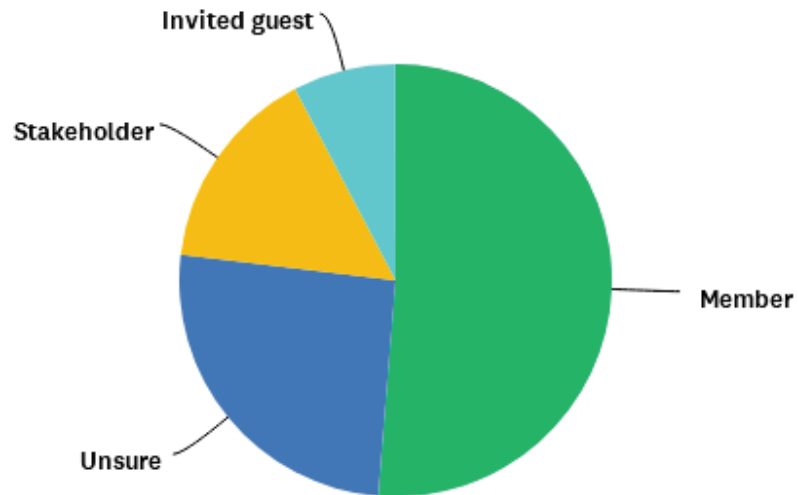
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Results of the 2023 NC Diabetes Advisory Council Member Survey



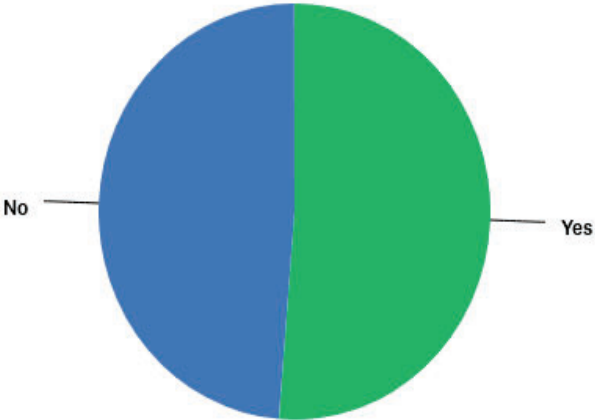
North Carolina Diabetes Advisory Council

Q1 What is your role in the DAC?



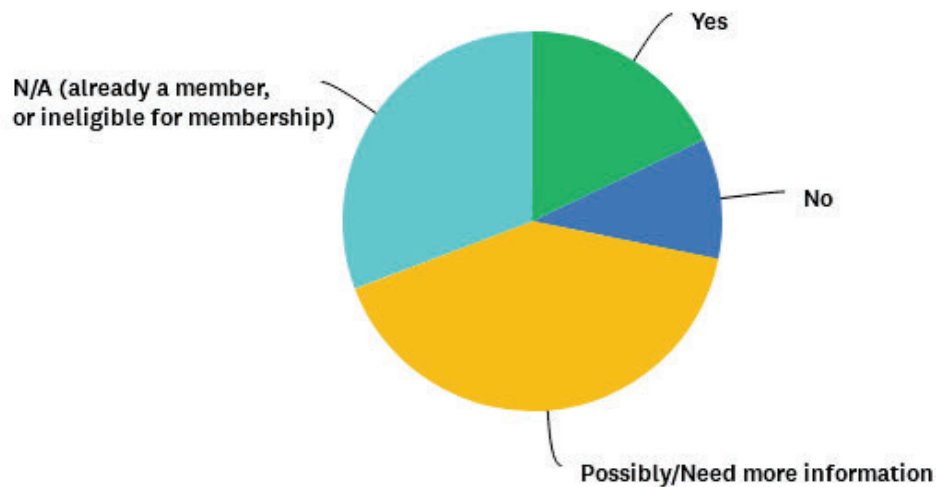
Answer Choices	Responses	
Member	51.28%	20
Unsure	25.64%	10
Stakeholder	15.38%	6
Invited Guest	7.69%	3
Answered		39
Skipped		0

Q2 In your opinion, are the responsibilities of members clearly defined?



Answer Choices	Responses	
Yes	51.28%	20
No	48.72%	19
Answered		39
Skipped		0

Q3 Are you interested in becoming a voting member?



Answer Choices	Responses	
Yes	17.95%	7
No	10.26%	4
Possibly/Need more information	41.03%	16
N/A (already a member, or ineligible for membership)	30.77%	12
Answered		39
Skipped		0

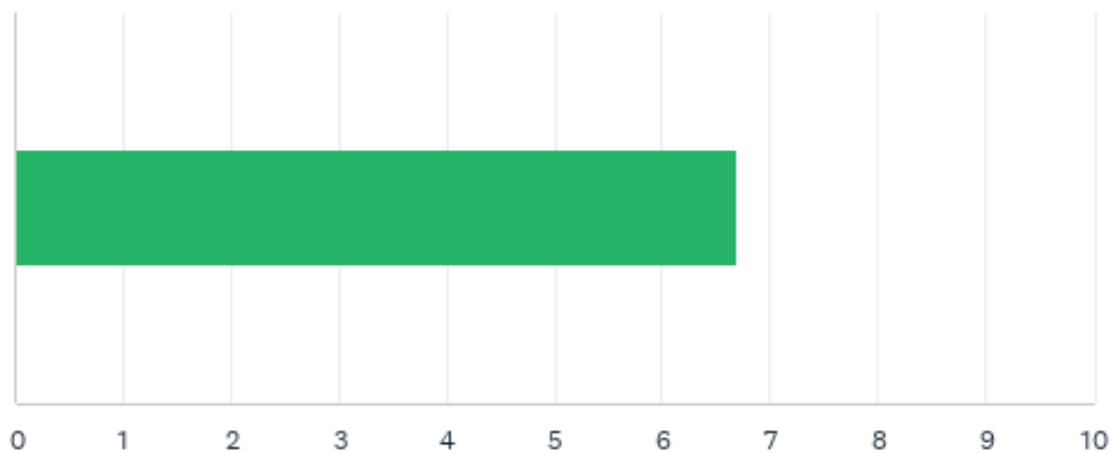
Q4 If not a member, why did you choose to participate as a stakeholder or guest?

Learning from others/experts	4
Related to work in diabetes	4
Public Health Worker	2
Purpose driven re:diabetes	1
Received DAC Healthcare Provider Award	1
Stepping back from heavy involvement in past	1
Former presenter	1



North Carolina Diabetes Advisory Council

Q5 How long have you been a member?

