



North Carolina Diabetes Advisory Council

Welcome

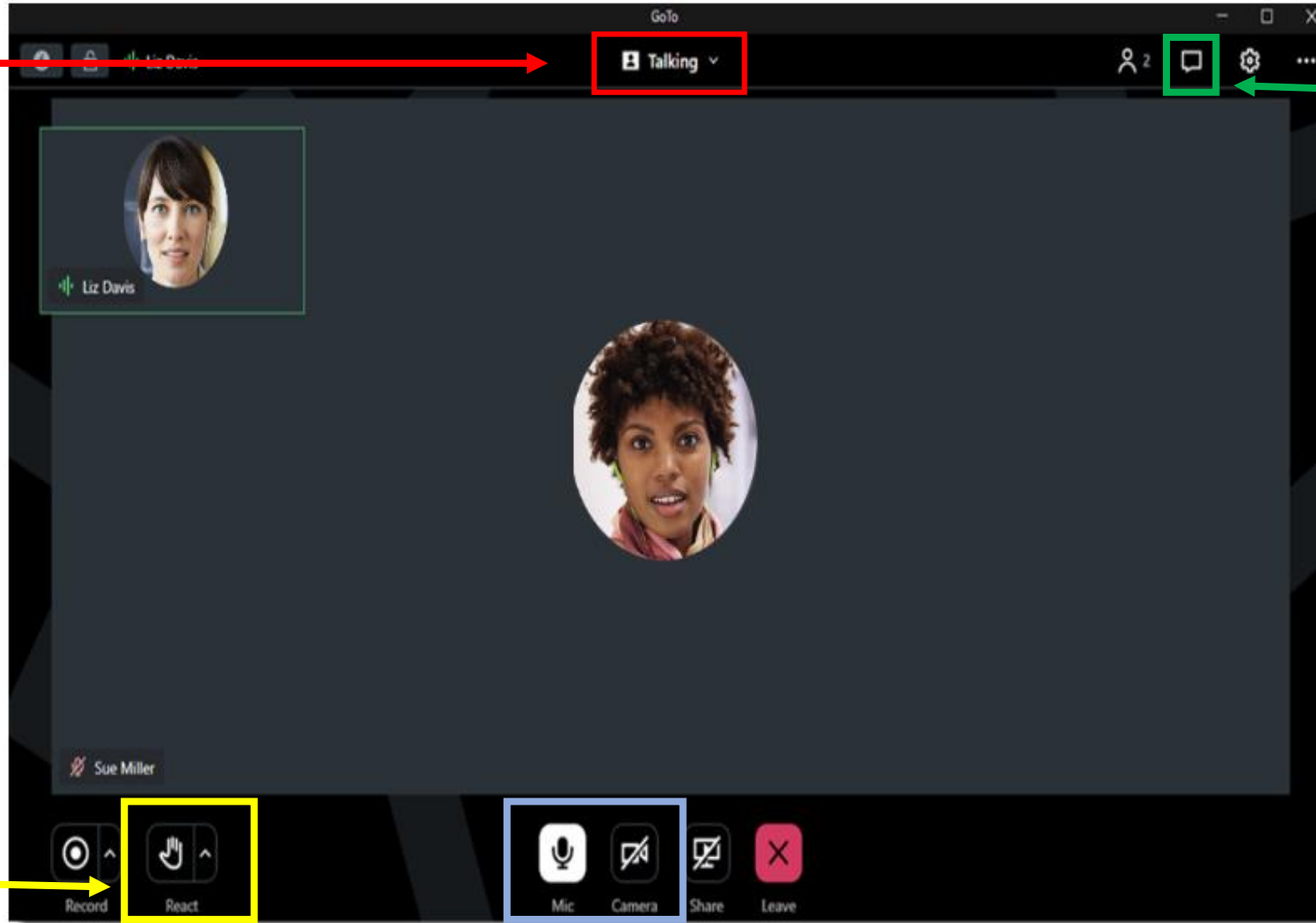
Friday, May 17, 2024



North Carolina Diabetes Advisory Council

GoToMeeting Housekeeping: What You See as an Attendee

Change your view and how you see participants and speakers



Chat box

Raise your hand and other reactions

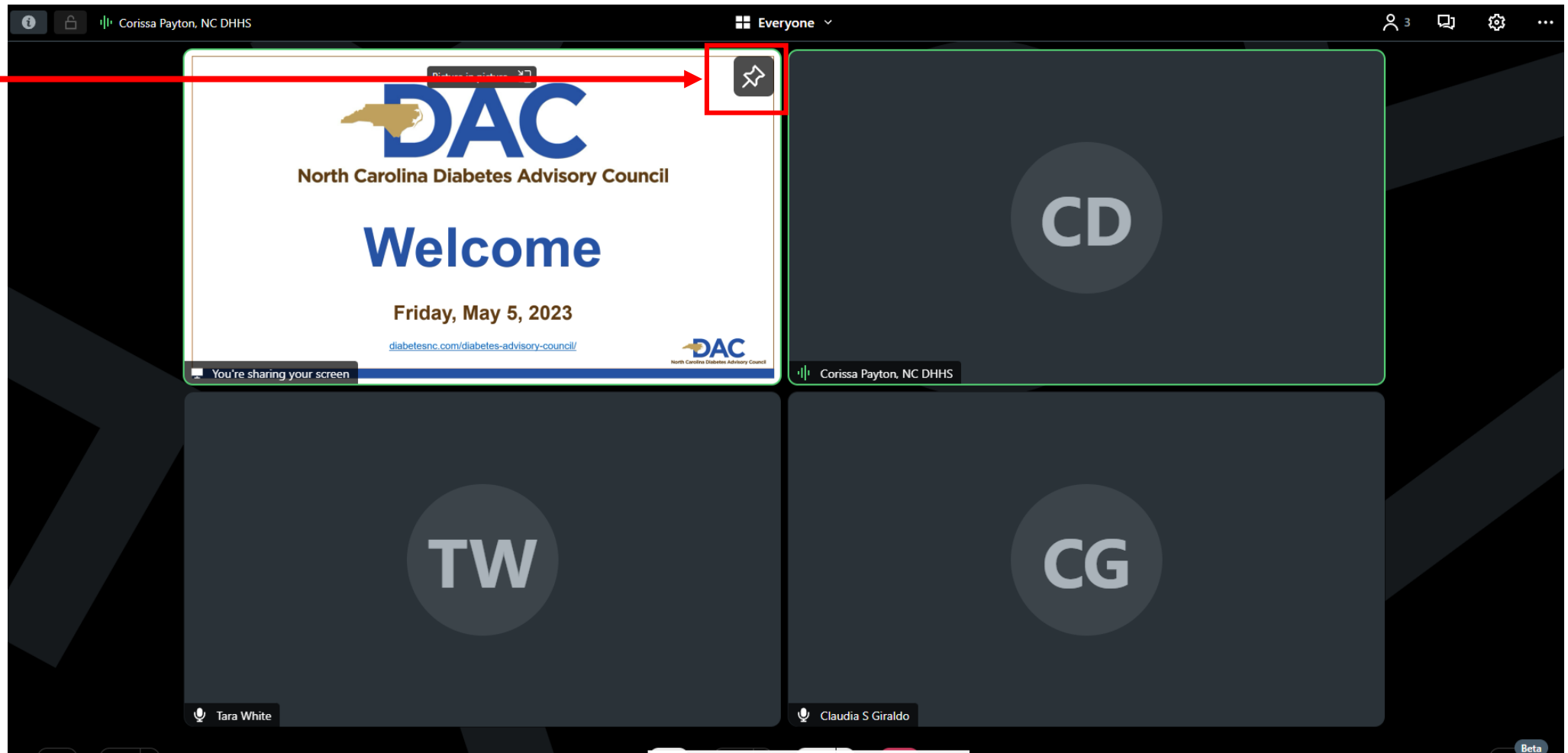
Mic (mute) and Camera



North Carolina Diabetes Advisory Council

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

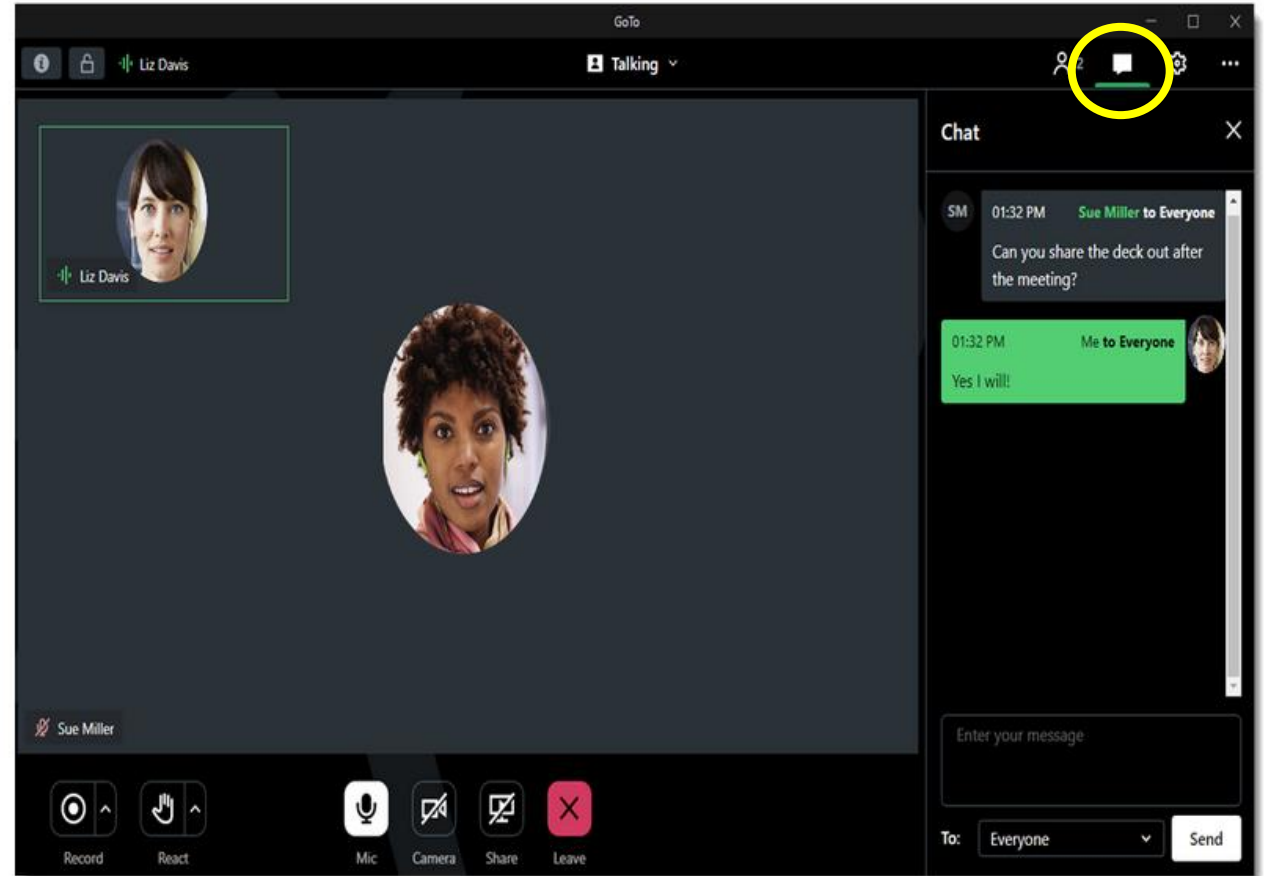
Then it should be the main screen

The screenshot displays a GoToMeeting window with a dark theme. At the top, there are icons for information, lock, and a dropdown menu labeled 'Everyone'. Below this is a row of four participant tiles: 'CD' (Corissa Payton, NC DHHS), 'TW' (Tara White), 'CG' (Claudia S Giraldo), and 'H' (Heather). The main content area is a white rectangular window titled 'Picture in picture' that displays a welcome message. The message includes the DAC logo (a gold map of North Carolina followed by 'DAC'), the text 'North Carolina Diabetes Advisory Council', and 'Welcome' in large blue font. Below this, it says 'Friday, May 5, 2023' and provides the URL 'diabetesnc.com/diabetes-advisory-council/'. A small DAC logo is also in the bottom right corner of the shared screen. At the bottom of the meeting window, there is a 'You're sharing your screen' notification and a control bar with icons for Record, React, Mic, Camera, Share, Leave, and a 'Pop out' button with a 'Beta' badge.

