



**Newsletter** | January 2025



## From the Desk of Our Co-Chairs

Greetings DAC membership!

I wanted to take a moment to wish our membership a Happy New Year! As we prepare for 2025, I look ahead at what we have to share and ways we can make a difference in the lives of people living with diabetes. This year, I ask you to be our shepherds!

We have a new Guide (our 3rd Edition), which can be accessed here: [North Carolina's Guide to Diabetes Prevention and Management, 3rd Edition – Diabetes NC](#). Please take the time to share this with list serves where you professionally network.

Additionally, there is no time like the present to build our membership and diversify our audience at our quarterly meetings! Please share our link to membership interest so that all aspect of the diabetes care team are represented and all voices are heard: [DAC Membership Interest Survey](#)



Lastly, please share this newsletter! Use it as a way to share our resources and encourage use of the website, our guide and to learn more about the DAC!

**Joanne Rinker MS, RDN, BC-ADM, CDCES, LDN, FADCES**

*DAC Co-Chair*

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### **Welcome Our New Co-Chair: Dr. Susan Spratt**

Susan E. Spratt is a Professor of Medicine in the Division of Endocrinology, Metabolism, and Nutrition and Professor of Family Medicine and Community Health at Duke School of Medicine. She is also the senior medical director for the Duke Population Health Management Office.

In her 25 years at Duke, she has developed the Lien-Spratt nomogram for intravenous insulin titration, served as medical director of the Duke Endocrine clinic, the physician lead for the Durham Diabetes Coalition, and program director for the Duke Diabetes Initiative, implemented systematic screening for social drivers of health across the health system, and after visiting Verona, Wisconsin 7 times, has created countless order sets and clinical decision support tools in Epic, an electronic health record.

She is passionate and considers all pathways to educate as many people as possible about diabetes care. She is excited and honored to serve as co-chair of the NCDAC in 2025!

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## **Diabetes Advisory Council Winter Meeting**

Friday, February 7, 2025, 9:30 am – 12:30 pm

In-person and Virtual Attendance Options

The McKimmon Center for Extension and Continuing Education

1101 Gorman Street, Raleigh, NC 27606

[RSVP Here](#)

[Virtual Meeting Link](#)

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## **The North Carolina's Guide to Diabetes Prevention and Management, 3rd Edition**

# North Carolina's Guide to Prevention and Management of Diabetes **3rd Edition**



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

*North Carolina's Guide to Prevention and Management of Diabetes, 3rd Edition, serves to inform about diabetes in North Carolina, provide prevention and management strategies for individuals, and offer targeted recommendations for community groups, employers, and healthcare providers to manage diabetes and minimize complications.*



Access *North Carolina's Guide to Prevention and Management of Diabetes, 3rd Edition*, to discover strategies for alleviating the impact of diabetes in North Carolina.

[diabetesnc.com/guide](https://diabetesnc.com/guide)



The North Carolina's Guide to Diabetes Prevention and Management, 3rd Edition is live!

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.

You can download your copy [here](#).

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## The American Diabetes Association Releases Standards of Care in Diabetes—2025



# Diabetes Care.

JANUARY 2025 | VOLUME 48 | SUPPLEMENT 1

DIABETESJOURNALS.ORG/CARE



## Standards of Care in Diabetes 2025

 American  
Diabetes  
Association®  
ISSN 0149-5992

The American Diabetes Association® has released the [Standards of Care in Diabetes—2025](#), the authoritative evidence-based guidelines for diagnosing and managing diabetes and prediabetes. Click the [link](#) to access a brief overview of the key updates and the updated document.

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### Reader's Corner

The **Reader's Corner** is a space to share articles and resources provided by DAC members. If you'd like to contribute to the next DAC newsletter, please reach out to Dominique Ashley at [dominique.ashley@dhhs.nc.gov](mailto:dominique.ashley@dhhs.nc.gov). We look forward to your submissions!

**38 years and counting: UNC HPDP awarded CDC funding as a Prevention Research Center**

"The Center for Health Promotion and Disease Prevention (HPDP) at the University of North Carolina at Chapel Hill has received a five-year competitive renewal grant from the Centers for Disease Control and Prevention (CDC). The grant will strengthen HPDP's infrastructure supporting a broad range of community engaged prevention research addressing health disparities. The Center's core research project will address the challenge of scaling up Diabetes Self-Management Education and Support (DSMES) programs more equitably to those at highest risk, including people of color, people with lower incomes, and those living in rural areas. With this grant, HPDP will maintain its standing as a CDC Prevention Research Center (PRC), the only center in the country to have been continuously funded since 1986.

