Diabetes Prevention Programs (DPP)

Coalition Guidance & Frequently Asked Questions



Purpose

The purpose of the Diabetes Prevention Program coalitions is to discuss, coordinate, and organize how you will scale and sustain the number of Diabetes Prevention Programs in your region.

Frequently Asked Questions

The section below describes responses to frequently asked questions. This is not an all-inclusive list. Please contact Yvonne Garton at <u>Yvonne.Garton@dhhs.nc.gov</u> with any questions that may need to be added to this document.

1. Q: How should we form our coalitions?

A. You may create a new coalition or use an existing coalition. It is important to note that whichever decision you choose, **at least one** member from each of the CDC recommended groups should be represented on your coalition. If there is a group that already meets, you may want to think about modifying or strengthening an existing group that can dedicate time on their agenda for strategic thinking around diabetes prevention.

2. Q: What are the CDC recommended groups we should have represented in our coalitions?A: Please see below for the categories and specific organizations recommended by CDC as participants in your Diabetes Prevention coalitions. (You do not have to start off with all of these folks—just work up to it.)

Business	Health Systems
 Public (state and local) insurers Private insurers Public employers Private employers 	 •HMOs •FQHCs •Rural Health Centers •Health plans •ACO's •Independent Physician Associations •Indian Health Service or Tribal Clinics •Hospital Systems w/large primary care systems •Health Center Controlled Networks •Local government that provides clinical care •Association representing medical professionals •Physician champions •Pharmacies •DSME programs •QIOsQINs
National DPP	Government
 Recognized programs Lifestyle coaches Successful graduates 	•Local CCNC •Local DOT •WISEWOMAN •WIC
Community	Philanthropy
Food Banks and food pantriesCooperative extension	Non-profit organizationsVolunteer organizations

- •AHEC
- Pedestrian Advisory Councils
- •Education/colleges and universities

North Carolina Diabetes Prevention Program Coalition Guidance Page 1 of 2 rev 05.3.16 3. Q: How should we use the maps?

A: The maps should be used to assist with DPP capacity building by identifying areas in your Region of high prediabetes burden without a DPP, and connecting with organizations in those areas to determine if there is program potential.

- 4. Q: How often should our coalition meet?A: Your coalition should meet at least quarterly.
- 5. Q: Are we expected to maintain the coalition after the ODHDSP grant ends? A: Yes. You should form your coalition with the intent on maintaining it after the ODHDSP grant ends.
- 6. Q: Are we required to attend the North Carolina Diabetes Advisory Council (DAC) meetings? A: The regional Health Systems Coordinators will be invited to attend the DAC meetings and report any updates to their coalitions.
- 7. Q: What are we required to submit?
 - A. You are required to submit the following documents:
 - a. Annual coalition assessment
 - b. Summary of the coalition assessment results
 - c. Meeting agendas
 - d. Summary of meeting discussion
 - e. List of your coalition members
- 8. Q: How will we submit our documents?

A: Your documents will be submitted as an attachment to your monthly reports. The ODHDSP Monthly Diabetes Reports Link: <u>https://communityandclinicalconnections.formstack.com/forms/odhdspdiabetesmonthlyreporting</u>

- Q: What materials are available to direct our coalition efforts?
 A: You may share <u>North Carolina's Guide to Diabetes Prevention and Management</u> with your coalitions and use the strategies to focus your coalition's efforts.
- 10. Q: Where can we report our coalition successes?
 - A: There are three ways you may report your successes.
 - a. You may send an email to Yvonne Garton at <u>Yvonne.Garton@dhhs.nc.gov</u>
 - b. You may enter it directly on the http://diabetesnc.com/website
 - c. You may include it in your monthly report.