Roll Call

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

Name
Organization/Affiliation
Email Address



diabetesnc.com/diabetes-advisory-council/



North Carolina Diabetes Advisory Council

Agenda

- Welcome, Introductions and Review and Approval of February 2024 Highlights
- Announcements
- Diabetes Awards Open
- CMP Grant Opportunity
- DSMES and DPP Updates
- Break
- Feedback on DSMES Completion
- Abstract Workgroup Updates
- NC Medicaid Updates
- Membership Workgroup Updates





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](#)

diabetesnc.com/diabetes-advisory-council/



DAC Voting Members

Current DAC Member List

Name	Affiliation
Joanne Rinker, Co-Chair	Mannkind
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	ECU 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	ECU 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 Care and Education Specialist
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
Katie-Rose Crater	American Diabetes Association
Sheree Vodicka	NC Alliance of YMCA's
Natasha Vos	UNC – Asheville
Linda Wooley	New Hanover Regional Medical Center
Marico Dove	Advance Community Health Center
Members Emeritus	
John Buse	UNC-CH School of Medicine
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



Announcements

Chris Memering
Joanne Rinker



North Carolina Diabetes Advisory Council

2024 DAC Meeting Dates

October 11, 2024


**Meeting will be held at the McKimmon Center in Raleigh
with a virtual option.**



North Carolina Diabetes Advisory Council

DAC Newsletter

2024 Quarterly Newsletter



North Carolina Diabetes Advisory Council

Next DAC meeting Friday, February 2, 2024 9:30AM - 12:30PM at the McKimmon Center in Raleigh, NC or attend virtually.

Are you coming to my event?

LOCATION
McKimmon Center: 1101 Gorman Street, Raleigh, NC 27606

DATE AND TIME
02/02/24 9:30am - 02/02/24 12:30pm US/Eastern

DAC Meeting

Yes, I will attend in person!

Yes, I will attend Virtually

No, I'm not attending

Co-Chair's Corner

Every year, when the American Diabetes Association releases their Standards of Care in Diabetes (a name change this year from Standards of Medical Care in Diabetes), I totally become a nerd and review every change. It's impossible to highlight them all in this update, but there are some things I'd like to share with you, which are new in the 2024 version. Please consider reviewing the changes or all the recommendations if you've never spent some time reviewing the Standards. Each of you are in different settings so there are things that are

Thank you to Kathy Dowd from the Audiology Project and Casey Collins from NC Prevents Diabetes for their newsletter contributions.



NC School Health Nurse Conference

Seeking proposals on topics that are relevant to North Carolina School Nurses in both their clinical work and their role as a member of the school-based team that address barriers to student health and access to education

December 12-13, 2024 in Greensboro, NC

Please complete [Speaker Proposal Survey Form](#) by June 7

Can also reach out to Corissa Payton,
corissa.payton@dhhs.nc.gov

Diabetes Conferences - National

ADA 84th Scientific Sessions

June 21-24, 2024

Orlando, FL or Online

[Conference and Registration Information](#)



ADCES24

August 9-12, 2024

New Orleans, LA or Online

[Conference and Registration Information](#)



ADCES24



North Carolina Diabetes Advisory Council

Diabetes Summer Camps

DIABETES SUMMER CAMPS



CAMP MORRIS

June 9th-15th, 2024
3rd Graders - 11th Graders
King, NC



CAPE FEAR VALLEY DIABETES CAMP

June 20th - 23rd, 2024
Under 18
Parkton, NC



CAMP NEEDLES IN THE PINES

July 14th-19th, 2024
8 - 14 years old
Blounts Creek, NC



CAMP KUDOS

July 19th-21st
4 years old - rising 9th graders
Fort Mill, SC

In need of dietitians for
Camp Carolina Trails
August 4-8 in Randleman, NC.



North Carolina Diabetes Advisory Council

CDC DP23-2320: A Strategic Approach to Advancing Health Equity for Priority Populations With or at Risk for Diabetes



2320 Overview

5 Year Cooperative Agreement

Component A: Funds 1 organization in each state and DC. Recipients work on a minimum of 6 evidence-based diabetes prevention and management strategies that should achieve statewide reach and aim to reduce health disparities for the priority populations served.

Component B: Funds 22 organizations to work in US counties identified as high need based on diabetes disease burden and social vulnerability. Recipients must reach a minimum of 350,000 people through 4 evidence-based strategies. Recipients must partner with CBOs and support strategies to help eliminate SDOH-related barriers.

Component C: Funds 4 multisectoral partnership networks in different areas of the US to address strategies proven necessary to grow and sustain the National DPP. The goal is to enroll at least 10,000 participants by the end of the 5 year period and demonstrate the capacity to submit claims to payers to help ensure program sustainability.



2320 – NC DHHS

Component A

- Increase access to and participation in DSMES services
- Increase access to and participation in complementary diabetes support programs and services
- Increase diabetes retinopathy screening in priority populations with diabetes
- Improve early detection of CKD in priority populations with diabetes
- Implement, spread, and sustain an evidence-based family-centered childhood obesity intervention
- Increase and sustain DSMES and National DPP delivery sites within pharmacy networks
- Improve sustainability of CHWs by building or strengthening a supportive infrastructure to expand their involvement in evidence-based diabetes prevention and management programs
- Improve the capacity of the diabetes workforce to address SDOH

2320 – Clemson University

Component B

Cooperative Agreement with North Carolina State University

Expand [Health Extension for Diabetes](#)

Evidence based, ADA practice tested diabetes support program

Bertie, Halifax, Northampton, and Hertford Counties



2320 – ADCES

Component B

- **Model:** Better serve individuals across the lifespan by offering evidenced-based community behavioral change programs related to diabetes management, type 2 diabetes prevention, and childhood obesity management.
- **Partners:** Federally Qualified Health Centers (FQHC) (CA, GA, IN)
- **Strategies of focus:** identified 4 of the 13 strategies which include:
 - Strengthen self-care practices by improving access, appropriateness, and feasibility of **diabetes self-management education and support (DSMES)** services for priority populations**
 - Increase enrollment and retention of priority populations in the **National Diabetes Prevention Program (National DPP) lifestyle intervention** and the Medicare DPP (MDPP)
 - Implement, spread, and sustain one of the following evidence-based, **family-centered childhood obesity interventions:** (MEND; Family Based Behavioral Therapy; Bright Bodies)
 - Improve the capacity of the diabetes workforce to **address factors related to the SDOH.****



Connected for Life.

***American Diabetes
Association
Diabetes Prevention***

**CDC DP23-2320: Use of Multisectoral
Partner Networks to Scale and Sustain the
National DPP to Reach Priority Populations**

May 17, 2024



North Carolina Diabetes Advisory Council

ADA DIABETES PREVENTION PROJECT OVERVIEW AND GOALS

- **Overarching Goal:** Create a network of collaborative partners (ADA Network) to broadly scale and sustain national efforts to reduce the risk of type 2 diabetes for adults with prediabetes/at-risk in 6 target states (AL, FL, LA, MS, NC, TX).
- 5-year cooperative agreement (June 30, 2023 – June 29, 2028)
- **Priority populations:**
 - Hispanic/Latino
 - Black/African American
 - Age 65 and older
- Enroll 10,000 at-risk patients across 6 participating states in a National DPP LCP.
 - 1,000 participants for Year 1; 1,500 for Year 2



2320 Strategies

STRATEGY 1

Administrative Infrastructure

- Serve as the hub for the partner network and manage its administrative infrastructure.

STRATEGY 2

Participant Referral Process

- Work with and fund clinical and community partners with specialized expertise reaching priority populations to institutionalize participant referral process

STRATEGY 3

Program Delivery & Participant Support

- Work with delivery partners to establish a network of both in person and virtual CDC-recognized program delivery orgs and standardize procedures for participant support.

STRATEGY 4

Payment/Coverage

- Work with Payer and employer partners to implement existing coverage policies and test new coverage policies within the network

Diabetes Advisory Council Awards Open Today

Chris Memering
Joanne Rinker



North Carolina Diabetes Advisory Council



North Carolina Diabetes Advisory Council



Open May 17 – July 31, 2024



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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.

Myrna Miller Employer Award

Recognizes an **employer** who has provided support in one or more of the areas highlighted above from North Carolina's Guide to Diabetes Prevention and Management.

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.

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.



DAC Awards - Details

Open May 17 – July 31, 2024

Those nominated must have encouraged others to eat healthy, be physically active, live tobacco free, get adequate sleep, participate in a diabetes program, or adhere to a personalized diabetes treatment plan as outlined in [North Carolina's Guide to Diabetes Prevention and Management](#) (Review pages 32-33; 38-41).

Only need 1 letter of recommendation detailing how the nominee has provided support in the area of diabetes prevention or management

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



DAC Awards – Review Committee

Need 3 volunteers to serve on the Awards Review Committee

Total of 3-5 hours between August and September



CMP Grant Opportunity

Kathy Dowd, The Audiology Project



North Carolina Diabetes Advisory Council

CMP GRANTS FOR DIABETES EDUCATION TRAINING

Kathy Dowd, AuD
The Audiology project



North Carolina Diabetes Advisory Council

The Problem

What is the problem?

- The Dx of diabetes is rampant in SNFs

Who has this problem?

- Residents and staff who manage diabetes

Why should this problem be solved?

- The support of CMP grants can help train staff, residents and families

How will I know this problem has been solved?

- Are PWDs' quality of life improved with diabetes education for staff and residents

Background Information

- What is a CMP grant?
 - Discovered this resource as a nursing home ombudsman in 2019
 - Working in SNFs for 21 years alerted me to the need for hearing and balance services
 - An invisible handicap
 - My husband's stay in 2017 showed lack of hearing services
 - Then and now for CMP grants
 - Direct service is outside of CMP grants

Allowable Uses of CMP Funds

Consumer Information

- CMP funds may be used to develop and disseminate information that is directly useful to nursing home residents and their families in becoming knowledgeable about their rights, nursing home care processes, and other information useful to a resident. For example, developing educational materials (e.g., flyers, brochures, booklets, web-based materials, etc.) to promote awareness of the unnecessary use of psychotropic medications, facility requirements or residents' rights related to discharge, advance care planning, etc.

Training to Improve Quality of Care

- Training in facility improvement initiatives that are open to multiple nursing homes, including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, training for resident and/or family councils, LTC ombudsman or advocacy organizations and other activities approved by CMS.

Activities to Improve QOL

- CMP funds can be used for projects to foster social interaction, movement, and minimize loneliness. Projects include Tai Chi), group games (e.g., bingo with movement components), or technology-assisted games (e.g., Nintendo Wii movement games). Note, CMS will not fund complex, high cost technology, such as virtual reality, artificial intelligence, or simulation projects.