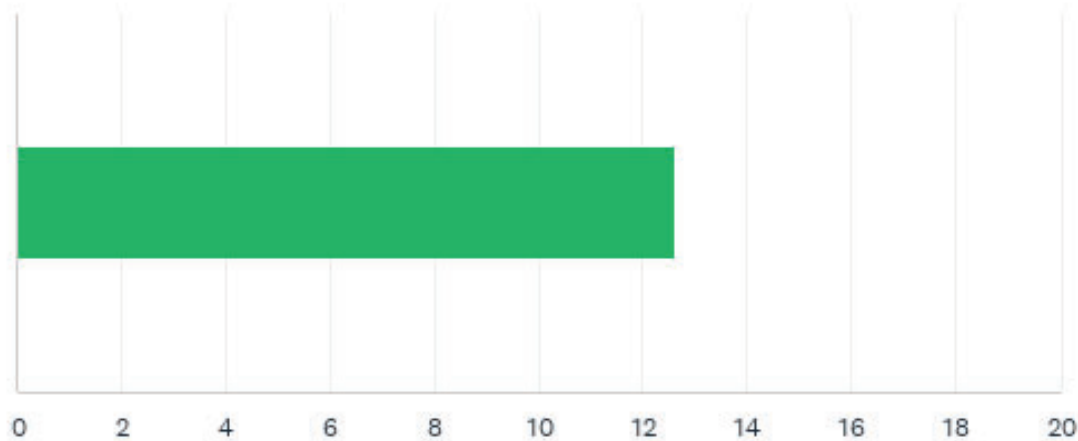


Average Response	7 years
Answered	27
Skipped	12



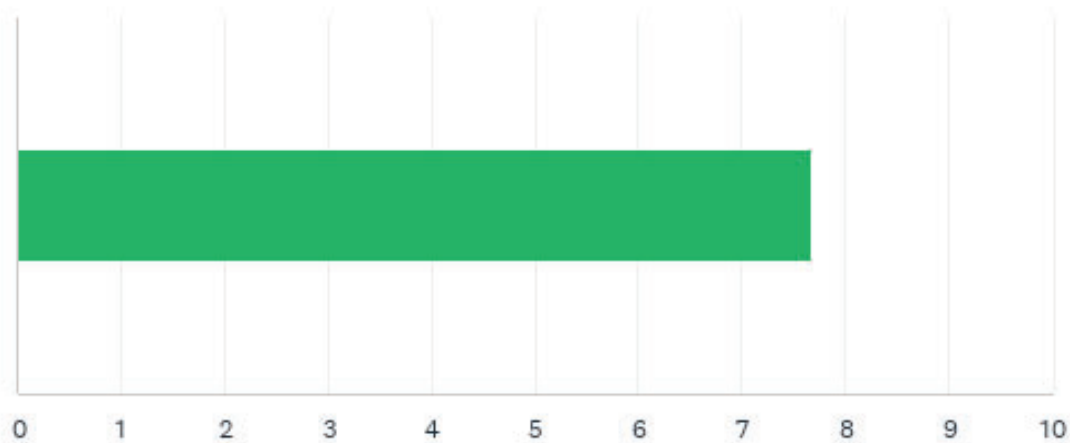
North Carolina Diabetes Advisory Council

Q6 How long have you been a stakeholder?



Average Response	7 years
Answered	15
Skipped	23

Q7 How long have you been an invited guest?



Average Response	5 years
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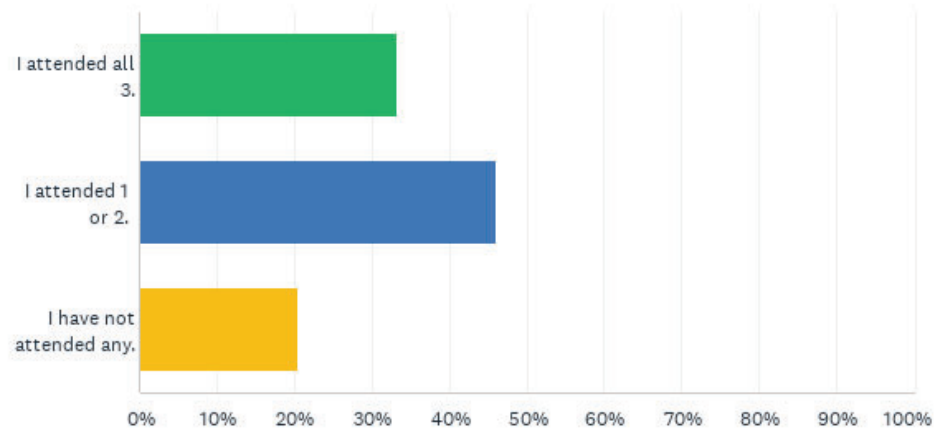
Answered	14
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Skipped	24
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North Carolina Diabetes Advisory Council

Q8 Which answer choice best represents your attendance over the past year:

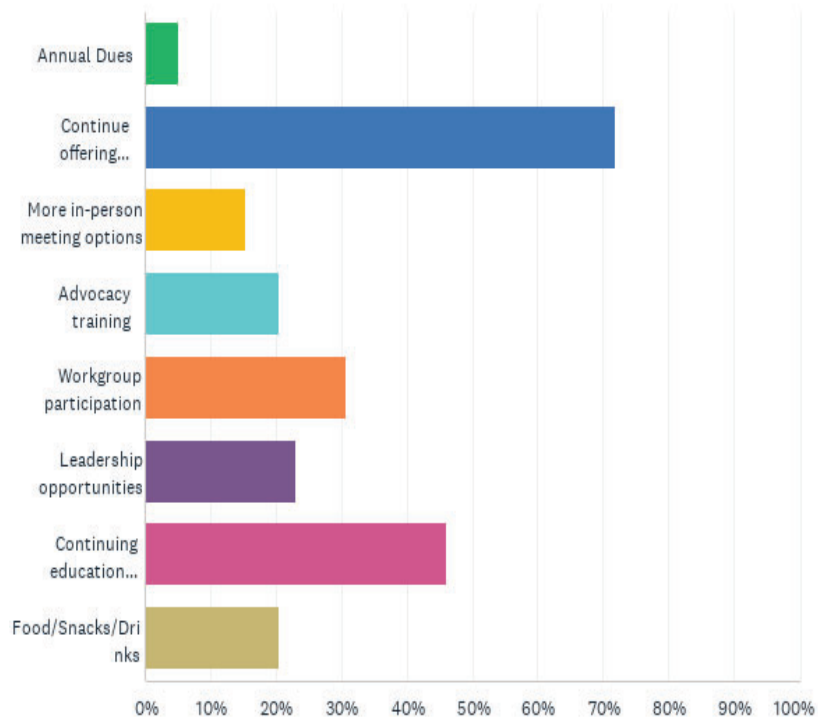


Answer Choices	Responses	
I attended all 3.	33.33%	13
I attended 1 or 2.	46.15%	18
I have not attended any.	20.51%	8
Answered		39
Skipped		0



North Carolina Diabetes Advisory Council

Q9 Which of the following would possibly increase your level of engagement in the DAC?



Answer Choices	Responses	
Annual Dues	5.13%	2
Continue offering virtual and hybrid meeting options	71.79%	28
More in-person meeting options	15.38%	6
Advocacy training	20.51%	8
Workgroup participation	30.77%	12
Leadership opportunities	23.08%	9
Continuing education credits	46.15%	18
Food/Snacks/Drinks	20.51%	8
Answered		39
Skipped		0

Q10 What areas of expertise can you contribute to the DAC? (ex: hearing/audiometry, endocrinology, DSMES, etc.).

Group lifestyle change programming	7
Diabetes Care and Education	7
Research	6
Advocacy	2
Endocrinology	2
Community engagement	2
Diabetes SME	2
Leadership	2
Population health	2
Aging network	1
Auditory processing/hearing	1
Diabetes technology	1
Falls	1
Electronic health records	1
Lived experience	1
Nutrition	1
Patient care guideline implementation	1
Pharmacology	1
Primary Care clinical care	1
Tobacco Treatment	1



North Carolina Diabetes Advisory Council

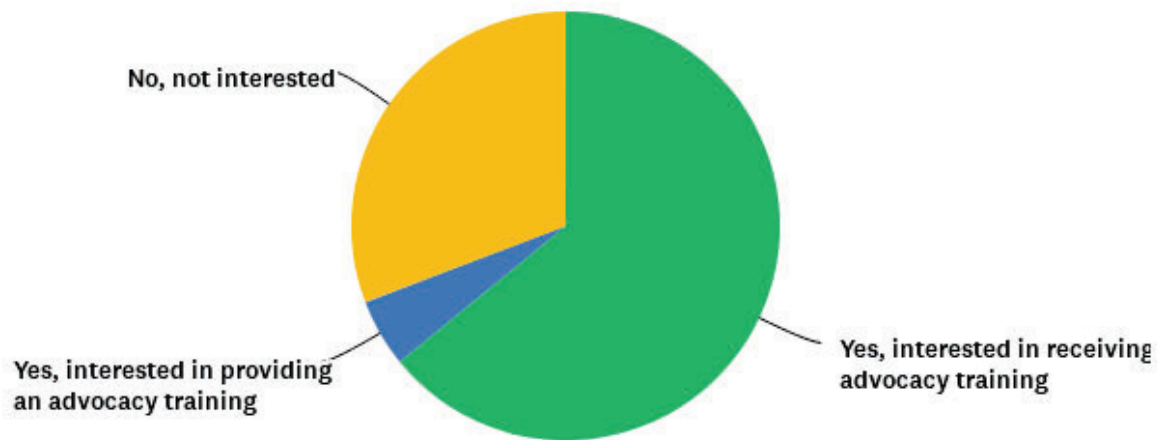
Q11 What are some gaps in knowledge on diabetes prevention and management you can identify that the DAC could address with training/educational activities?