"As the CDC funded state health department agency for diabetes education, management and prevention, the Community and Clinical Connections for Prevention and Health (CCCPH) Branch is excited that HPDP will continue to be the CDC Prevention Research Center in NC," said Tish Singletary, head of the CCCPH branch at the North Carolina Department of Health and Human Services."

You can continue reading the article [here](#).

## Developing an Innovative Approach to Program Referrals Within a State Health Department

### Developing an Innovative Approach to Program Referrals Within a State Health Department

Melissa Papadopoulos, MSW, Stacey Burgin, MA, Meg Sargent, Tish Singletary, MA  
North Carolina Division of Public Health, Chronic Disease and Injury Section, Community and Clinical Connections for Prevention and Health Branch (CCCPH)

#### Background

National data suggests that adults with prediabetes who adopt healthy lifestyle changes and complete the National Diabetes Prevention Program (National DPP) can decrease their risk of developing Type 2 diabetes by up to 58%. An estimated 38% of US adults had prediabetes<sup>1</sup> and 12.7% of the adult population in North Carolina reported receiving a diagnosis of prediabetes by a health professional.<sup>2</sup>

**2018:** CCCPH received award from Centers for Disease Control (CDC) to explore and test innovative ways to eliminate barriers to participation and retention in National DPP. CCCPH established the DPP Navigator (DPPNAV) referral service to streamline referrals to the National DPP sites and to increase enrollment into National DPP. The role of the DPPNAV was to:

- Increase awareness of prediabetes,
- Engage health care providers in screening, testing, and referral processes for National DPP, and
- Increase referrals to and enrollment in National DPP across all 100 counties.

**2019:** NC became the first state to pilot the Bright Spot Initiative (BSI), a collection of patients implementing a collective impact approach (including marketing/advertising/promotion) to increase enrollment in National DPP. States that are awarded show high promise of DPP enrollment.

**2021:** NC worked with the CDC and the American Medical Association (AMA) to meet a goal of enrolling 50,000 individuals in the National DPP by 2023.

#### Program Description

CCCPH created a robust bi-directional referral process, that would track referral/enrollment status, participation progress throughout the program, and report status updates back to the referring provider.

##### DiabetesFreeNC DPP Referral Process

To facilitate efficient communication between the DPPNAV, DPP sites, and referring providers, while adhering to CDC and NC DHHS regulations for secure transmission of personal health information (PHI), the secure communication methods selected included encrypted email, fax, and NCCARE360.

A HIPAA-compliant office was constructed, and functioned as a call center where staff would reach out to clients to identify the best National DPP class options for them. Three dedicated staff members were hired as DPP Navigators, including a bilingual Navigator to assist Spanish-speaking clients. All Navigators received training as National DPP lifestyle coaches to ensure they provided accurate information to clients and providers. Procedures were standardized and documented in a handbook to maintain consistency. Scripts and communication templates were developed to ensure uniform messaging across different channels and when talking to clients. The DiabetesFreeNC (DFNC) toolkit, was created and distributed at conferences to healthcare providers and sent to providers via mailings. This toolkit included a CDC prediabetes risk test, National DPP referral forms, informational sheets, and promotional materials. DiabetesFreeNC.com launched, offering an interactive map of National DPP sites in North Carolina and housing the virtual DFNC toolkit.

##### Implications for Policy and Practice

- Organizations that do not typically provide direct services but have a broad community reach can adopt similar models to facilitate referrals and connections to services.
- This type of navigator program offers an alternative primary prevention strategy for state health departments and other regional public health entities.
- Partnerships between federal and state agencies and professional organizations can strengthen community-clinical linkages and offer additional tools for increasing knowledge about lifestyle change program resources among front-line medical providers.

#### Lessons Learned

##### Program Strengths:

- DPPNAV team met bi-weekly to strategically improve quality of the service.
- Successful referral and enrollment of hundreds (total number TBD) of North Carolinians with prediabetes into a DPP.
- Increased communications between:
  - HealthCare Providers (HCPs) helped to improve the provider's understanding of DPP and similar programs.
  - DPP sites bolstered relationships between CCCPH and DPPs statewide.