Subject Examples for QOL Training

- Alzheimer's Disease and Dementia
- Wound Care
- Patient Safety
- Trauma Centered Care
- Pain Management
- Cultural Sensitivity
- Culture Change
- Person-Centered Care
- Safe Medication Management
- Oral Health
- Non-Pharmaceutical Solutions
- Falls Education



Evaluating the Grant Outcomes

- What worked? What did not work? Why?
- What effects can be shown on quality indicators submitted by SNFs?
- Did the staff, residents and families participate in training?
- Did the training change the current status of hearing loss management? Why or why not?

How to Apply

- 425 SNFs in NC. Must have certification to serve Medicaid (CCN)
- Grant funding is \$5000 per participating SNF per year
- Grant timelines 1-3 years
- Can be refunded to other facilities (NC and other states) if primary grant is successful
- Submit grants to NC Culture Change Coalition
- If approved, goes to ATL and then CMS for approval

Contact Information

- [Contact Us | NC Culture Change \(ncculturechangecoalition.org\)](https://ncculturechangecoalition.org)
- **Brandi Jordan, MSW**
- Civil Money Penalty Grant Fund Manager
- Division of Health Service Regulation, Nursing Home Licensure & Certification Section
- NC Department of Health and Human Services
- Office: 919-937-7459
- brandi.jordan@dhhs.nc.gov



DPP and DSMES Updates

Dominique Ashley, NC DPH
Corissa Payton, NC DPH



North Carolina Diabetes Advisory Council

DPP Updates

Save the Dates!

- NC DPP Lifestyle Coach Networking Call: Tuesday, May 21, 2024 at 11:00 AM
 - Topic: Utilization of Community Health Workers in DPPs and community/partner engagement
- NC Pharmacy DPP Learning Collaborative: Friday, July 12, 2024 at 11:00 AM

Sign up for DPP updates via the DPP Lifestyle Coach Network Newsletter on the DiabetesFreeNC.com website

DIABETES **FREE** NC

DPP Updates

Meg Sargent

Diabetes Prevention Program Coordinator

North Carolina Division of Public Health

Meg.sargent@dhhs.nc.gov

DIABETES **FREE** NC



North Carolina Diabetes Advisory Council

Special Opportunity for Accelerated Medicare DPP Recognition

- ADA-recognized and ADCES-accredited DSMES organizations have a special opportunity to accelerate participation in the Medicare Diabetes Prevention Program by fast-tracking to preliminary recognition
- Skips 12-18 months at pending recognition (when you're not eligible to bill)
- On application indicate you're an ADA or ADCES DSMES provider)
- Opportunities for DPP Lifestyle Coach Scholarships
- Those sites currently at pending recognition will also be fast-tracked to preliminary recognition by emailing NationalDPPAsk@cdc.gov



Reach out to Meg Sargent, DPP Coordinator for DHHS, for technical assistance and information on Lifestyle Coach trainings

Meg.Sargent@dhhs.nc.gov



North Carolina Diabetes Advisory Council

DIABETES MANAGEMENT NC

DSMES Updates

May 17, 2024

Corissa Payton

DSMES Quality Coordinator

NC Division of Public Health



North Carolina Diabetes Advisory Council

DSMES Updates

Expanding DSMES to all 100 counties

NC Counties without a DSMES Service

Bladen	Camden	Caswell	Clay	Currituck
Dare	Davie	Gates	Granville	Greene
Hyde	Madison	Martin	Onslow	Perquimans
Person	Scotland	Swain	Warren	Yancey

DSMES Updates

Diabetes support programs through Clemson and NCSU

Pharmacy DSMES Support

Behavioral health integration into diabetes care and education

Increasing workforce capacity to address factors related to SDOH



Contact Information

Corissa Payton, MA, CHES, ACSM-EP
DSMES Quality Coordinator
NC Division of Public Health
Community and Clinical Connections for Prevention and Health Branch

919.707.5436

Corissa.Payton@dhhs.nc.gov

DiabetesManagementNC.com



North Carolina Diabetes Advisory Council

Break
10 minutes



Why are referrals to Diabetes Self Management Education so Low? Policy Opportunities

Dr. Susan Spratt and Anna Tharakan



North Carolina Diabetes Advisory Council



Diabetes Costs

- Diabetes is a costly chronic disease associated with significant morbidity and mortality that affects 38 million people in the United States.¹
- Diabetes is the leading cause of blindness, kidney failure, and nontraumatic lower limb amputations.²
- Diabetes accounts for \$503.4 billion of national health expenditure, reflecting 1 in 4 (25%) of all health care dollars.³
- One of the largest contributors to high costs is prescription medications and inpatient care services, both of which can be reduced with individualized diabetes education.³





DSMES lowers A1c and Costs

- DSMES is built upon proven strategies to improve health behaviors and outcomes.⁵⁻⁷
- National data has found that DSMES services reduce A1c by 0.6-1.0% overall in about 70% of participants.⁶ This reduction in A1c is similar to most medication classes that treat diabetes, showing the power of DSMES to help manage diabetes.⁸
- Diabetes education has been found to reduce healthcare costs. Patients who attend DSME have lower healthcare costs compared to their counterparts over a span of three years, with an average cost reduction of 12% within the education-receiving cohort
- When patients visited diabetes education clinics rather than their providers, the health system saved \$5,287 per patient based on the estimated mean three-year cost differences per patient.¹⁴



Policy Suggestions



Policy Suggestions

- Expand the pool of clinicians who can refer to DSMES.
- Make scheduling services more accessible and timelier.
- Another options is to remove existing requirement for referral and scheduling.
- Remove coverage limits.
- Prioritize individualized care requirements, for DSMES to fit the needs of the person with diabetes.
- Train and hire a larger workforce to meet demand
 - Increase certification opportunities by fund training sites Certified Diabetes Care and Education Specialists (CDCES)
 - Improve current certification timeline and requirements.
 - Model funding on residency training
 - Expand pool of diabetes communicate care coordinators
- Adjust certification requirements for clinics to become diabetes education certified
- Communicate benefits of DSME to health systems, providers, and patients
- Introduce alternative technology solutions to expand diabetes education services
- Invest in research to understand and improve the perception and value of DSMES
- Invest in research to improve delivery of DSMES/ alternative technology
- Alter reimbursement requirements so that diabetes education clinics can be financially supported.



DAC Workgroup Updates

Claudia Giraldo, NC DPH
Natasha Vos, UNC-Asheville



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



North Carolina Diabetes Advisory Council

Abstract Development Work Group

May 17, 2024



North Carolina Diabetes Advisory Council



**Will Retire at the
end of 2024**

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

Purpose of this Guide

To Provide:

- Basic information about diabetes and its effects on North Carolina's population.
- Suggestions on how individuals can prevent and manage the diabetes.
- Specific strategies for community groups, employers and health care providers to help gain knowledge about the disease, engage in a person-centered treatment plan, and reduce risks for diabetes-related complications.



Acknowledgements

Many thanks to:

Susan Spratt, Kim McDonald, Huabin Luo, Susan Houston, Carmen Samuel-Hodge, Tish Singletary, Wanda Lakey, Michael Canos, Lexi Monks, Asha Pai Bohannon, Marico Dove, Joanne Rinker, and Chris Memering



Project Timeline

Feb. 2024	March 2024	April 2024	May 2024	June/July 2024	August 2024	Sep./Oct. 2024	November 2024	Dec. 2024 – Feb. 2025
NC Guide to Diabetes Prevention and Management 2020 edit work distribution	3.20.24 talk about progress, concerns with revisions and additions	4.24.24 meeting to talk about addition of medication section 4.30.24 Edits due	5.17.24 Present at DAC Meeting May – June Compile all edits. Questions/ answers	6.15.24 Email revised and edited Guide to Cindy Stevenson, NC DPH Guide under revision with NC DHHS Office of Communications	DAC Abstract Development Workgroup works on change requests - Medication content development due	Designers at DPH work on final Guide (electronic version)	Publish and Make available New Guide for Diabetes Month (electronic version)	New Guide available (printed version)



Guide Sections

- Cover page
- Contents and Introduction
- What is diabetes?
- What do prediabetes and diabetes look like and cost in North Carolina?
- How can diabetes be prevented or delayed?
- Diabetes Primary Prevention
- Diabetes prevention for people at high risk
- Diagnosing diabetes
- Diabetes management and prevention of complications
- Importance of social determinants of health and health equity to prevent and manage diabetes
- What can healthcare providers and insurers do?
- What can employers do?
- What else can North Carolina do together?
- We will be successful when we reach our goals



North Carolina's Guide to Prevention and Management of Diabetes

2025

NEW AT END
OF YEAR
2024



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

How can diabetes be prevented, delayed and managed?

This Guide informs community members, employers and providers on how to:

- Support diabetes prevention and management through strategies that shape the environment so that people are less likely to develop diabetes.
- Provide access to evidence-based education that prevents or delays diabetes for people who are at high risk of developing diabetes.
- Assist people who have already developed diabetes to remain healthy and reduce their risk for developing diabetes complications.



Aims of the Group in Relation to the Guide

- Create spaces to deliver a formal or informal presentation about NC's Guide to Prevention and Management of Diabetes particularly among organizations that work to reduce the risk of diabetes and its complications
- Train community stakeholders about how to present the information in the Guide to various audiences
- Develop companion PowerPoint slides for the Guide
- Monitor distribution of the guide both electronic and print version



Measuring Progress

North Carolina's Guide to Diabetes Prevention and Management is monitored annually by the North Carolina Diabetes Advisory Council (DAC).



Diabetes North Carolina



[Diabetes Prevention](#) ▾

[Diabetes Management](#) ▾

[Diabetes Advisory Council](#)



[Find a Diabetes **Prevention** Program](#) | [Find a Diabetes **Management** Program](#)

This site provides resources and information for the community, employers and health care providers to reduce the impact of diabetes in North Carolina. Learn to manage diabetes or target risk factors that lead to diabetes.



North Carolina Diabetes Advisory Council

Q&A

Thanks!



North Carolina Diabetes Advisory Council



North Carolina Diabetes Advisory Council

Joanne Rinker, MS, RDN, BC-ADM, CDCES, LDN, FADCES, Co-Chair

Chris Memering, MSN, RN, CDCES, FADCES, Co-Chair

www.diabetesnc.com

Follow [North Carolina Diabetes Advisory Council](#) on Facebook



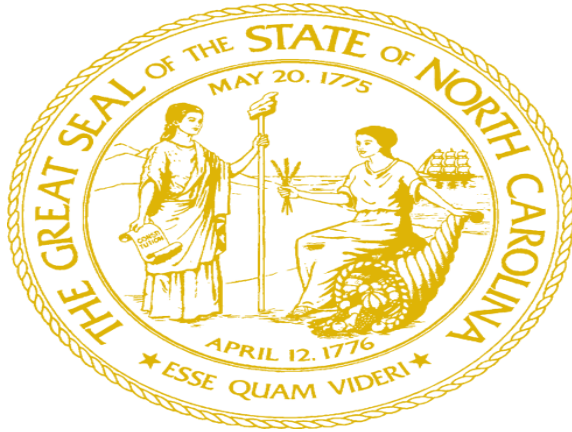
North Carolina Diabetes Advisory Council

NC Medicaid Updates

Dr. Janelle White, MHCM



North Carolina Diabetes Advisory Council



Updates from NC Medicaid

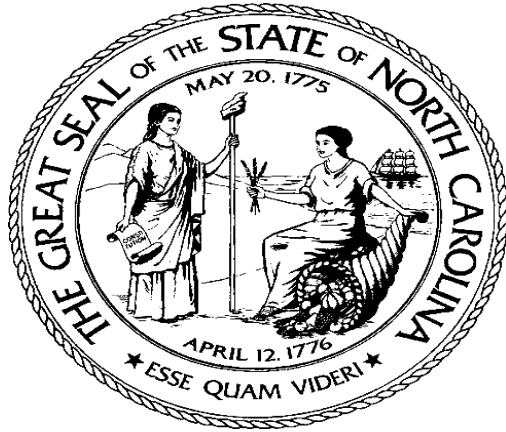
Janelle White, MD

Chief Medical Officer NC Medicaid

May 2024



North Carolina Diabetes Advisory Council



Medicaid Expansion Updates



Those eligible through expansion are North Carolinians with low-incomes. They represent the future of our state.