Community resources for patients, physician education, access to programs, CBO/Clinical connections	6
Advocacy	5
Reimbursement strategies/Billing	3
Technology/Devices/CGMs info	2
Clinical care guidelines, what others are doing in clinical care, Practice Improvement	2
Services for uninsured	1
Auditory issues among people with diabetes	1
Cultural appropriateness	1
Diabetes education technology	1
Documentation and reporting support	1
Medications	1
Nutrition	1
Patient engagement, adherence to prevention or management interventions	1
Telehealth chronic illness treatment	1
Tobacco	1
Type I Diabetes	1



North Carolina Diabetes Advisory Council

Q12 Are you interested in advocacy training?

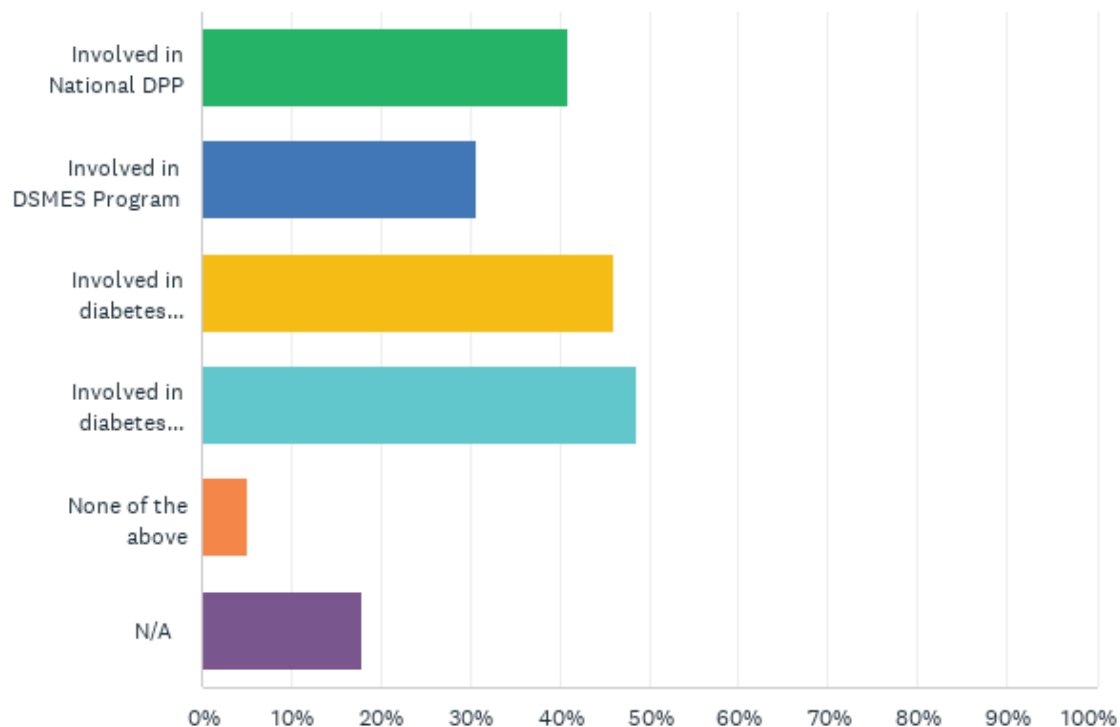


Answer Choices	Responses	
Yes, interested in receiving advocacy training	64.10%	25
Yes, interested in providing an advocacy training	5.13%	2
No, not interested	30.77%	12
Answered		39
Skipped		0

Q13 What type of organization do you represent at the DAC? *optional*

University	6
Healthcare	6
Community-based Organization	4
Public Health	4
ADA	2
Legislative Task Force	1
Local Health Department	1
State Government	1
<u>State Health Department</u>	<u>1</u>

Q14 Is your organization involved in diabetes prevention or management programs? Select all that apply



Answer Choices	Responses	
Involved in National DPP	41.03%	16
Involved in DSMES Program	30.77%	12
Involved in diabetes prevention activities (other than DPP or DSMES)	46.15%	18
Involved in diabetes management activities (other than DPP or DSMES)	48.72%	19
None of the above	5.13%	2
N/A	17.95%	7
Answered		39
Skipped		0

Q15 What is your current role/job title at your organization?

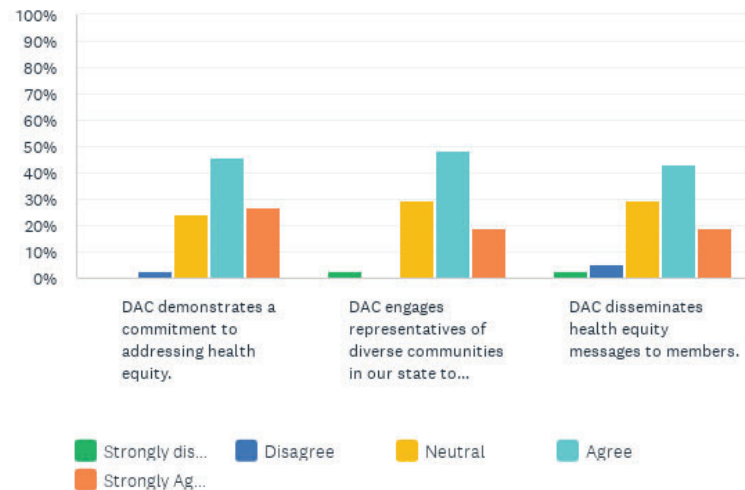
Organization Director	13
Program Lead	7
Diabetes Care Provider	6
Professor	3
Medical Education	2
Physician researcher	2
Corporate Health Consultant	1
Pharmacist	1

Q16 Select the answer choices which best fit your opinion on the DAC's purpose and action-orientation.

Answer Choices	Average 1-5	Strongly agree (5)		Agree		Neutral		Disagree		Strongly disagree	
The DAC objectives and purpose are clear to you.	3.76	13.51%	5	54.05%	20	27.03%	10	5.41%	2	0%	0
The DAC leadership is committed to the purpose of the DAC.	4.22	40.54%	15	43.24%	16	13.51%	5	2.70%	1	0%	0
DAC members/participants? are committed to the purpose of the DAC and are action-oriented.	3.76	8.11%	3	62.16%	23	27.03%	10	2.70%	1	0%	0
The purpose of the DAC reflects your concerns about diabetes prevention and management.	4.00	21.62%	8	59.46%	22	16.22%	6	2.70%	1	0%	0
The accomplishments of the DAC in reducing the burden of diabetes through coordination can be clearly identified.	3.53	19.44%	7	27.78%	10	38.89%	14	13.89%	5	0%	0
Relevant diabetes partners across the state are involved in the DAC.	3.500	8.33%	3	47.22%	17	36.11%	13	2.78%	1	5.56%	2
Answered										37	
Skipped										2	

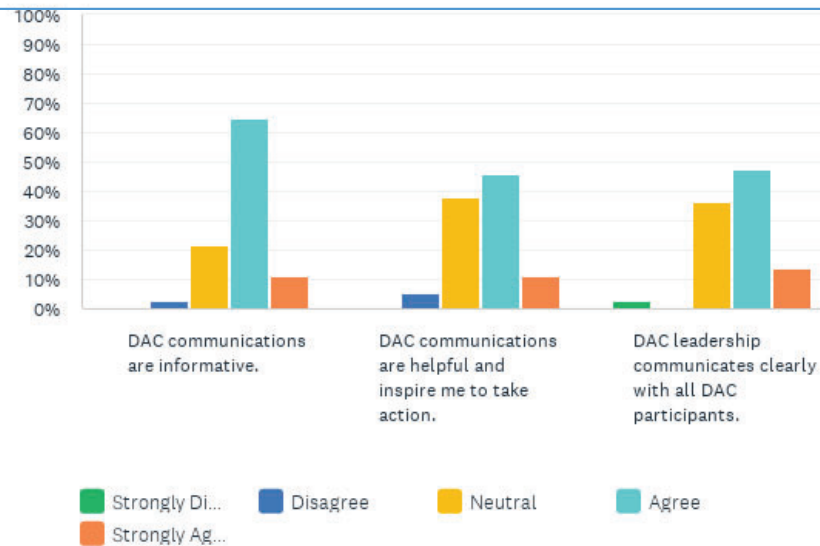
Q17 Select the answer choices which best fit your opinion on the DAC's commitment to equity.