##### Challenges:

- Clients lingered on long wait lists in regions with no or limited National DPP availability.
- Targeted mailings of DFNC toolkits were sent to areas with low provider referral rates. However, there was no significant increase in referral rate from those areas.
- Outreach calls left patients confused and unwilling to participate when they were unaware of provider referrals. Efforts were made to provide TA to providers' front-end staff, which helped to increase patient referral and participation in DPP.

##### Moving Forward:

- Efforts to increase program availability in areas high in referrals, low in service.
- Provider education must be a high priority, as many clients dismissed Navigator's calls as telemarketers. Clients who were educated on prediabetes and National DPP by providers were more receptive to DPPNAV.


www.DiabetesFreeNC.com

The Community and Clinical Connections for Prevention and Health Branch (CCCPH), part of the NC Division of Public Health under NC DHHS, operated a Diabetes Prevention Program (DPP) Navigator service from 2019 to 2024. While referral and enrollment data are still being collected and analyzed, the



implemented process and the connections fostered by the navigator service, which has been successful. The poster, "Developing an Innovative Approach to Program Referrals Within a State Health Department," highlights the development of the navigator service, aiming to inspire other organizations to adopt similar services to help patients navigate referrals to various programs.


## Prominent Cost Factors that Influence American Diabetes Device Usage



### Prominent Cost Factors that Influence American Diabetes Device Usage

Webb, S.D.

School of Nursing, Clinical Research, University of North Carolina Wilmington



#### Study Purpose

Diabetes diagnoses among Americans are increasing at an alarming rate. This increase in diagnosis rates propels the need for modern diabetes device usage to supplement successful diabetes management. This study will analyze the impact of modern diabetes device cost on device usage rates. It is hypothesized that expensive cost perceptions of diabetes technology influences device usage rate amongst African American individuals with diabetes the most. This study used survey information adapted from the Perceptions and Understanding of Diabetes Mellitus Technology in Adults with Type 1 or Type 2 DM: A Pilot Survey from Pakistan to assess barriers and benefits of using modern diabetes technology and traditional diabetes technology. This study displayed those participants who perceived devices as cheap expressed the most significant differences. However, more analysis will need to be performed due to sample size limitations.

#### Study Objectives

To evaluate the understanding of costs regarding diabetes technology in adults with diabetes in the United States.

#### Study Recruitment

This study was conducted virtually across the United States. Recruitment for participants occurred through snowball sampling via word of mouth and requesting participants to share the survey with social circles (Instagram, LinkedIn, and Facebook), diabetes patient advocacy groups, diabetes clinics and email lists (JDRF (previously known as the Juvenile Diabetes Research Foundation), Diabetes Patient Advocacy Coalition (DPAC), Diversity in Diabetes (DiD), The Diabetes Link, Diabetes Research Institute, American Diabetes Association (ADA)). This study was also presented at the Type One Nation Diabetes Summit hosted by JDRF at North Carolina Agricultural and Technical State University and shared with representatives from the Duke Diabetes Initiative and the Joslin Diabetes Research Center. A sample size of 260 participants across the United States were analyzed for this study.

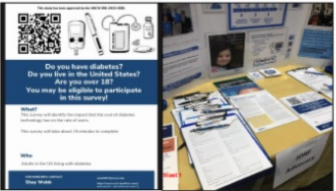


Figure 1. Flyer shared through social media and in-person effect insert 1. Advocacy table where survey was shared at JDRF Summit

#### Methods

This cross-sectional study will identify the impact diabetes technology costs has on adults' modern diabetes technology usage using an anonymous survey instrument. The elements used in the anonymous survey were race, device usage and cost perspective's impact on modern technology usage. Device perception was analyzed using an ANOVA test on the Intellect statistical software. The independent variables for this study were the 4 Likert style perception questions (Improves Diabetes Care, Too expensive, Cheap, Affordable). The dependent variables for this study were race and number of devices used by survey participants with diabetes.

#### Analysis

##### Improves Diabetes Care

The results of the ANOVA were not significant (NS), indicating the differences in the perception that diabetes technology improves diabetes care among race and number of management devices were all similar. The means and standard deviations of the Likert question responses are presented in Table 1.