North Carolinians without health insurance and with low incomes:

- More than half are under 40
- Most are employed in industries crucial to the economy
- One-third are parents of children
- More than half are women
- Represent all races and ethnicities, with White non-Hispanics being a majority at 33.2%, Black non-Hispanics at 25.4%; Hispanics at 9.1%; and American Indian at 2.3%.



Medicaid Expansion FAQs

Who will be able to get health coverage through NC Medicaid?

Most people can get health care coverage through Medicaid if they meet the criteria below.

- You live in North Carolina
- Age 19 through 64
- You are a citizen. Some non-US citizens can get health coverage through NC Medicaid.
- And if your household income fits within the chart below

Household Size	Annual Income
Single Adults	\$20,120 or less
Family of 2	\$27,214 or less
Family of 3	\$34,307 or less
Family of 4	\$41,400 or less
Family of 5	\$48,493 or less
Family of 6	\$55,586 or less



Medicaid Expansion Enrollment Dashboard

The North Carolina Department of Health and Human Services (NCDHHS) launched a [dashboard](#) to track monthly enrollment in NC Medicaid for people eligible through expansion.

The NC Medicaid Expansion Enrollment Dashboard offers a detailed overview of enrollment trends in newly eligible adults ages 19-64 who can now [apply](#) for full health care coverage.

On day one of expansion, nearly 273,000 people were enrolled and covered by Medicaid expansion, most of which were part of the family planning population who were automatically moved to full coverage. The platform provides a look at enrollee characteristics that include age, race, ethnicity and other demographics. Information on the percentage of eligible adults newly enrolled in NC Medicaid by county and type of health plan, as well as specifically within rural areas of the state, is also available.

The dashboard represents a snapshot of enrollments known at the beginning of each month and does not capture enrollments processed after the start of the month. This new dashboard for Medicaid expansion is in addition to the department's existing [NC Medicaid Enrollment dashboard](#).

For more information, visit the [NCDHHS press release](#).

Medicaid Expansion Enrollment Dashboard

NC Medicaid Expansion Enrollment Dashboard

Last Update on March 5, 2024
Updated Monthly

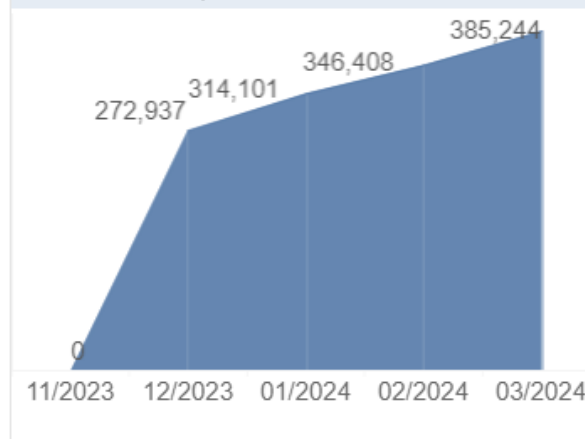
NC Medicaid Expansion Enrollment as of March 5, 2024: **385,244**

Note: Enrollments processed after this date are not reflected in this dashboard.

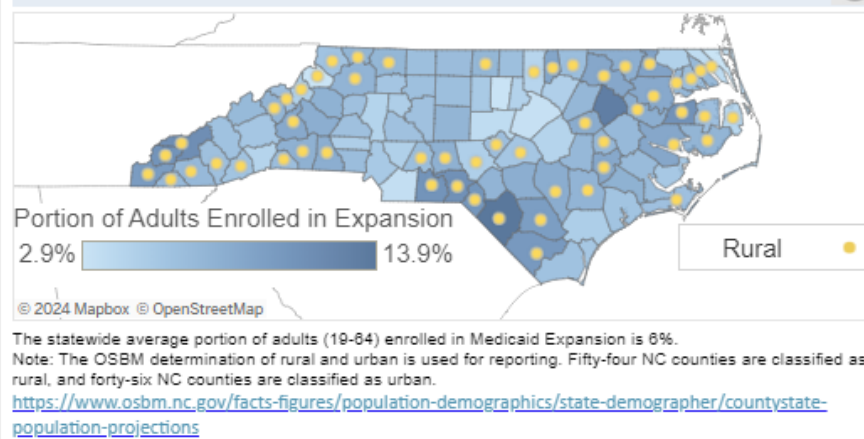
This dashboard shows the number of people enrolled in NC Medicaid only through expansion coverage. The charts, excluding the map, can be viewed by health plan, demographics, and/or county by using the filters below. *Note: Enrollment counts are pulled at the beginning of the month except for January 2024 which was pulled on the twelfth of the month. For privacy reasons, categories and/or charts with counts less than 11 will not display.*

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



The section below displays NC Medicaid Expansion Enrollment by various demographic groups. Use the selector below to show enrollment by month or monthly enrollment trends.



North Carolina Diabetes Advisory Council

Paths to Enrollment

People can enroll now, even if they didn't qualify in the past

How to apply:



ePASS

epass.nc.gov



Paper application

ncgov.servicenow.com



**In person at your
local DSS office**

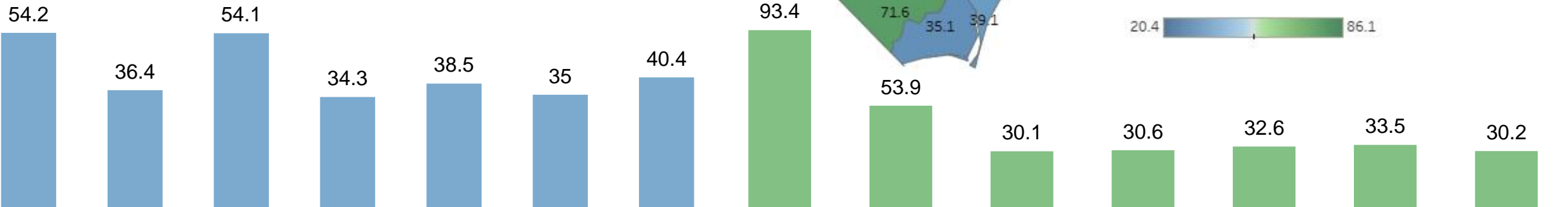
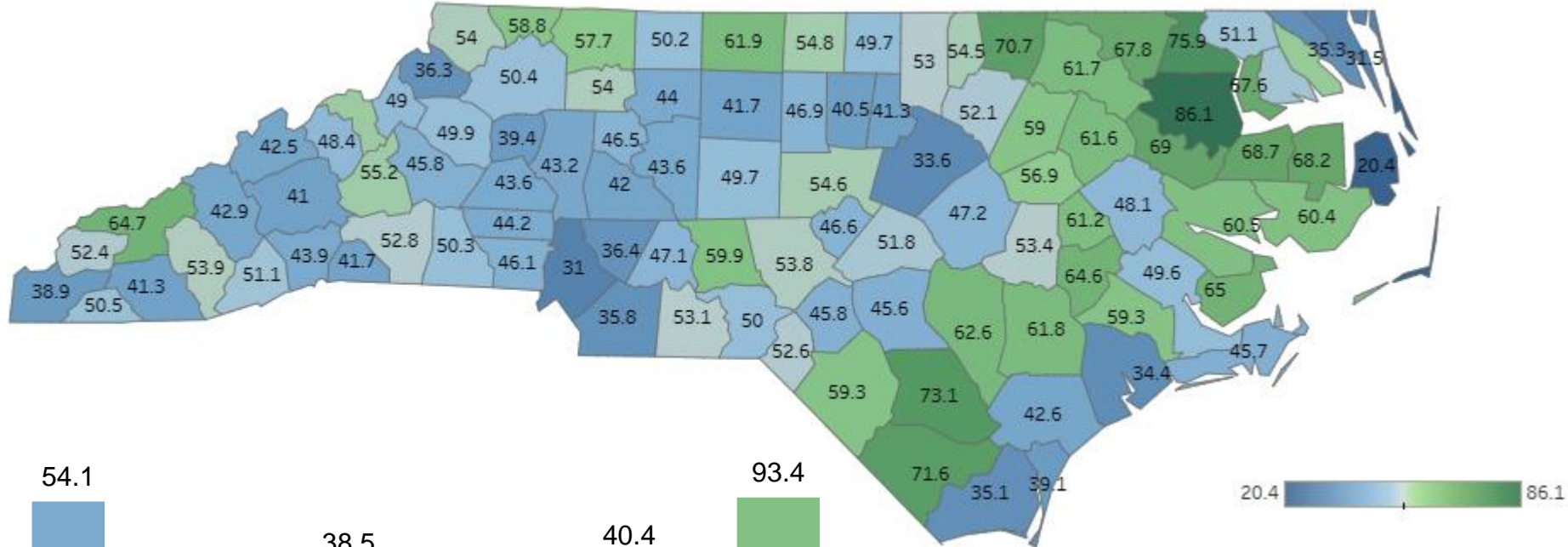
ncdhhs.gov/localDSS



Call DSS office

ncdhhs.gov/localDSS

Rate of Diabetes Diagnosis per 1,000 NC Medicaid Beneficiaries (CY 2023)



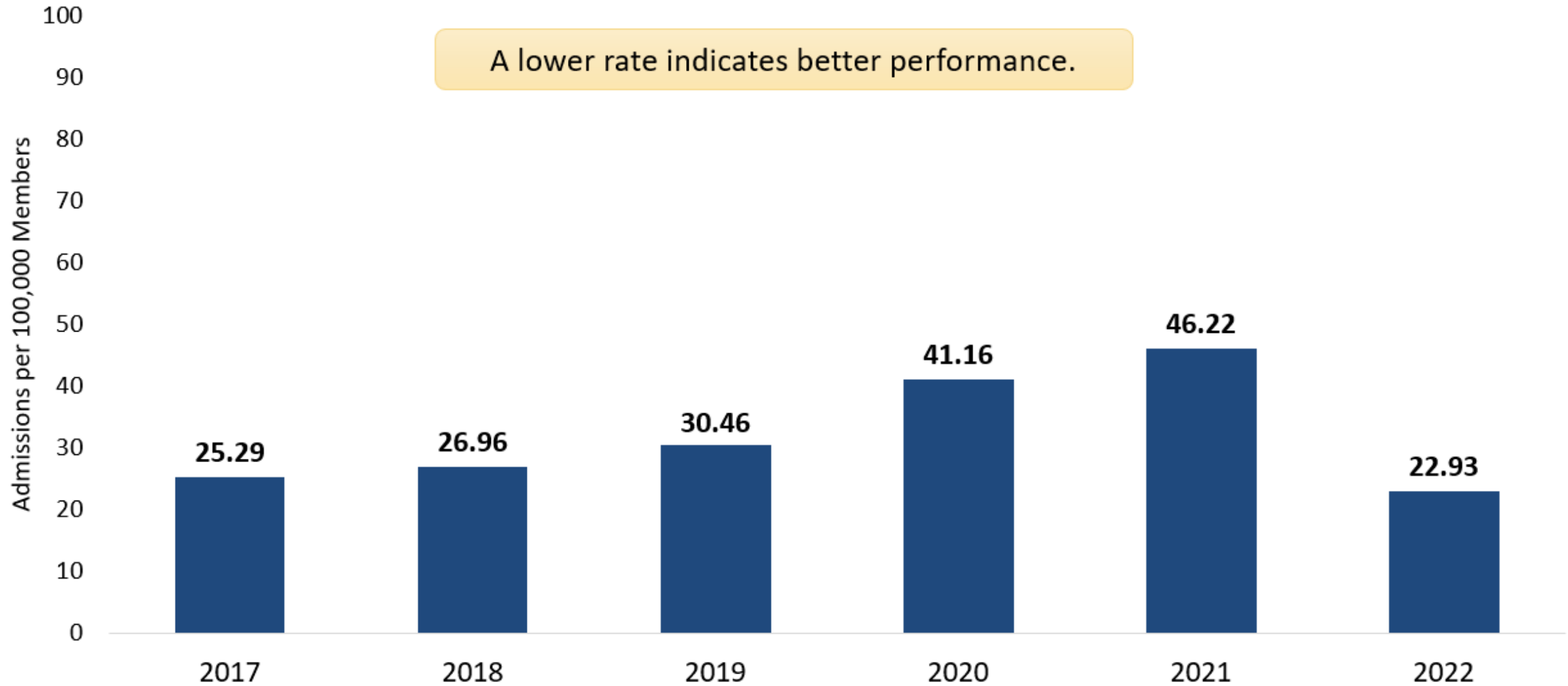
North Carolina Diabetes Advisory Council