Answer Choices	Avg	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
DAC demonstrates a commitment to addressing health equity.	3.97	27.03%	10	45.95%	17	24.32%	9	2.70%	1	0%	0
DAC engages representatives of diverse communities in our state to address health equity.	3.81	18.92%	7	48.65%	18	29.73%	11	0%	0	2.70%	1
DAC disseminates health equity messages to members.	3.70	18.92%	7	43.24%	16	29.73%	11	5.41%	2	2.70%	1
Answered										37	
Skipped										2	



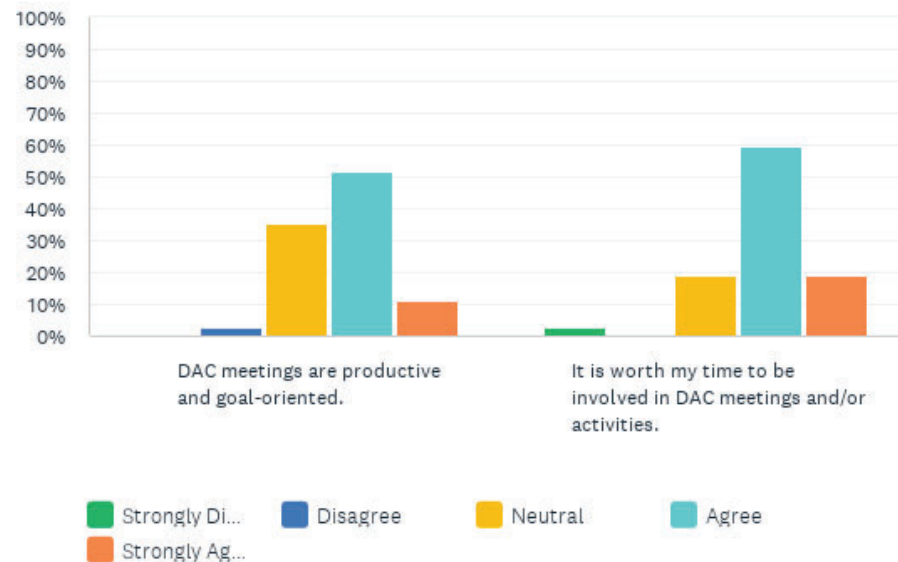
Q18 Select the answer choices which best fit your opinions on DAC communications.

Answer Choices	Avg	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
DAC communications are informative.	3.84	10.81%	4	64.86%	24	21.62%	8	2.70%	1	0%	0
DAC communications are helpful and inspire me to take action.	3.62	10.81%	4	45.95%	17	37.84%	14	5.41%	2	0%	0
DAC leadership communicates clearly with all DAC participants.	3.69	13.89%	5	47.22%	17	36.11%	13	0%	0	2.78%	1
Answered										37	
Skipped										2	



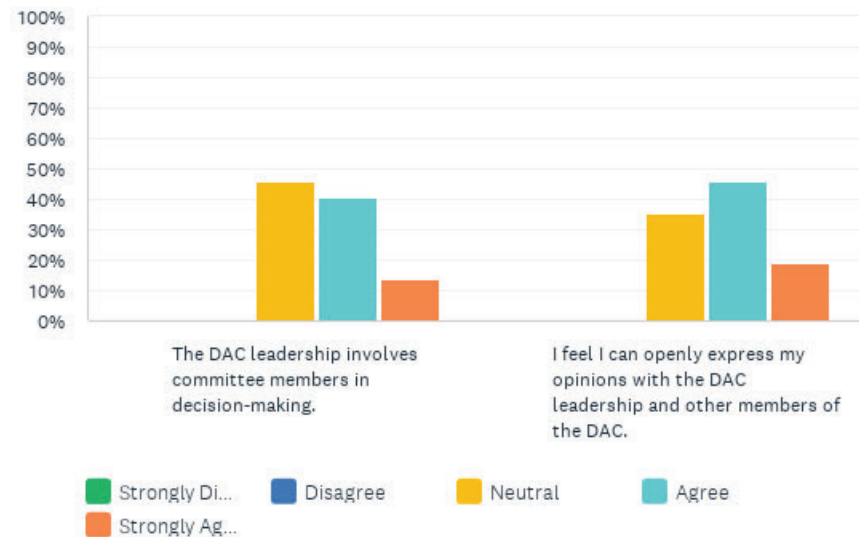
Q19 Select the answer choices which best fit your opinions on DAC meetings.

Answer Choices	Avg	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
DAC meetings are productive and goal-oriented.	3.70	10.81%	4	51.35%	19	35.14%	13	2.70%	1	0%	0
It is worth my time to be involved in DAC meetings and/or activities.	3.92	18.92%	7	59.46%	22	18.92%	7	0%	0	2.70%	1
Answered										37	
Skipped										2	

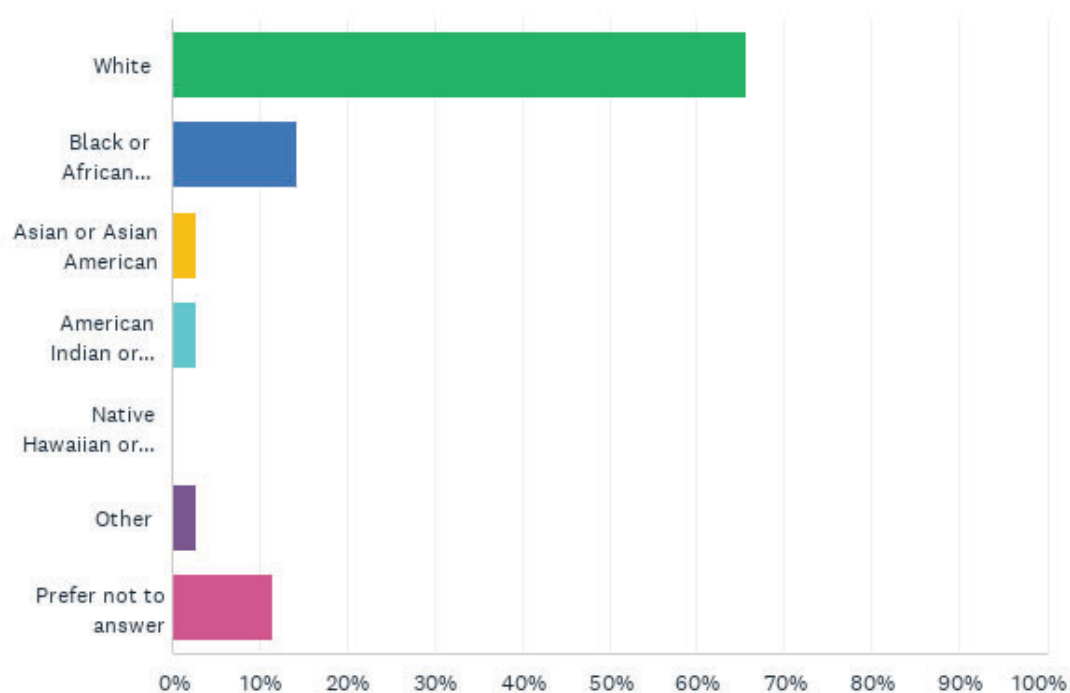


Q20 Select the answer choices which best fit your opinions on DAC leadership.

