



## EXPANDING ACCESS TO DIABETES PREVENTION AND MANAGEMENT FOR RURAL NORTH CAROLINIANS

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- ❖ Diabetes rates among North Carolinians have almost doubled since the 1990s, making diabetes the seventh-leading cause of death in North Carolina.
- ❖ Diabetes rates are the highest in the Western counties of Swain (14.4%), Cleveland (13.2%), and Surry (13.1%).
- ❖ North Carolina faces stark disparities in diabetes rates among geographic regions. In 2012, diabetes rates were as high as 11.1% in the Western and Eastern regions, compared to 9.9% in the Piedmont region.
- ❖ Rural North Carolinians also face special challenges relating to provider shortages, transportation and access to healthy food and space for physical activity.

### What can rural North Carolina do to expand access to diabetes prevention and management tools?

**1. Increase Recruitment of In-State Students into Medical Schools and Residency Programs:** In general, students are more likely to practice in the state in which they complete medical school and are even more likely to remain in the geographic area in which they complete their medical residency programs. Accepting more in-state residents to NC medical schools and residency programs as well as permitting students to bypass the residency application process and enter directly into residency programs in rural areas of North Carolina would attract more students and potentially increase the number of providers practicing in these underserved areas.

**2. Expand Support for Evidence-Based Telemedicine:** Telemedicine is one promising opportunity to expand access to care for people who lack access to transportation or live in areas with provider shortages.

**Highlight: Project I See in North Carolina: Increasing Retinal Screening for People with Diabetes**  
Over 600,000 North Carolinians are at risk of losing their vision because of diabetic retinopathy, which is the leading cause of blindness in the United States. Project I See sought to increase the number of Medicaid patients receiving annual eye exams. Digital retinal screenings were performed in primary care offices and the images were sent to a centralized retinal photography reading center at Wake Forest School of Medicine. Out of the 1,688 patients involved in the study, 12% needed a referral to an ophthalmologist and 5% required urgent treatment. The study demonstrated that it was possible to use telemedicine to attain widespread retinal screening, which holds promise for rural and underserved areas of the state that lack of access to needed specialists.

**3. Fund Healthy Corner Store Initiatives and Transportation Improvements in Communities with Low Access to Healthy Food:** Many food deserts in North Carolina are located in rural communities. North Carolina can invest in transportation services and increase the selection of healthy foods sold in grocery and corner stores to help make it possible for residents to consume healthy diets.

**Highlight: States Leverage Medical Transportation for Pharmaceutical, and Grocery Visits**  
Both Washington and Georgia increased funding for their Medicare and Medicaid transportation services to incorporate stops at grocery stores in addition to medical appointments and pharmacy stops, making healthy food accessible for vulnerable rural residents with health care challenges.

### FOR MORE INFORMATION, CONTACT:

The Health Law and Policy Clinic, a division of The Center for Health Law and Policy Innovation