Summary of Diabetes Quality Measures with Data

Measure Name (Linked to applicable slides)	Steward/CBE #	Measure Description	Additional Information
Diabetes Short-Term Complications Admission Rate (Pediatric) (PDI 15)	AHRQ / NA	Hospitalizations with a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 members, ages 6 through 17 years. Exclude transfers from other institutions; and obstetric discharges. A lower rate indicates better performance.	<ul style="list-style-type: none"> Department-calculated measure for Standard Plans and Tailored Plans
Diabetes Short-Term Complications Admission Rate (Adult) (PQI 01)	AHRQ / #0272	Hospitalizations for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 member months for those 18 years and older. Excludes obstetric hospitalizations and transfers from other institutions. A lower rate indicates better performance.	<ul style="list-style-type: none"> Department-calculated measure for Standard Plans and Tailored Plans CMS Adult Core Measure
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA / #2800	Assesses the percentage of children and adolescents with ongoing antipsychotic medication use who had metabolic testing during the year. Three measures are reported: (1) Blood Glucose Testing, (2) Cholesterol Testing, and (3) Total Metabolic Testing (Blood Glucose and Cholesterol Testing).	<ul style="list-style-type: none"> Tailored Plan measure only CMS Child Core Measure
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	NCQA / #1932	Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.	<ul style="list-style-type: none"> Tailored Plan measure only CMS Adult Core Measure
Statin Therapy for Patients with Diabetes (SPD)	NCQA / NA	Assesses adults 40-75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy. Two rates are reported: (1) Received Statin Therapy, and (2) Statin Adherence 80%.	<ul style="list-style-type: none"> Not in our measure set but still monitored
Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)	NCQA / #1934	Assesses adults 18–64 years of age with schizophrenia and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.	<ul style="list-style-type: none"> Not in our measure set but still monitored

Rate of Avoidable Pediatric Utilization: Diabetes Short-Term Complications Admission Rate (PDI 15) per 100,000 Members, All NC Medicaid (2017-2022)

A lower rate indicates better performance.



Rate of Avoidable Pediatric Utilization: Diabetes Short-Term Complications Admission Rate (PDI 15) per 100,000 Members, Standard Plan Demographic Variance (2022)

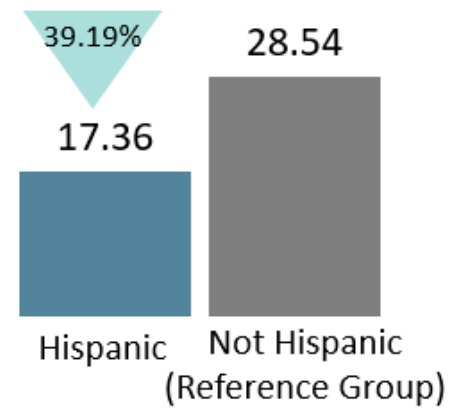
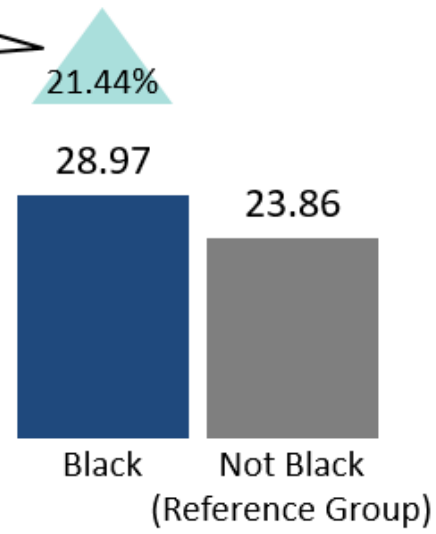
A lower rate indicates better performance.

KEY

▲ XX%
Group of interest is XX% higher than reference group

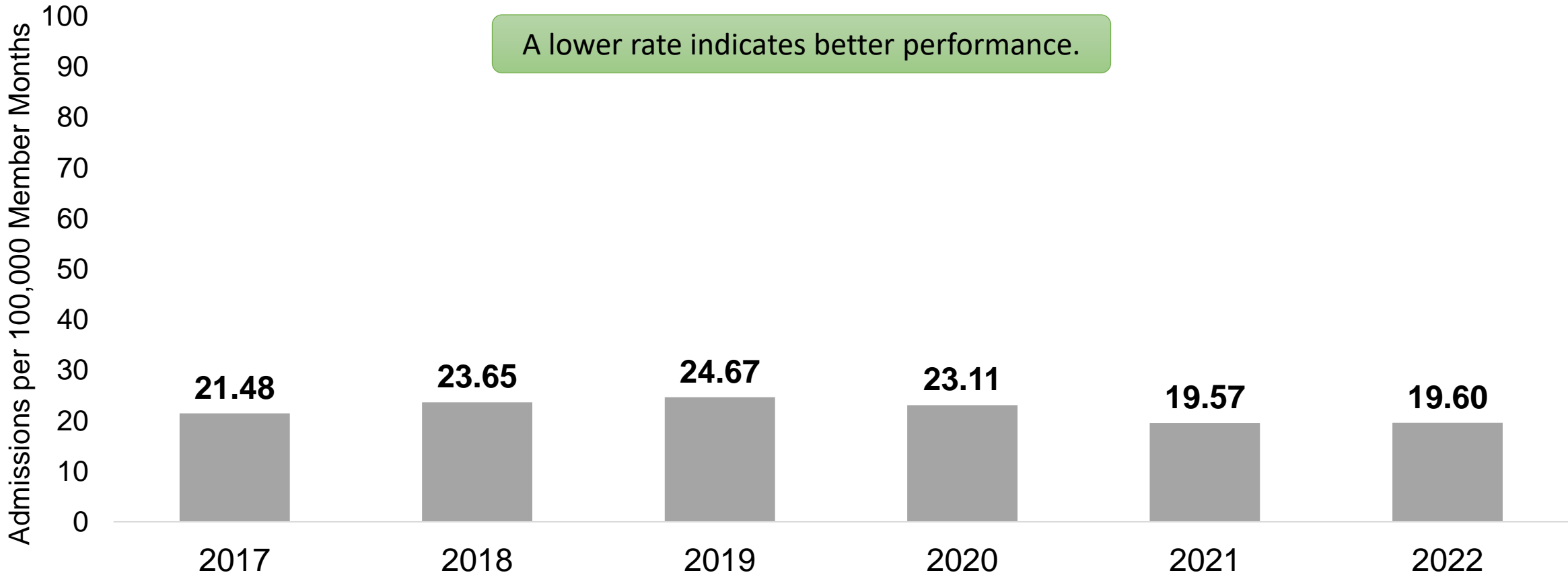
▼ XX%
Group of interest is XX% lower than reference group

There is a significant disparity among Black Standard Plan members, as the admission rate for diabetes short-term complications was 21.44% higher when compared to the reference group.



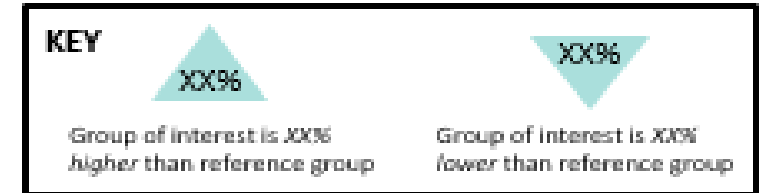
Rate of Avoidable Adult Utilization: Diabetes Short-Term Complications Admission Rate (PQI 01) per 100,000 Member Months, All NC Medicaid (2017-2022)

A lower rate indicates better performance.

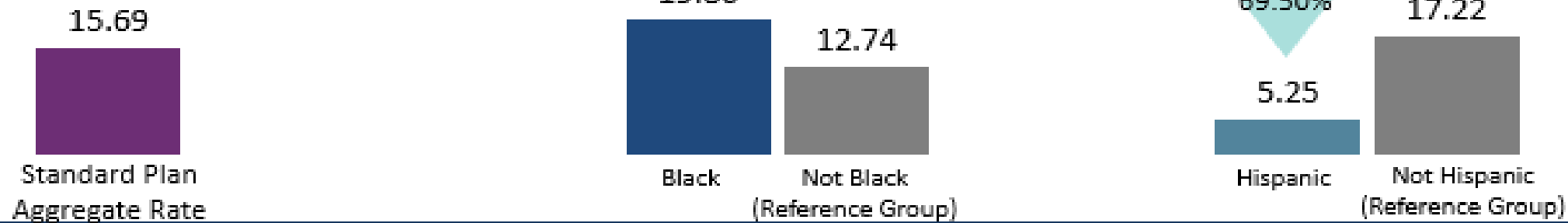


Rate of Avoidable Adult Utilization: Diabetes Short-Term Complications Admission Rate (PQI 01) per 100,000 Member Months, Standard Plan Demographic Variance (2022)

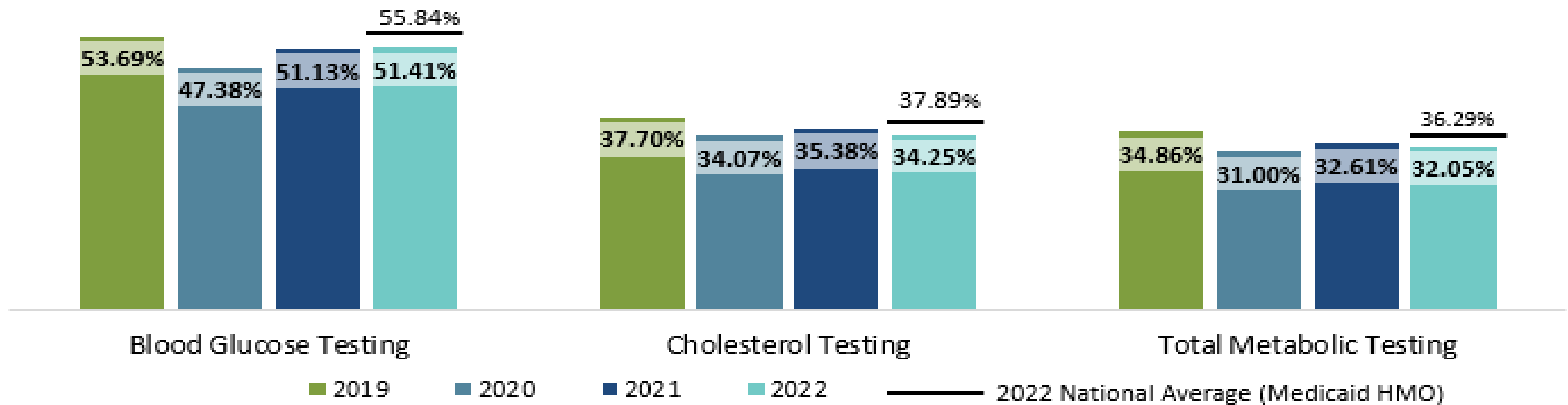
A lower rate indicates better performance.