Answer Choices	Avg	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
The DAC leadership involves committee members in decision-making.	3.68	13.51%	5	40.54%	15	45.95%	17	0%	0	0%	0
I feel I can openly express my opinions with the DAC leadership and other members of the DAC.	3.84	18.92%	7	45.95%	17	35.14%	13	0%	0	0%	0
Answered										37	
Skipped										2	

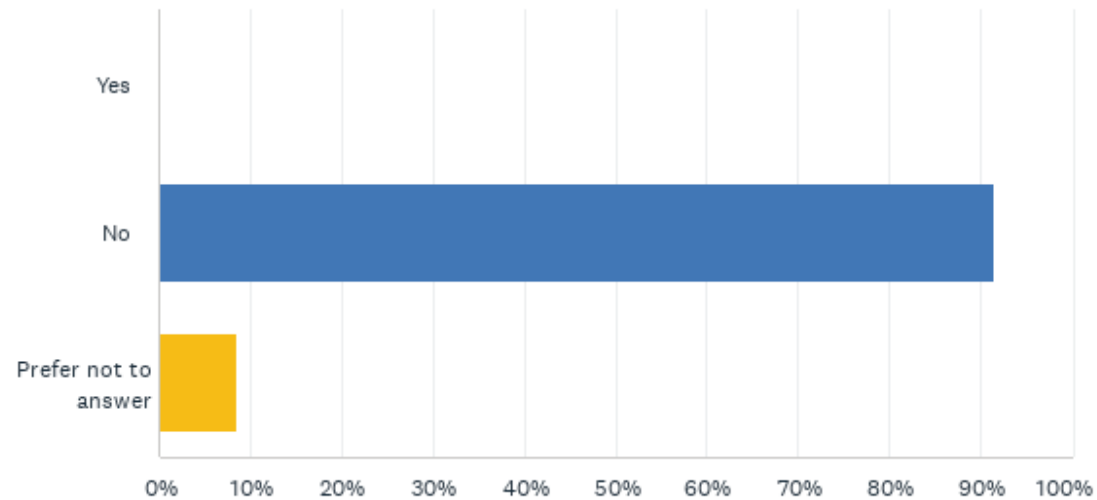


Q21 What race(s) do you identify as? Select all that apply



Answer Choices	Responses	
White	65.71%	23
Black or African American	14.29%	5
Asian or Asian American	2.86%	1
American Indian or Alaska Native	2.86%	1
Native Hawaiian or Other Pacific Islander	0.00%	0
Other	2.86%	1
Prefer not to answer	11.43%	4
Answered		39
Skipped		0

Q22 Are you Hispanic or Latinx?

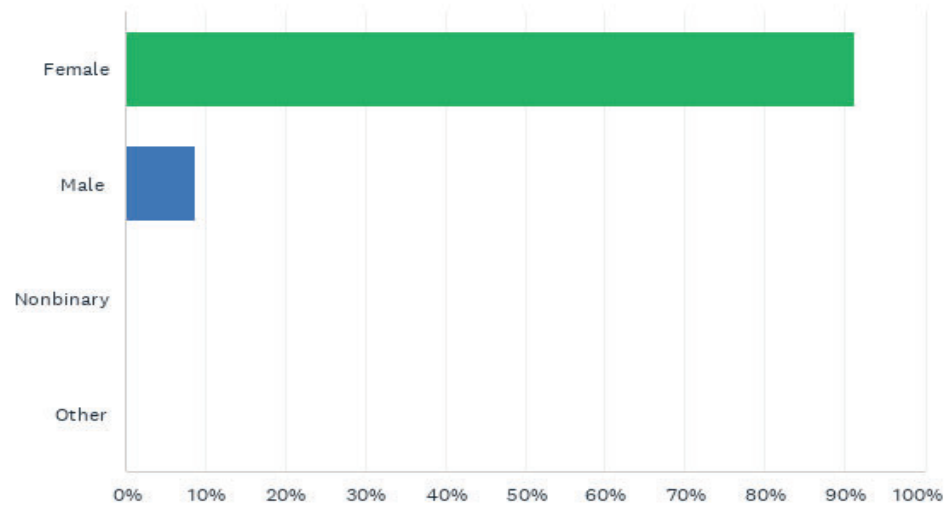


Answer Choices	Responses	
	Percentage	Count
Yes	0.00%	0
No	91.43%	32
Prefer not to answer	8.57%	3
Answered		35
Skipped		4



North Carolina Diabetes Advisory Council

Q23 What is your gender identity?



Answer Choices	Responses	
Female	91.18%	31
Male	8.82%	3
Nonbinary	0.00%	0
Other	0.00%	0
Answered		34
Skipped		5

DAC Membership Survey Reporting

Next Steps:

- Clarify membership and stakeholder roles and responsibilities
- Develop onboarding process
- Develop orientation materials



North Carolina Diabetes Advisory Council

State Action Plan for Nutrition Security

Madhu Vulimiri, MPP

Deputy Director

Division of Child and Family Well-Being

@madhuvulimiri

October 27, 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



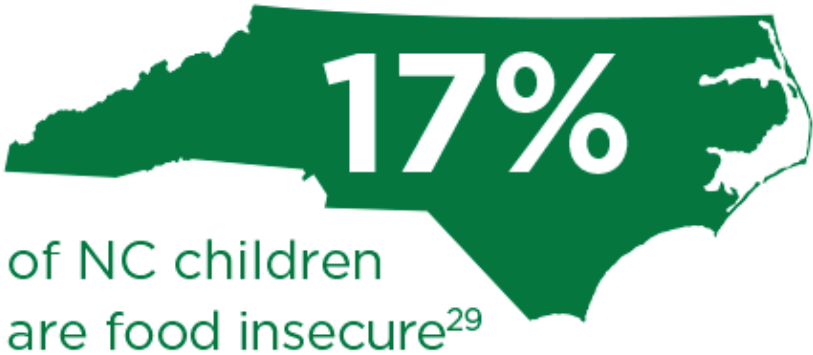
Helping people be healthier starts with making data-driven decisions.

What do the data tell us?



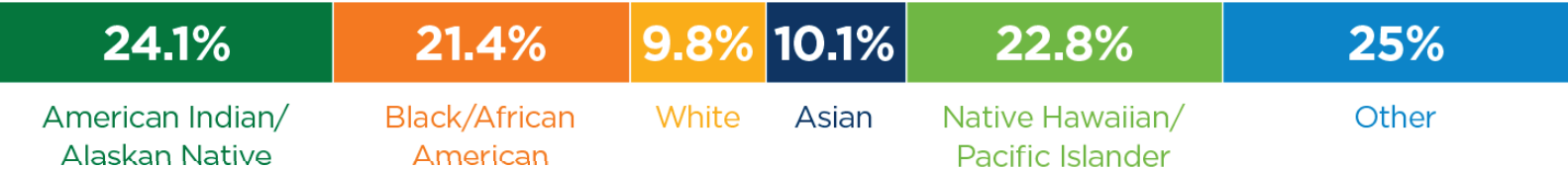
North Carolina Diabetes Advisory Council

Too many children and adults face daily challenges of hunger



10.9% North
Carolinians face food insecurity²⁸

Poverty Breakdown by Race and Ethnicity in NC⁴³



Percentage that live in poverty:⁴³



13.6%
of NC residents



19.6%
of NC's children



of US adults have to choose
between paying for medical
bills or basic necessities like
food, heating and housing³⁰

Children who are hungry are more likely to...