##### Too expensive

The results of the ANOVA were NS, indicating the differences in the perception that diabetes technology is too expensive among race and number of management devices were all similar. The means and standard deviations of the Likert question responses are presented in Table 2.

##### Affordable

The results of the ANOVA were NS, indicating the differences in the perception that diabetes technology is affordable among race and number of management devices were all similar. The means and standard deviations of the Likert question responses are presented in Table 3.

##### Cheap

The results of the ANOVA were NS, indicating the differences in the perception that diabetes technology is cheap among race and number of management devices were all similar. The main effect, race was NS, indicating there were no significant differences in the perception that diabetes technology is cheap by race. The main effect, number of management devices was significant,  $p = .040$  indicating there were significant differences in the perception that diabetes technology is cheap by number of management devices. The means and standard deviations of the Likert question responses are presented in Table 4.

#### Analysis Plan

Descriptive study data was used to collect participant responses through an online survey using Qualtrics XM. An ANOVA statistical test analyzed each of the 4 Likert-style questions regarding diabetes patients view on if diabetes technology improved diabetes care, is too expensive, affordable or cheap. The ANOVAs tested if there was a significant difference between diabetes device perception, number of devices used and race. The diabetes patient Likert-style responses were coded on a scale 1 (Strongly disagree) to 5 (Strongly agree) (See Table 1). The ANOVA was examined based on an alpha value of .05. Quantitative analysis identified p-values to determine statistical significance of the data. Descriptive statistics determined the mean, standard deviation, etc. of the survey responses.

#### Results

Improves Diabetes Care	Mean	SD	N
Black or African American	2.17	1.25	10
White or Caucasian	2.27	1.21	2
Latino or Hispanic	2.12	1.22	2
Asian	2.12	1.22	2
Other	2.12	1.22	2
1 device	2.12	1.22	2
2 devices	2.12	1.22	2
3 devices	2.12	1.22	2
4 devices	2.12	1.22	2
5 devices	2.12	1.22	2
6 devices	2.12	1.22	2
7 devices	2.12	1.22	2
8 devices	2.12	1.22	2
9 devices	2.12	1.22	2
10 devices	2.12	1.22	2
11 devices	2.12	1.22	2
12 devices	2.12	1.22	2
13 devices	2.12	1.22	2
14 devices	2.12	1.22	2
15 devices	2.12	1.22	2
16 devices	2.12	1.22	2
17 devices	2.12	1.22	2
18 devices	2.12	1.22	2
19 devices	2.12	1.22	2
20 devices	2.12	1.22	2
21 devices	2.12	1.22	2
22 devices	2.12	1.22	2
23 devices	2.12	1.22	2
24 devices	2.12	1.22	2
25 devices	2.12	1.22	2
26 devices	2.12	1.22	2
27 devices	2.12	1.22	2
28 devices	2.12	1.22	2
29 devices	2.12	1.22	2
30 devices	2.12	1.22	2
31 devices	2.12	1.22	2
32 devices	2.12	1.22	2
33 devices	2.12	1.22	2
34 devices	2.12	1.22	2
35 devices	2.12	1.22	2
36 devices	2.12	1.22	2
37 devices	2.12	1.22	2
38 devices	2.12	1.22	2
39 devices	2.12	1.22	2
40 devices	2.12	1.22	2
41 devices	2.12	1.22	2
42 devices	2.12	1.22	2
43 devices	2.12	1.22	2
44 devices	2.12	1.22	2
45 devices	2.12	1.22	2
46 devices	2.12	1.22	2
47 devices	2.12	1.22	2
48 devices	2.12	1.22	2
49 devices	2.12	1.22	2
50 devices	2.12	1.22	2