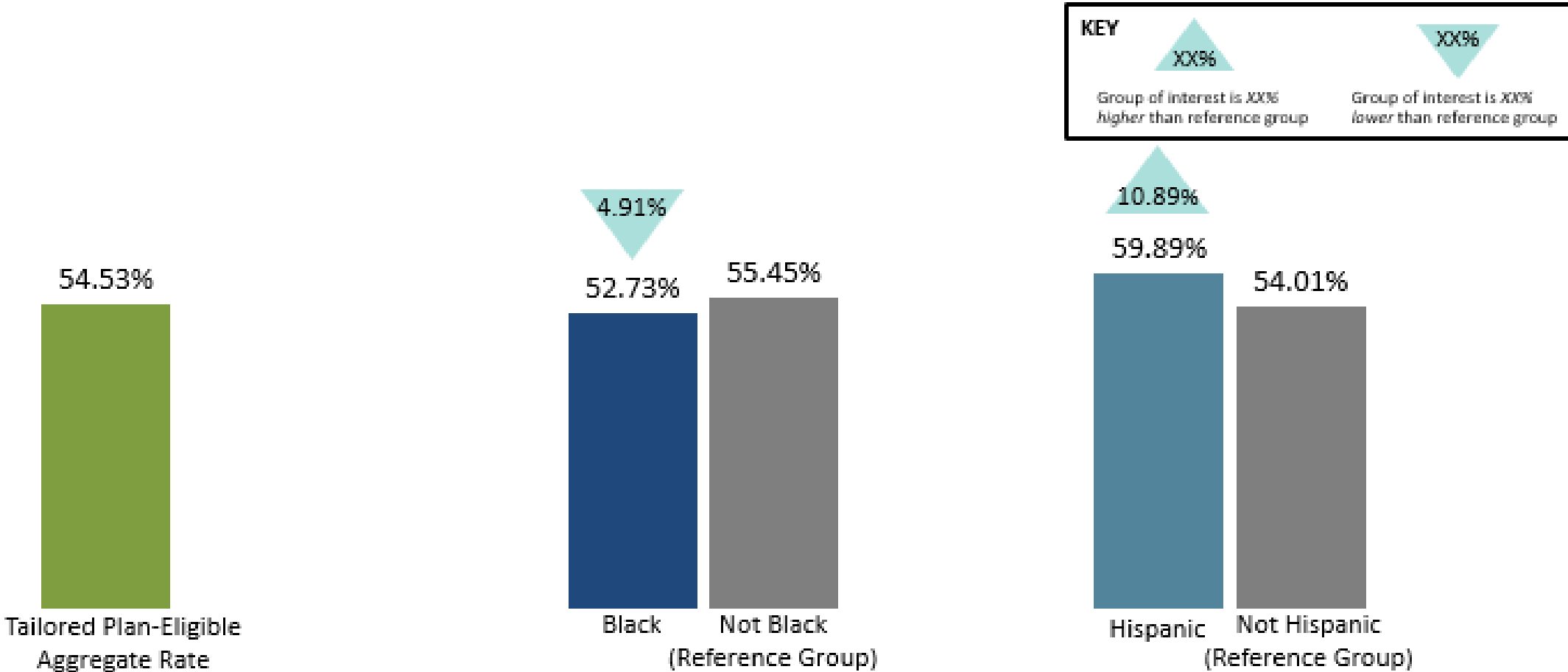
There is a significant disparity among Black Standard Plan members, as the admission rate for diabetes short-term complications was 55.91% higher when compared to the reference group.



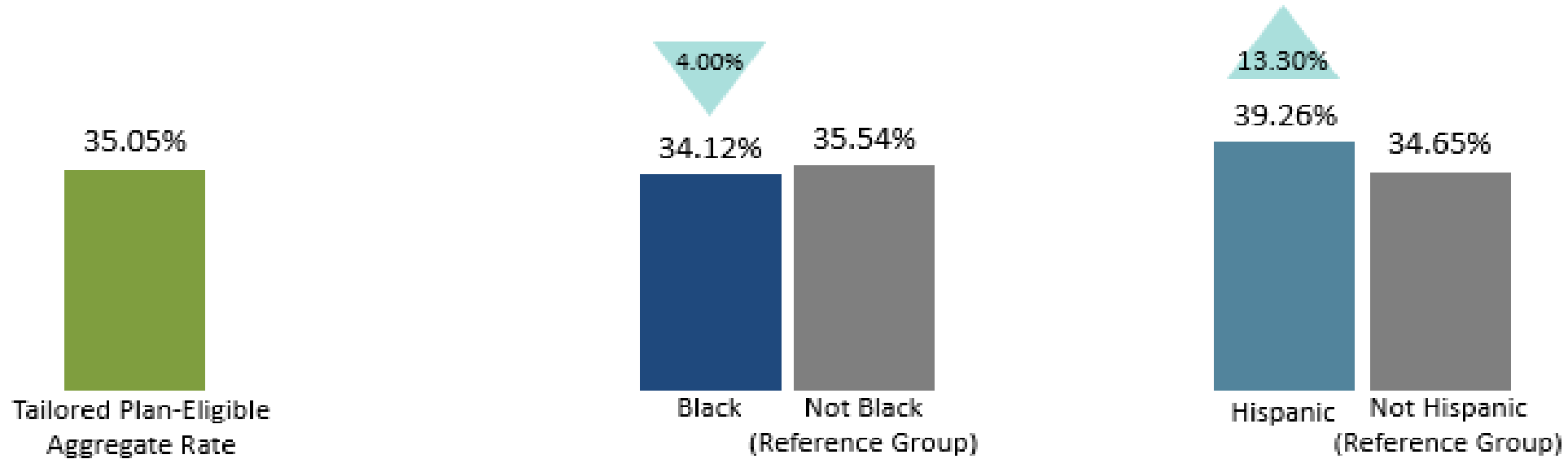
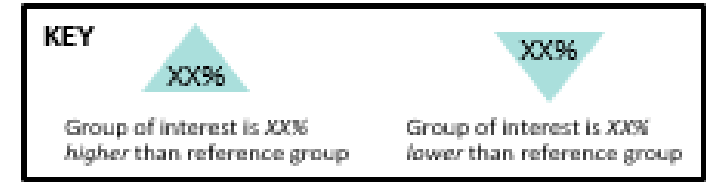
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), All NC Medicaid (2019-2022)



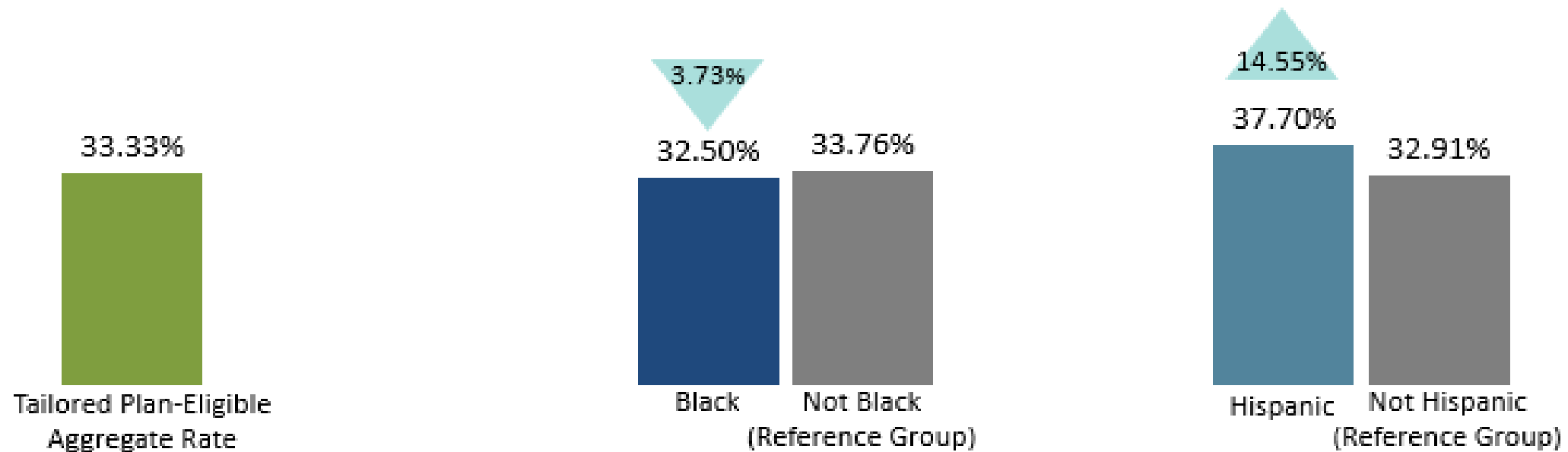
Tailored Plan Demographic Variance for Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), *Blood Glucose Testing* (2022)



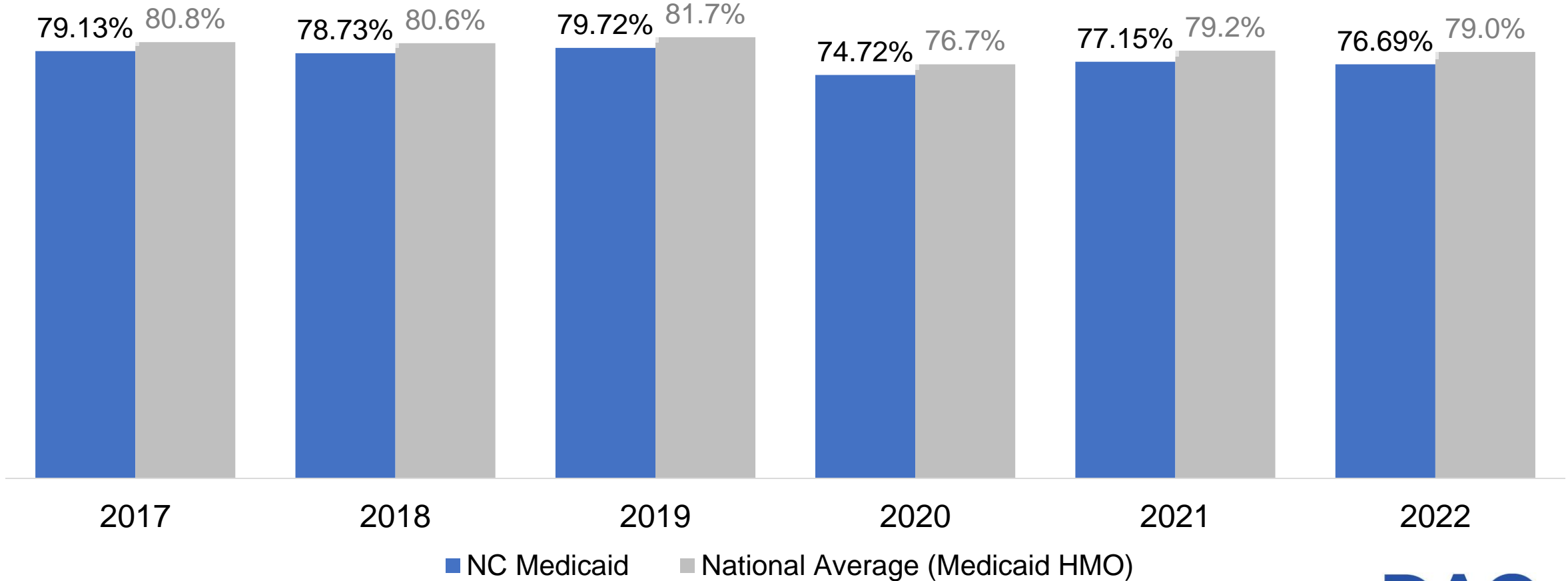
Tailored Plan Demographic Variance for Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), *Cholesterol Testing* (2022)