Repeat a grade in elementary school



Experience developmental impairments in areas like language and motor skills



Have more social and behavioral problems



WIC and SNAP are evidence-based programs that address hunger and improve health

- WIC and SNAP are major policy levers available in each state to move the needle on food insecurity, lift families out of poverty, and improve health
- WIC has been shown to reduce food insecurity by as much as 20%¹
- SNAP has been shown to save annual Medicaid costs of \$2,360 per person because of fewer hospital and long-term care admissions and ED visits²

¹ Steven Carlson, Zoë Neuberger, “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades.” Center on Budget and Policy Priorities. January 27, 2021.

² Berkowitz, S.A., Seligman, H.K., Rogdon, J., Meigs, J.B. & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. JAMA: Journal of the American Medical Association, 177(11): 1642-1649. doi: 10.1001/jamainternmed.2017.4841.

Food Insecurity and Diabetes

- Food insecurity **puts people at risk of developing type 2 diabetes (2-3x more likely)** ¹
- People with diabetes experience food insecurity at rates **almost double the national average** ²
 - Due to factors such as high care management costs, limiting funds for nutritious foods
- Food and nutrition insecurity can **affect how people manage their diabetes** ¹
 - Experiencing food insecurity while having diabetes can lead to higher A1c levels, complications, hospitalizations, and poor mental health

¹ “Food and Nutrition Insecurity and Diabetes: Understanding the Connection.” Centers for Disease Control and Prevention. August 1, 2022.

² Ronli Levi, Sara N. Bleich, Hilary K. Seligman; Food Insecurity and Diabetes: Overview of Intersections and Potential Dual Solutions. *Diabetes Care* September 2023; 46 (9): 1599–1608. <https://doi.org/10.2337/dci23-0002>

Supplemental nutrition programs important diabetes prevention & management

- Nutrition programs like SNAP and WIC can **help people buy healthier food** and improve their health to prevent or manage diabetes ¹
 - For example, WIC provides healthy food packages & nutrition education to improve the dietary quality and habits of participants
- SNAP and WIC play a major role in helping low-income families **break out of the cycle of food insecurity and chronic conditions** (alternating between having an adequate food supply with periods of food scarcity resulting in purchase of cheaper, less nutritious foods) ²

¹ Carlson, S. & Llobrera J. "SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs," Center on Budget and Policy Priorities. December 14, 2022.

² Daly A, Sapra A, Albers CE, Dufner AM, Bhandari P. Food Insecurity and Diabetes: The Role of Federally Qualified Health Centers as Pillars of Community Health. Cureus. 2021 Mar 12;13(3):e13841. doi: 10.7759/cureus.13841. PMID: 33854855; PMCID: PMC8037472.

Supplemental nutrition programs important to diabetes prevention & management

- In several instances, programs like SNAP and WIC have been found to **reduce risk of obesity**, a strong predictor of chronic conditions like diabetes ¹
- Nutrition programs like SNAP and WIC are **linked with improved long-term health and reduced healthcare costs**, freeing up resources that can be used for diabetes care management and other health-promoting activities ¹

¹ Carlson, S. & Llobrera J. "SNAP Is Linked With Improved Health Outcomes and Lower Health Care Costs," Center on Budget and Policy Priorities. December 14, 2022.

During the pandemic, NC was a leader in ensuring children & families had access to food

NC took advantage of as many federal flexibilities as possible, which helped prevent food insecurity from skyrocketing



*Provided over \$2.3B in **Pandemic-EBT** benefits to over 1.5 million children*



*Provided **extra monthly benefits** to all SNAP households through February 2023, infusing extra \$150M into state economy each month for 3 years*



*Saw **greatest increase in WIC participation** in nation with supportive policies like state-assisted issuance of benefits*



*Provided **increased WIC cash value benefits for fruits and vegetables**, resulting in tripling in redemption of fruits & vegetables*



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3+ years after the pandemic, many families still struggle to access the food they need

- The unwinding of the COVID-19 federal public health emergency has brought an **end to major nutrition benefits** that supported families for three years
- Food costs have risen since 2020, and the **cost of groceries is still very high for many families**
- **Local health and human service agencies are overwhelmed** by the increasing need for supports like SNAP, WIC, and other programs
- **Local and state government agencies are experiencing significant vacancies and turnover** so people aren't always getting the services they need in a timely manner



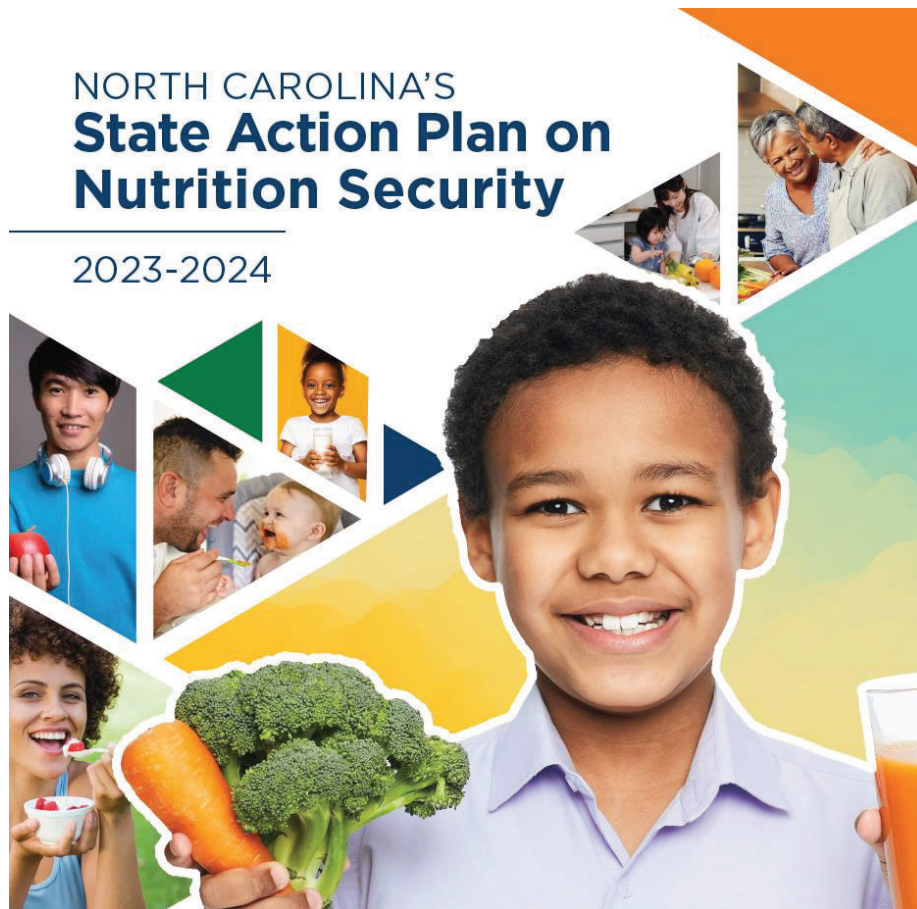


There is growing recognition that food is medicine

There is clear evidence that **addressing food insecurity reduces healthcare costs** and improves overall well-being

Where things come together on the ground
= **opportunity for innovation**

NCDHHS State Action Plan for Nutrition Security (2023-2024)



- Spurred by NC's work with **Benefits Data Trust** (NC selected as one of 2 states to receive support to increase access to benefit programs), partnership Feb 2022 through June 2024
- **Purpose:** Plan outlining NCDHHS strategic initiatives to address nutrition security from 2023 to 2024
- **Aligned with and captures existing NCDHHS strategic priorities**

Addressing Nutrition Security is Key to Supporting Child and Family Well-Being

- Nutrition security is defined as having consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.
- In North Carolina, nearly **11% of the population** – about **1.2 million people** – experienced food insecurity in 2021. About **394,000 of those individuals are children**, with about one in six children facing hunger.