Too expensive	Mean	SD	N
Black or African American	2.17	1.25	10
White or Caucasian	2.27	1.21	2
Latino or Hispanic	2.12	1.22	2
Asian	2.12	1.22	2
Other	2.12	1.22	2
1 device	2.12	1.22	2
2 devices	2.12	1.22	2
3 devices	2.12	1.22	2
4 devices	2.12	1.22	2
5 devices	2.12	1.22	2
6 devices	2.12	1.22	2
7 devices	2.12	1.22	2
8 devices	2.12	1.22	2
9 devices	2.12	1.22	2
10 devices	2.12	1.22	2
11 devices	2.12	1.22	2
12 devices	2.12	1.22	2
13 devices	2.12	1.22	2
14 devices	2.12	1.22	2
15 devices	2.12	1.22	2
16 devices	2.12	1.22	2
17 devices	2.12	1.22	2
18 devices	2.12	1.22	2
19 devices	2.12	1.22	2
20 devices	2.12	1.22	2
21 devices	2.12	1.22	2
22 devices	2.12	1.22	2
23 devices	2.12	1.22	2
24 devices	2.12	1.22	2
25 devices	2.12	1.22	2
26 devices	2.12	1.22	2
27 devices	2.12	1.22	2
28 devices	2.12	1.22	2
29 devices	2.12	1.22	2
30 devices	2.12	1.22	2
31 devices	2.12	1.22	2
32 devices	2.12	1.22	2
33 devices	2.12	1.22	2
34 devices	2.12	1.22	2
35 devices	2.12	1.22	2
36 devices	2.12	1.22	2
37 devices	2.12	1.22	2
38 devices	2.12	1.22	2
39 devices	2.12	1.22	2
40 devices	2.12	1.22	2
41 devices	2.12	1.22	2
42 devices	2.12	1.22	2
43 devices	2.12	1.22	2
44 devices	2.12	1.22	2
45 devices	2.12	1.22	2
46 devices	2.12	1.22	2
47 devices	2.12	1.22	2
48 devices	2.12	1.22	2
49 devices	2.12	1.22	2
50 devices	2.12	1.22	2

Affordable	Mean	SD	N
Black or African American	2.17	1.25	10
White or Caucasian	2.27	1.21	2
Latino or Hispanic	2.12	1.22	2
Asian	2.12	1.22	2
Other	2.12	1.22	2
1 device	2.12	1.22	2
2 devices	2.12	1.22	2
3 devices	2.12	1.22	2
4 devices	2.12	1.22	2
5 devices	2.12	1.22	2
6 devices	2.12	1.22	2
7 devices	2.12	1.22	2
8 devices	2.12	1.22	2
9 devices	2.12	1.22	2
10 devices	2.12	1.22	2
11 devices	2.12	1.22	2
12 devices	2.12	1.22	2
13 devices	2.12	1.22	2
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46 devices	2.12	1.22	2
47 devices	2.12	1.22	2
48 devices	2.12	1.22	2
49 devices	2.12	1.22	2
50 devices	2.12	1.22	2

Cheap	Mean	SD	N
Black or African American	2.17	1.25	10
White or Caucasian	2.27	1.21	2
Latino or Hispanic	2.12	1.22	2
Asian	2.12	1.22	2
Other	2.12	1.22	2
1 device	2.12	1.22	2
2 devices	2.12	1.22	2
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8 devices	2.12	1.22	2
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46 devices	2.12	1.22	2
47 devices	2.12	1.22	2
48 devices	2.12	1.22	2
49 devices	2.12	1.22	2
50 devices	2.12	1.22	2

Note: A "\*" indicates the sample size was too small for the statistic to be calculated.

#### Conclusions

- The data did not support the hypothesis that expensive cost affects African Americans the most. In contrast cheaper cost had a greater effect on African Americans as it was associated with the use of more diabetes management devices and positive perception of diabetes care improvement. (2)
- There is still a disparity in device distribution amongst races. Per Tables 1-4, approximately 150 White or Caucasian participants reported using 3 devices in comparison to African Americans who held an average of approximately 30. Previous data supports that technology improves diabetes control, however with inequitable usage promotes inequitable diabetes care. (2)(3)
- The only statistically significant data point observed included the number of management devices used by the perception that diabetes technology is cheap. This contrasts to the historically inequitable income amounts between races. Previous data attributes the inequities to underrepresented persons with diabetes feeling like they did not have a choice. (4)

References Cited

1. Holmes, S., Hobbins, L., Nelson, S. Perceptions and understanding of diabetes technology in adults with Type 1 or Type 2 DM. *Journal of Diabetes Research*. 2017; 2017:1-10. doi:10.1155/2017/1017101.
2. Holmes, S., Hobbins, L., Nelson, S. Perceptions and understanding of diabetes technology in adults with Type 1 or Type 2 DM. *Journal of Diabetes Research*. 2017; 2017:1-10. doi:10.1155/2017/1017101.
3. Holmes, S., Hobbins, L., Nelson, S. Perceptions and understanding of diabetes technology in adults with Type 1 or Type 2 DM. *Journal of Diabetes Research*. 2017; 2017:1-10. doi:10.1155/2017/1017101.
4. Holmes, S., Hobbins, L., Nelson, S. Perceptions and understanding of diabetes technology in adults with Type 1 or Type 2 DM. *Journal of Diabetes Research*. 2017; 2017:1-10. doi:10.1155/2017/1017101.

