



ENDING HEALTH DISPARITIES FOR NORTH CAROLINIANS WITH DIABETES

Expanding access to diabetes prevention and management for all North Carolinians

- ❖ North Carolina faces stark disparities in diabetes rates among different racial and ethnic groups. In 2012, 14.5% of African-Americans and 19.0% of American Indians reported a diabetes diagnosis, compared to 9.7% of whites.
- ❖ Though diabetes prevalence increases with age for all racial groups, older African Americans are disproportionately affected by the disease. 28.1% of African Americans aged 55 to 64, and 36.3% of African Americans between the ages of 65 and 74 reported living with a diabetes diagnosis in 2012.
- ❖ Rural North Carolinians also face special challenges in preventing and managing diabetes. North Carolinians in the rural western and eastern parts of the state face particularly high rates of diabetes, as well as significant challenges relating to provider shortages, transportation and access to healthy food and space for physical activity

What can North Carolina do to reduce diabetes disparities?

1. Expand Support for Evidence-Based Telemedicine: Telemedicine is one promising opportunity to expand access to care for people who lack access to regular 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.

2. Support Increased Recruitment of Minorities into Medical and Nursing Schools: Research shows patients are much more likely to see providers of the same ethnic or racial background and are more likely to be satisfied with the care received. Minority providers are also more likely to practice in shortage areas. However, North Carolina faces a serious shortage of healthcare providers from minority groups. The state should increase support for agencies which work to increase diversity in the healthcare workforce, including the Office of Minority Health; the NC Health Careers Access Program; NC Area Health Education Centers; and the Office of Rural Health, among others.

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

FOR MORE INFORMATION, CONTACT:

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