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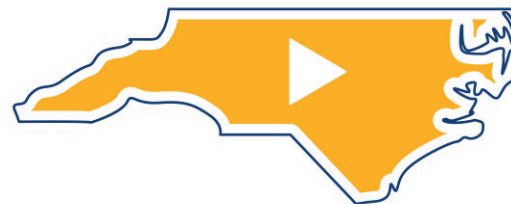
Child & Family Well-Being is Focus of State Action Plan (SAP)

Child & Family Well-Being



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

- A key component of supporting child and family well-being is addressing nutrition security for all North Carolinians.
- Nutrition security is defined as having consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.
- In North Carolina, about 10.9% of the population – about 1.2 million people – are experiencing food insecurity. About 394,000 of those individuals are children, with about one in six children facing hunger.
- NCDHHS is committed to **decreasing** the food insecurity rate from 10.9% to 10.0% by December 2024.



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How will we get closer to reaching our goals for nutrition security?

3 Key Strategies

**Increase the reach
of NCDHHS's
nutrition programs**

**Build connections
between NCDHHS'
health care and
nutrition supports**

**Increase
breastfeeding
support and rates**



Strategy #1: Increase the reach of NCDHHS's nutrition programs

Initiatives	Example Metrics
Increase cross enrollment across FNS, WIC, and Medicaid programs	Number of individuals who are enrolled in FNS or Medicaid and also enrolled in WIC
Improving the participant experience in the FNS program	Number of FNS participants who submit recertifications and changes of circumstance online
Improving the participant experience in the WIC program	Number of WIC participant families who received a distance-based appointment from a registered dietitian in the Telehealth Intervention Strategies for WIC (THIS-WIC) pilot



Strategy #2: Build connections between NCDHHS' health care and nutrition supports

Initiatives	Example Metrics
Grow the NCCARE360 network by adding more CBOs with timely closing of referrals	Number of individuals referred for food assistance using NCCARE360
Implement Healthy Opportunities Pilots within Medicaid Managed Care	Number of Medicaid beneficiaries connected to food-related services across three Healthy Opportunities Pilot regions

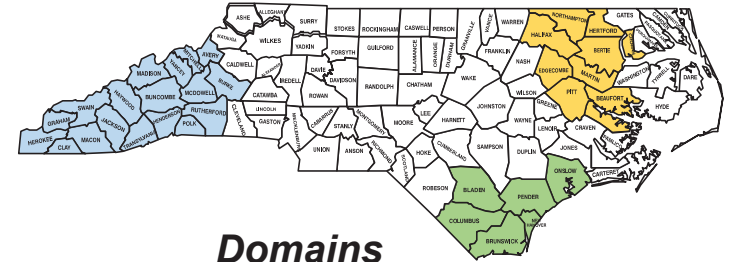


Strategy #3: Increase breastfeeding support and rates

Initiatives	Example Metrics
Provide Breastfeeding Training for WIC Staff	Number of state and local WIC agency staff who have completed Level 1 breastfeeding training
Launch a Statewide Breastfeeding Hotline	Number of families served through breastfeeding hotline (distinguishing first-time callers from repeat callers)

Implementing first-in-the-nation Healthy Opportunities Pilots in Medicaid Managed Care

- North Carolina's Medicaid 1115 waiver authorizes up to **\$650M in state and federal funding** for Medicaid Healthy Opportunities Pilot in 3 regions of NC
- Pilot funds are used to pay for **29 evidence-based, federally-approved, non-medical services** defined and priced in NCDHHS Pilot fee schedule
- Pilots **build capacity for local community organizations and establish infrastructure** to bridge health and human service providers



Domains



Food



Housing



Transportation



Interpersonal Safety



Cross Domain



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What are the Food Services Offered through HOP?

NC DHHS has defined and priced 7 food services that can be covered by HOP. These services will be reimbursed via fee-for-service (FFS), per-member per-month (PMPM) payments, or cost-based reimbursement up to a cap and include:



**Food and
Nutrition Access
Care Management**



**Evidence-Based
Group Nutrition
Class**



**Diabetes
Prevention
Program**



**Fruit and
Vegetable
Prescription**



**Healthy Food Box
(Pick-Up or
Delivered)**



**Healthy Meal
(Pick-Up or
Delivered)**



**Medically Tailored
Home Delivered
Meal**



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Early evidence shows HOP services are filling gaps and meeting enrollee needs

Rapid cycle assessment 1 results

- **Food is primary need:** Food services comprised 90% of services delivered
 - 37,000 food-related services delivered to 3,400 members in first year that would otherwise not be covered by Medicaid
- **Service needs for food, housing, transportation are highest around time of HOP enrollment:** Mean of 1.73 needs at time of enrollment compared to 1.63 needs after 90 days of enrollment
- **Timely service provision:** Over 75% of services had a service start date within two weeks of enrollment in HOP

Service delivery

**115,000 services
to >13,000
members**

Percent of Enrollment Requests
Approved

94%



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Success stories from HOP: Donna's diabetes level managed; avoided emergency with healthy food

“I feel so passionate about the differences we are already making in people's lives.

A few weeks ago, a participant shared that their HbA1C is down from 11 percent to 7 percent. That's down from an emergency to almost normal. When their healthcare provider asked what they were doing differently, they said it was the healthy food we bring them.

I am so honored to get to do this work in the community that raised me. I really appreciate all the guidance and support you give to us!”



Break

10 Minutes



North Carolina Diabetes Advisory Council

DPP Updates

October 27, 2023

Meg Sargent
Diabetes Prevention Program Coordinator
NC Division of Public Health

DiabetesFreeNC.com

NC DPP Pharmacy Learning Collaborative

- **Recruitment of participants for collaborative**
 - Pharmacies in NC who offer DPPS
 - Pharmacies in NC who are interested in offer a DPP
- **Focus:**
 - Organize, strengthen, and support sites
 - Resource and idea sharing
 - Developing streamlined referral process
 - Train new DPP Lifestyle Coaches
 - Promote Advance Lifestyle Coach Trainings
- **Next collaborative to be scheduled for January 2024**

Meg Sargent
Diabetes Prevention Program Coordinator
North Carolina Division of Public Health
Community and Clinical Connections for Prevention and Health Branch
Meg.sargent@dhhs.nc.gov

DIABETES **MANAGEMENT** NC

DSMES Updates

October 27, 2023

Corissa Payton

DSMES Quality Coordinator

NC Division of Public Health



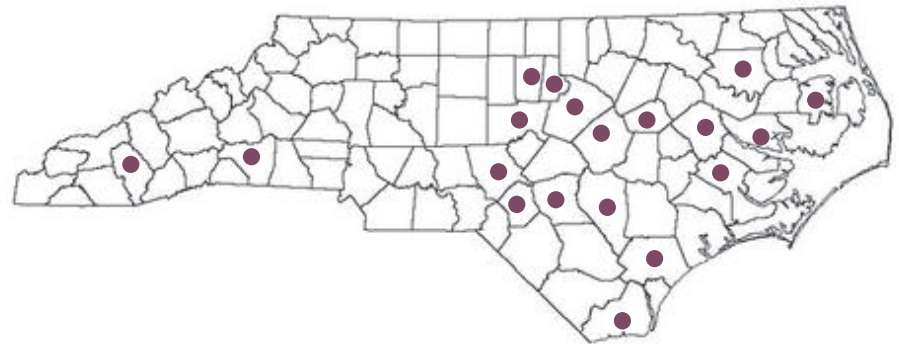
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DSMES Updates

- Continuing Health Equity and Social Determinants/Drivers of Health Work
- March 2022 – conducted survey among DiabetesSmart sites to collect data on their perception of SDOH among DSMES participants
- September 2023 – conducted survey among DiabetesSmart sites to collect data on SDOH resources availability and utilization

SDOH Resource Assessment

- 19 of 28 DiabetesSmart organizations participated (68%)
 - 12 Health Departments
 - 2 FQHCs
 - 1 Independent Clinic
 - 1 Non-Profit Education Center
 - 2 Pharmacies