## Expanding Health Equity: The Impact of Health Extension for Diabetes (HED)



HEALTH EXTENSION  
FOR DIABETES  
CLEMSON® UNIVERSITY

Health Extension for Diabetes (HED) is a practice tested diabetes support program, recognized by the American Diabetes Association (ADA). Developed by Clemson University Cooperative Extension, the HED programming recently expanded into North Carolina as part of the Centers for Disease Control-funded Advancing Health Equity in Diabetes cooperative agreement. Participants in the HED program attend bi-weekly education sessions, delivered either in person or virtually by Family and Consumer Science (FCS) Agents working in local NC Cooperative Extension offices. In these hour-long sessions, FCS Agents help participants create action plans to help promote behavior change. Follow up contact occurs with the participants weekly, either by phone or email, to help problem solve and overcome barriers for behavior changes. The HED program is unique in that it

leverages clinical partnerships with health care providers who provide diabetes care, such as certified diabetes care and education specialists (CDCES). The CDCES partner leads a HED session focused on medication and self-monitoring and lends their expertise to participants by answering diabetes related questions outside of the scope of FCS Agents, referred to as “Ask it Basket”.

In late June 2024, the first HED cohorts were delivered in 3 high-priority rural NC counties (Bertie, Hertford, and Northampton counties). The initial HED cohorts were successful, with 18 participants graduating from the program. As part of HED programming, rigorous data was collected both pre- and post-program. Several participants reported improvements in diabetes self-management behaviors, such as weight loss, reduction in medication dose, and lowering A1c.

New HED cohorts will begin early 2025 with a goal of impacting at least 75 participants each year to help promote diabetes self-management skills in the community. You can learn more about the HED program on our website, [Health Extension For Diabetes \(HED\) Program](#)

## Upcoming Events

The events listed below are not hosted or sponsored by the NC DAC. They were shared by DAC members for inclusion in the newsletter. If you'd like to submit an event for the next newsletter (pending approval by the co-chairs), please contact Dominique Ashley at [dominique.ashley@dhhs.nc.gov](mailto:dominique.ashley@dhhs.nc.gov).



**Social Determinants of Health**  
**Super Saturday**

**AmeriHealth Caritas North Carolina**  
**United Way United Way of Onslow County**  
**OHLA Onslow Hispanic/Latino Association**

**At no cost to attend**  
**Narcan Training**  
**Health Screenings**  
**Food Trucks**

**Information & Resources on:**  
\*Opioids & Substance Abuse  
\*Re-entry \*Housing \*Financial Aid  
\*Bi-lingual Services \*Education  
\*Mental Health \*Employment  
\*Legal Services \*Food Insecurity  
\*Veteran Services

Onslow, Jones, Lenoir, Pamlico, Duplin, Carteret and Craven Counties

**DATE:** Sat. Jan. 25, 2025  
**TIME:** 11 a.m. - 2 p.m.

**Where:**  
First Missionary Baptist Church  
153 Broadhurst Rd.  
Jacksonville, NC 28540

Register at [www.bit.ly/acncsdohjan](http://www.bit.ly/acncsdohjan) or scan the QR code.



For any questions, please contact Njoie directly at [ncook1@amerihealthcaritasnc.com](mailto:ncook1@amerihealthcaritasnc.com) or **704-380-7686**.

Seeking organizations interested in attending and sharing resources, as well as presenting information on supporting community residents in addressing Social Determinants of Health. All organizations are welcome, especially those serving Onslow, Jones, Lenoir, Pamlico, Duplin, Carteret, and Craven counties. This event is free and open to the public. To register, please visit the following [link](#).



**EatWell Exchange Presents...**  
**HERITAGE FOR HEALTH**  
**12-WEEK CULINARY NUTRITION PROGRAM**  
focused on foods of the african diaspora  
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**FRUIT OF LABOR WORLD CULTURAL CENTER**

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