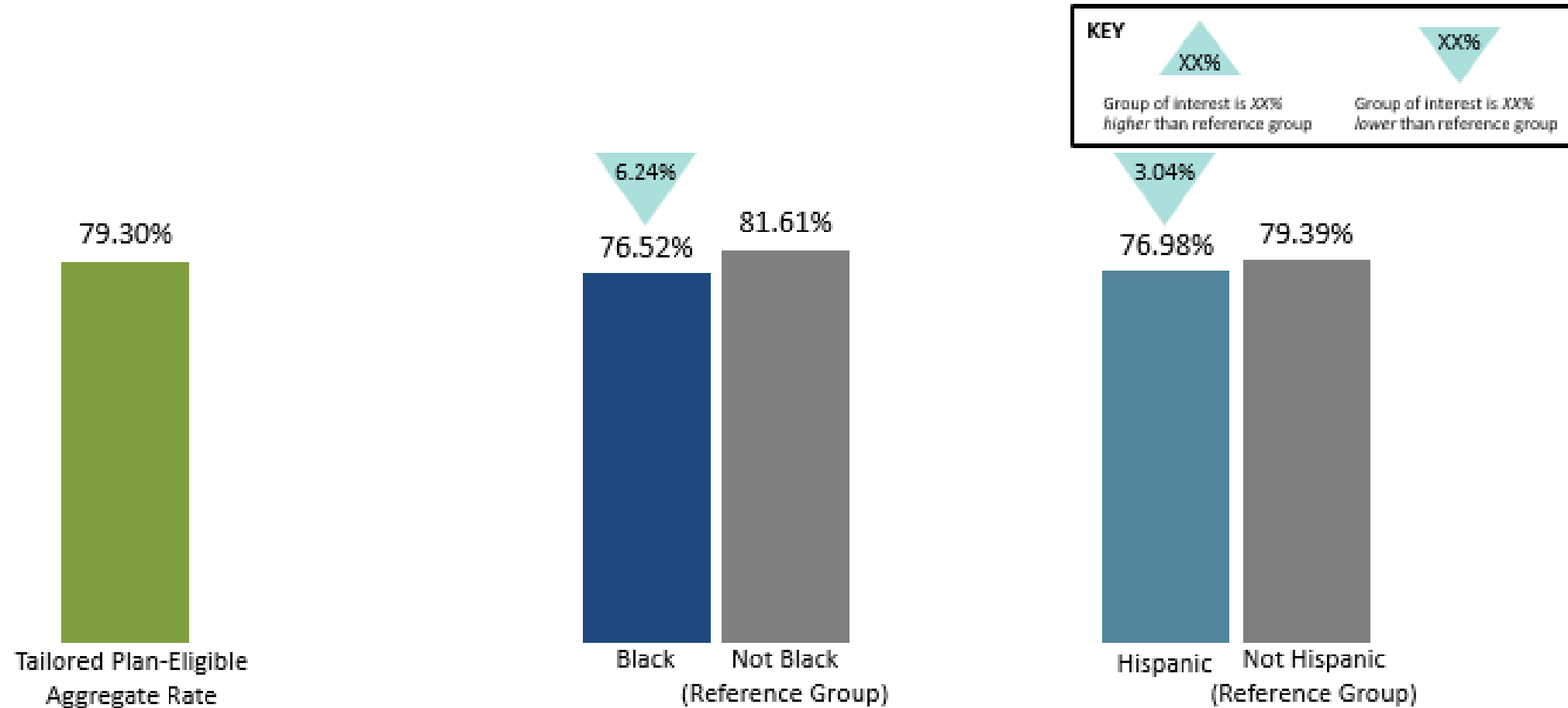
Tailored Plan Demographic Variance for Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM), *Total Metabolic Testing* (2022)



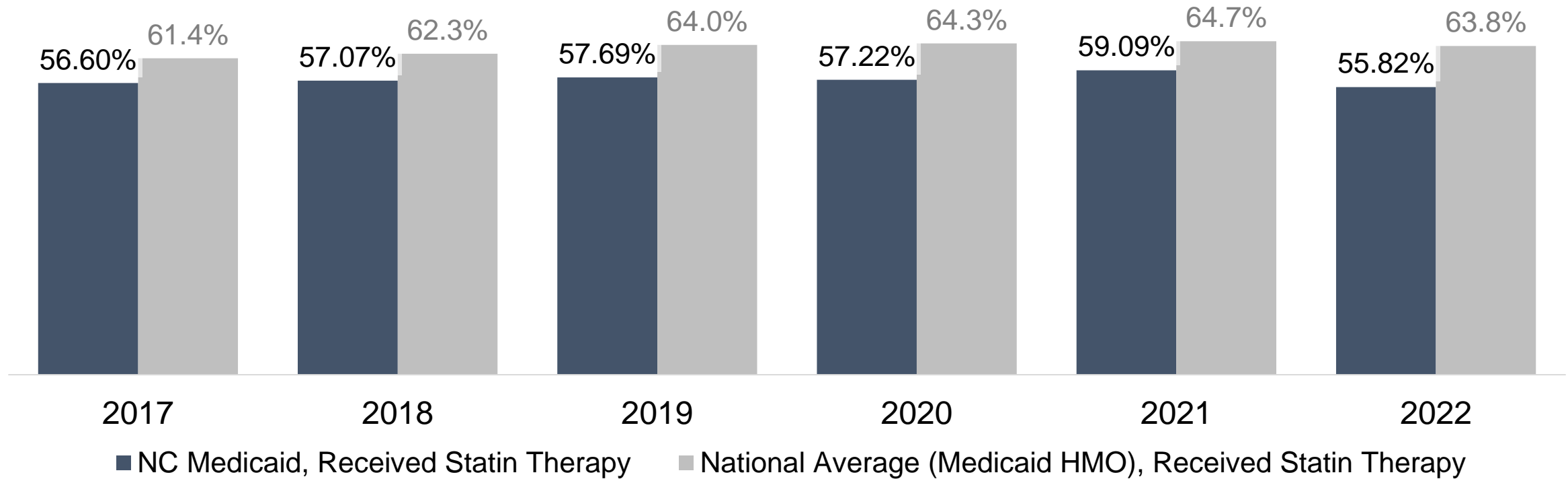
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), All NC Medicaid (2017-2022)



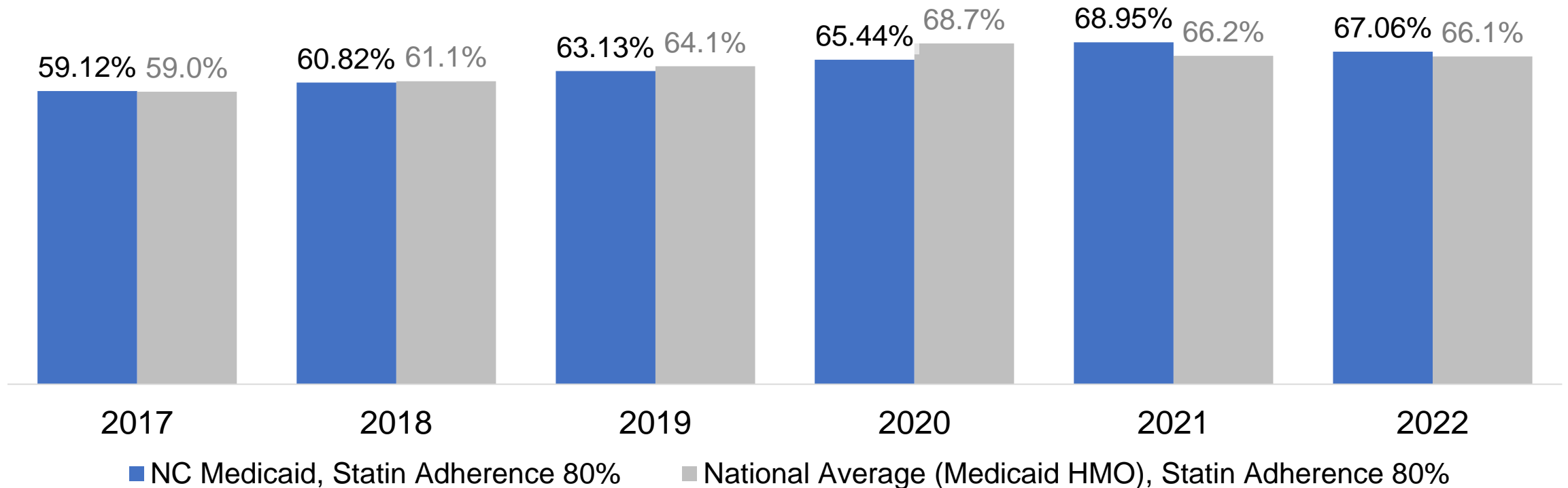
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD), Tailored Plan Demographic Variance (2022)



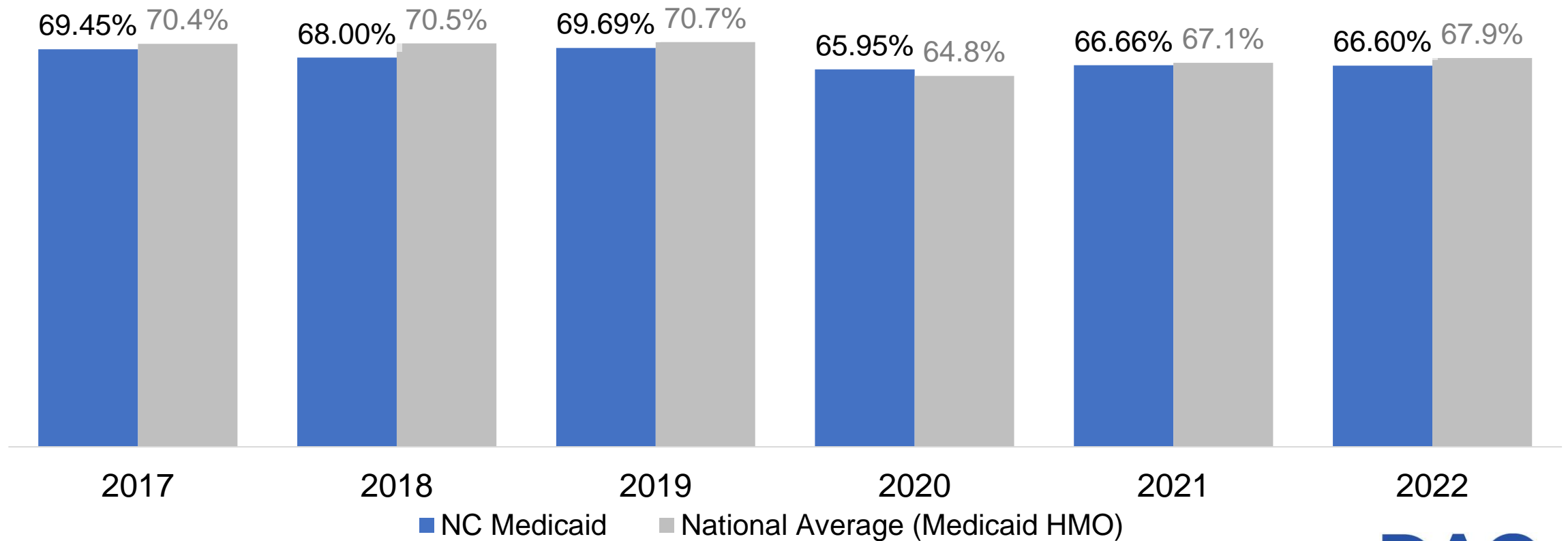
Statin Therapy for Patients with Diabetes (SPD), Received Statin Therapy, All NC Medicaid (2017-2022)