SDOH Resource Assessment

- 47% screen for SDOH in their DSMES program
- 3 offer a diabetes support group, class, or program

- Collected information on:

Housing Stability

Physical Environment

Access to Healthcare

Social and Community Support

Transportation

Food Security

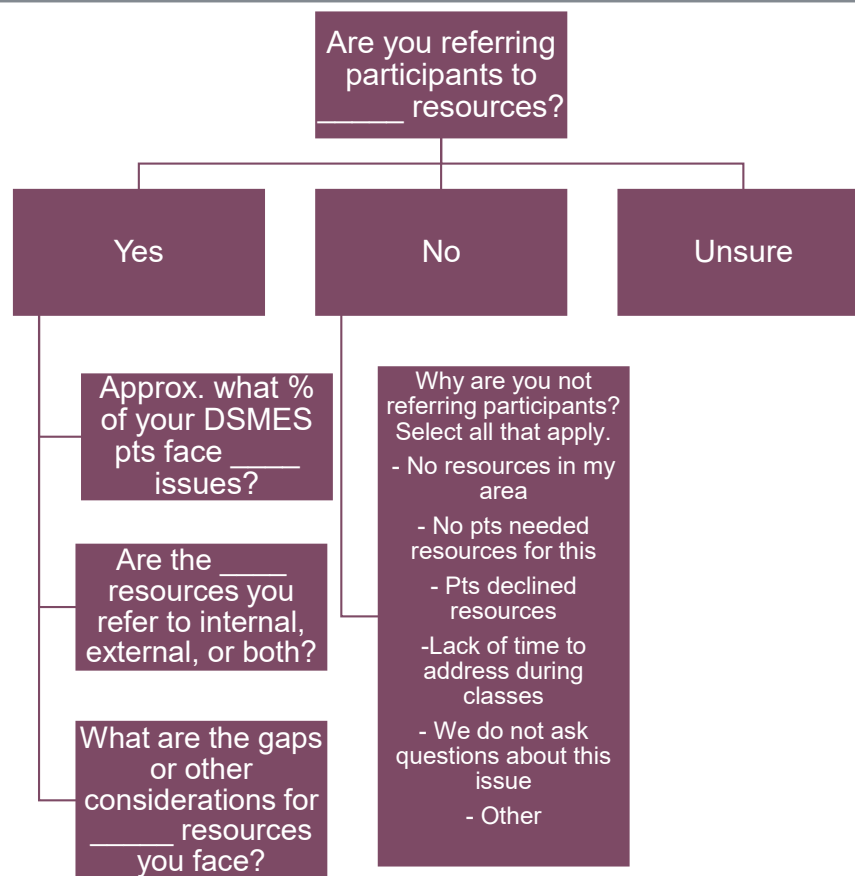
Economic Stability

Health Literacy

Mental Health and Emotional Well-Being

Interpersonal Safety

SDOH Resource Assessment



SDOH Resource Assessment

Number of sites reporting sending referrals for each SDOH:

Access to Healthcare: 16

Food Security: 15

Transportation: 14

Social and Community Support: 13

Mental Health and Emotional Well-Being: 13

Economic Stability: 10

Housing: 9

Interpersonal Safety: 7

Physical Environment: 3

Health Literacy: 3

SDOH Resource Assessment

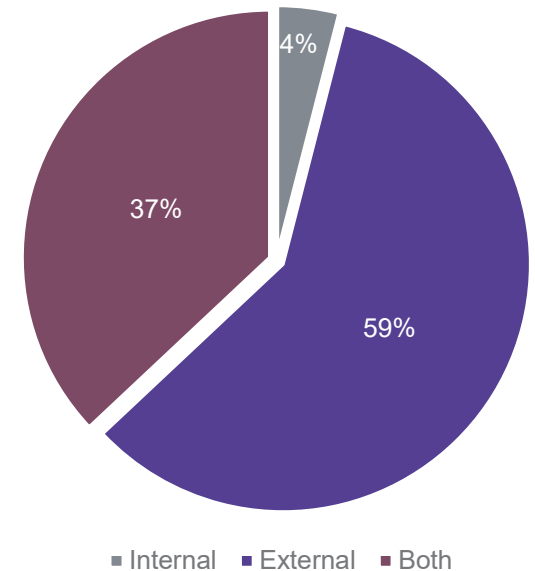
Number of SDOH with Resources:

- Internal Resources: 4
- External Resources: 10 (all SDOH)
- Both: 8

Total Number and Type of SDOH

Resource:

- Internal: 4
- External: 59
- Both: 37



SDOH Resource Assessment

- SDOH more heavily supported by EXTERNAL resources:
 - Transportation
 - Food Security
 - Housing
- SDOH more heavily supported by INTERNAL resources:
 - Mental Health and Emotional Well-Being
 - Health Literacy

SDOH Resource Assessment

Comments on gaps or other considerations with SDOH referrals

- Overall: Staff available to help coordinate referrals and enrollment, no direct referral pathway
- Housing: Participants reporting long waitlists
- Food Security: Lack of transportation to resources
- Transportation: Costs and technology required (i.e. Lyft)
- Healthcare: Navigating healthcare system and insurance, costs
- Social/Community Support: Not enough programs, locations too far
- Mental/Emotional Health: Patients decline services, few available services are fully booked

SDOH Resource Assessment

What topic do you want more information/resources on for either you or your participants?

1. Mental Health and Emotional Well-Being
2. Health Literacy*
3. Access to Healthcare

* Sites reporting making the least amount of referrals for Health Literacy. When asked why they're not referring for this, Health Literacy is the only SDOH where the #1 reported reason why they're not making referrals is 'we do not ask about this or address this topic.'

Behavioral Health Training

- [ADA Behavioral Health in Diabetes Care](#)
- Pre and Post Survey on DCES knowledge, comfort level, and actions
- [Diabetes Distress Scale](#)

Next Steps

- Increase connections with SDOH resources
- Increase mental and behavioral health training for DCES
- Increase access to DSMES in high priority areas and for high priority populations

Contact Information

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DSMES Quality Coordinator
NC Division of Public Health
Community and Clinical Connections for Prevention and Health Branch

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DiabetesManagementNC.com



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2023 DAC Award Winners



Health Care Provider Award



Health Care Provider Award

**Nominate your diabetes hero or
Apply for the diabetes educator
scholarship!**

The application and nomination form will be open
May 2024

The **North Carolina Diabetes Advisory Council Awards** recognize individuals or groups who have performed outstanding work in diabetes prevention and management.

Awards and Scholarship Categories:

John Bowdish Community Award
Myrna Miller Employer Award
Health Care Provider Award
Hugh Young Diabetes Care and Education Specialist Scholarship

diabetesnc.com



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John Bowdish Community Award

Recognizes a **person or organization** that has provided support in one or more of the areas from NC's Guide to Diabetes Prevention and Management.



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2023 DAC Awards



**Shemecka
McNeil**

Slice 325



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Health Care Provider Award

Recognizes a **hospital, clinic, health care organization or person in the health care field** who has provided support in one or more of the areas from NC's Guide to Diabetes Prevention and Management.



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2023 DAC Awards



Pinehurst Medical Clinic



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Hugh Young Diabetes Care and Education Specialist Scholarship

Recognizes a **diabetes care and education specialist** with a one-time financial award to participate in a diabetes specific training or conference.



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2023 DAC Awards



**Callie Huneycutt
MS, RD, LDN**

Pinehurst Medical Clinic



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Upcoming DAC Meetings

Friday, February 2, 2024

In-Person at The McKimmon Center for Extension and Continuing Education
1101 Gorman Street, Raleigh, NC 27606

diabetesnc.com/diabetes-advisory-council



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THANK YOU FOR ATTENDING!

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Contact DAC staff coordinator with any questions

Corissa Payton

Corissa.Payton@dhhs.nc.gov



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