Statin Therapy for Patients with Diabetes (SPD), Statin Adherence 80%, All NC Medicaid (2017-2022)



Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD), All Medicaid (2017-2022)



Diabetes Quality Measures with Suppressed Data

Measure Name	Steward/CBE #	Measure Description	Additional Measure Information	Data
Glycemic Status Assessment for Patients with Diabetes (GSD)	NCQA / #0059	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year: <ul style="list-style-type: none"> • Glycemic Status <8.0%. • Glycemic Status >9.0%. 	<ul style="list-style-type: none"> • AMH Measure • Standard Plan and Tailored Plan measure • CMS Adult Core Measure 	Requires clinical data from NC HealthConnex. Current rates are not an adequate representation of NC Medicaid performance.
Blood Pressure Control for Patients with Diabetes (BPD)	NCQA / #0061	The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was controlled (<140/90 mmHg) during the measurement year.	<ul style="list-style-type: none"> • Department-calculated measure for Standard Plans and Tailored Plans 	Requires clinical data from NC HealthConnex. Current rates are not an adequate representation of NC Medicaid performance.
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI)	NCQA / #2607	The percentage of patients 18–75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.	<ul style="list-style-type: none"> • Department-calculated measure for Standard Plans and Tailored Plans • CMS Adult Core Measure 	Requires clinical data from NC HealthConnex. Current rates are not an adequate representation of NC Medicaid performance.



Pharmacy Actions

Increase in access to diabetes supplies:

- ❑ 2020 - Therapeutic Continuous Glucose Monitor supplies added at Point-of-Sale to increase access. Currently, there are around 50,000 claims per quarter for Therapeutic Continuous Glucose Monitor supplies at point of sale
- ❑ 2023 - Dexcom G7 and Freestyle 3 Libre were added to the Preferred Drug List (PDL) as Preferred.
- ❑ 2023 - generics for Novolog (insulin aspart) FlexPen and vial were moved to Preferred on the PDL. Currently, both brands and generics for Humalog and Novolog (U-100 vials and pens) are Preferred.
- ❑ 2024 - Omnipod GO (a tubeless insulin pump) was added to the PDL as Preferred.
- ❑ NC Medicaid is considering coverage of anti-obesity medications, including GLP-1 agonists, to help decrease the risk of co-morbid conditions (type 2 diabetes, heart disease, cancer, etc.) and decrease the economic burden of obesity. Today, NC Medicaid covers Wegovy (semaglutide) to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease who are either obese or overweight.



Pharmacy Actions

- **Drug Utilization Review:**

- The North Carolina Division of Health Benefits Drug Utilization Review (DUR) Board monitors Medicaid outpatient pharmacy claims to identify beneficiaries who are receiving medications that exceed the manufacturers' dosing recommendations or may be at risk for adverse events.
- April 2023 - Board reviewed Medicaid beneficiaries with coronary artery disease or heart failure and diabetes and no evidence of using a sodium-glucose cotransporter-2 (SGLT2) inhibitor. The Board sent letters to over 1,300 prescribers and requested they evaluate their beneficiaries' current medication regimen to determine if adding a SGLT2 inhibitor would be clinically appropriate to improve health outcomes.
- April 2023 - Board reviewed non-compliance to oral diabetes medication. The Board sent letters to pharmacies who have fee-for-service patients who have a ≥ 10 -day gap in therapy for their oral diabetic medications. In the letter the Board recommended encouraging pharmacies to dispense a 90-day supply when possible and reminded them that Medicaid covers fees for pharmacies to mail and deliver prescriptions.
- April 2024 -The Board continues to monitor utilization of the GLP-1 agonists quarterly, as these drugs have received expanded indications. Clinical Policy continues to update clinical criteria to assure members who have cardiovascular disease, as defined in the clinical criteria, have access to GLP-1 agonists for their cardioprotective benefits.








Diabetes and Managed Care: Improvement Plans

- Focus for 2020-2022 was Diabetes Poor Control (A1C >9)
- Interventions for plans included:
 - Outreach to members with poor control for education and support
 - Outreach to providers to encourage them to
 - Identify care gaps
 - Code correctly on claims
 - Monitor A1C more frequently
- System changes to collect more accurate data
- Increase Value Added Benefits to improve DM control (gyms, Weight Watchers, food support)



Questions? Go to ncmedicaidplans.gov. Or call us toll free at **1-833-870-5500** (TTY: 711 or RelayNC.com). We can speak with you in other languages.

 <small>Beyond Healthcare. A Better You.</small>	 <small>Community Plan</small>		 <small>North Carolina</small>	
<p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher, including GED testing, tutoring, and reading scholarships <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products; stroller, playpen, car seat, or diapers <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75/year rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts and 4-H Club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300) ▪ Up to \$120 yearly for over-the-counter drugs ▪ Cell phone with 350 monthly minutes, free texts, 3 GB data ▪ Rides to covered services for Health Choice members and rides to classes and events for all members 	<p>Education</p> <ul style="list-style-type: none"> ▪ Up to \$160 GED exam voucher, materials, and life skills training <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free electric breast pump ▪ Up to \$100 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75/year rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for membership at Boys and Girls Club or YMCA <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with free minutes, data, and texts ▪ 14 prepared home-delivered meals after a qualified hospital or nursing facility stay, if qualify 	<p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ Up to \$160 GED exam voucher ▪ 24 hours of online tutoring for eligible members ages 6-18, if qualify <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ 1 safe sleep kit yearly for members who are pregnant, members with infants under age 1, or members under age 1 <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits ▪ 13-week voucher for WW® (formerly Weight Watchers) ▪ 3 months of fresh fruits & veggies for qualifying members <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for membership like Boys and Girls Club, Boy Scouts, or Girl Scouts ▪ Up to \$150 for after school activities <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED program with free practice and regular tests <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ High-risk pregnancy home educational visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75/year rewards gift cards ▪ Weight Watchers® membership for qualifying members <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership, ages 18 and younger ▪ Home visits, supplies for children with asthma, ages 2-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Pain management education and support ▪ Extra pair of glasses and eye exam every 2 years, ages 21-64 ▪ 2 meals per day for up to 7 days after hospital stay ▪ Smart phone with 350 minutes, unlimited texts, & 4.5 GB data per month 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher, study materials ▪ \$75/year value school supplies, online tutoring, members grades PreK-12 before GED <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$100 per year for new mothers; car seat, diapers, diaper bag, breast pump, high-risk pregnancy visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 per year rewards card ▪ \$120 per year for approved healthy foods at Walmart® ▪ Up to 14 weeks of Weight Watchers® and online tools <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 per year value after school sports/activities/youth club membership, ages 6-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$125/year for glasses, contacts for members ages 21 & up ▪ \$120/year per household for over-the-counter products ▪ Cell phone with 250 monthly minutes, free calls, texts



North Carolina's Standard Plan Diabetes Management Collaborative



North Carolina Diabetes Advisory Council

Enhancing Diabetes Care: Health Plan Performance Improvement Projects and Learning Collaborative

1. Compliance with CMS Standards

- NC Medicaid is mandated by our federal partners to ensure managed care organizations implement **performance improvement projects** as part of NC Medicaid's quality assessment and performance improvement programs.

2. Mission and Aim

- **Mission:** To elevate and transform diabetes care in North Carolina through strategic partnerships, data-driven improvements, and a commitment to sustainable health outcomes and member empowerment.
- **Aim:** Improve performance by a relative 1.67% annually over 3 years for HEDIS measure Glycemic Status Assessment for Patients with Diabetes (goal of at least 5% relative improvement over a 3-year time period).

3. Strategic Expansion for 2024

- **Expanded Focus:** Addressing both sub-measures of Glycemic Status Assessment in People With Diabetes (GSD)
 - Glycemic Status below 8.0%
 - Glycemic Status above 9.0%
- **Response to Challenges:** Improved interventions to enhance data quality and member health outcomes based on identified data quality issues in the GSD measure.



NC Medicaid-Facilitated Learning Collaborative with Plans

- **Approach**

- **Bright Spotting Sessions:** Plans share transformative successes in diabetes management. These sessions are designed not just to commend but also to inspire and provoke thought, sparking innovation and collaborative learning among all attendees.

Plan Identified Interventions:

- Care Gaps Alerts
 - Diabetes Outreach Pilot Program
 - Planning Diabetes Self Management Education Session Awareness
 - Outreach Dashboard
- **DMAIC Framework:** Monthly meetings to follow the Define, Measure, Analyze, Improve, Control process as a roadmap to achieving performance improvements.



QUESTIONS?

Membership Group Updates

Natasha Vos, UNC-Asheville



North Carolina Diabetes Advisory Council



Process

1. Read through membership sections of the bylaws
2. Discussed our understanding of what it means to be a member and if that is in alignment with direction of DAC
3. Drafted a separate document that outlines expectations of membership
4. Reviewed list of current members and affiliate organizations



Changes to the by-laws

- Majority of suggested changes are related to changing language from stakeholders to collaborators ([stakeholders language](#))
- Other changes include changing “removal” to “involuntary termination” and similar language adjustments



Membership Expectations

Expectations of Members:

1. Attend a minimum of 2 meetings (out of 3) annually, in-person or virtually, and vote on matters brought forward
2. All current members will be expected to participate in one or more of the following:
 - a. committee/workgroup
 - b. Arrangement of or present to the NC DAC at a meeting
3. Serve as a sponsor to a new member and provide a brief orientation to the NC DAC
4. Communicate with the co-chairs if there is any change in affiliation





Membership Expectations: Onboarding

- Onboarding of New Members
- Upon acceptance of membership, new members:
 - a. Will commit to attending a minimum of 2 meetings (out of 3) annually upon selection of membership
 - b. Be paired with an existing member who will serve as a sponsor. Sponsors can be chosen by new members or assigned by leadership
 - c. Review the bylaws and attend a brief orientation meeting with their sponsor



Membership Expectations: Retention

- Retention of Membership:

All members will serve for three year terms. At the end of the three year term, an NC DAC representative will reach out to confirm renewal of membership. If a member decides to leave the NC DAC, they will notify the co-chairs of the NC DAC by email. If a member is a part of a membership organization, they will nominate a replacement prior to their departure for the approval of the membership committee.





Representation

- NC Office of Minority Health and Health Disparities
- Representatives of organizations focused on diabetes prevention and management (community coalitions, community health workers, etc.)
- NC Quality Improvement Organization
- Faith-Based Organizations
- NC Office of Rural Health
- PPOD+A groups: Pharmacy, Podiatry, Optometry, Dental and Audiology
- Person(s) with Diabetes- we have several current members who have diabetes, but worth considering having a community member who can provide perspective outside of the healthcare field





What's next?

We need your assistance!

- Review DAC membership list for your current position and affiliations
 - If there are changes to be made please email Corissa Payton corissa.payton@dhhs.nc.gov.
- Read through proposed changes to the bylaws and membership expectations
- Connect with membership subgroup if there are individuals who are members of the identified groups that you would like to invite





North Carolina Diabetes Advisory Council

Upcoming DAC Meetings

Friday, October 11, 2024

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

Virtual Option Available

diabetesnc.com/diabetes-advisory-council



North Carolina Diabetes Advisory Council