2014 NORTH CAROLINA EXECUTIVE SUMMARY

PATHS

Providing Access to Healthy Solutions

The Diabetes Epidemic in North Carolina: Policies for Moving Forward

WRITTEN BY
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PREPARED BY THE CENTER FOR HEALTH LAW AND POLICY INNOVATION OF HARVARD LAW SCHOOL

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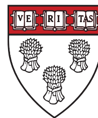
FOREWORD

The Center for Health Law and Policy Innovation:

The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) works to promote legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality health care and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.



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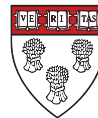

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History of the Report

The report is a product of CHLPI's Providing Access to Healthy Solutions (PATHS) project. PATHS is funded through *Together on Diabetes,*™ the flagship philanthropic program of the Bristol-Myers Squibb Foundation. Launched in November 2010, *Together on Diabetes*™ strives to improve the health outcomes of people living with type 2 diabetes in the United States by strengthening patient self-management education, community-based supportive services and broad-based community mobilization. Consistent with the Bristol-Myers Squibb Foundation's mission to promote health equity and improve health outcomes, this initiative targets adult populations disproportionately affected by type 2 diabetes.[1] *Together on Diabetes*™ partners include non-profits, universities, foundations, and associations, many of which provide direct services to people living with type 2 diabetes.[2]

PATHS brings a broad policy focus to the *Together on Diabetes*™ Initiative. The project works to strengthen federal, state, and local efforts to improve type 2 diabetes treatment and prevention through the development and implementation of strategic law and policy reform initiatives that can bolster these efforts.

The report was funded by the Bristol-Myers Squibb Foundation, which has no editorial control over the report's content. All analysis and recommendations are based on the PATHS team's independent research and discussions with state-based stakeholders.

Overview of the PATHS Initiative

The first phase of CHLPI's PATHS initiative began in the summer of 2012, with two state-level policy initiatives, in New Jersey and North Carolina. These two states were selected because of their diversity from one another and the opportunity to create federal-level recommendations based on the findings from these states. These states were also selected because other *Together on Diabetes*™ grantees were already working in both New Jersey and North Carolina, and these organizations would be able to utilize our policy guidance. In future years, the PATHS team will conduct a federal-level policy analysis based on the state-level findings and identify common state best practices.

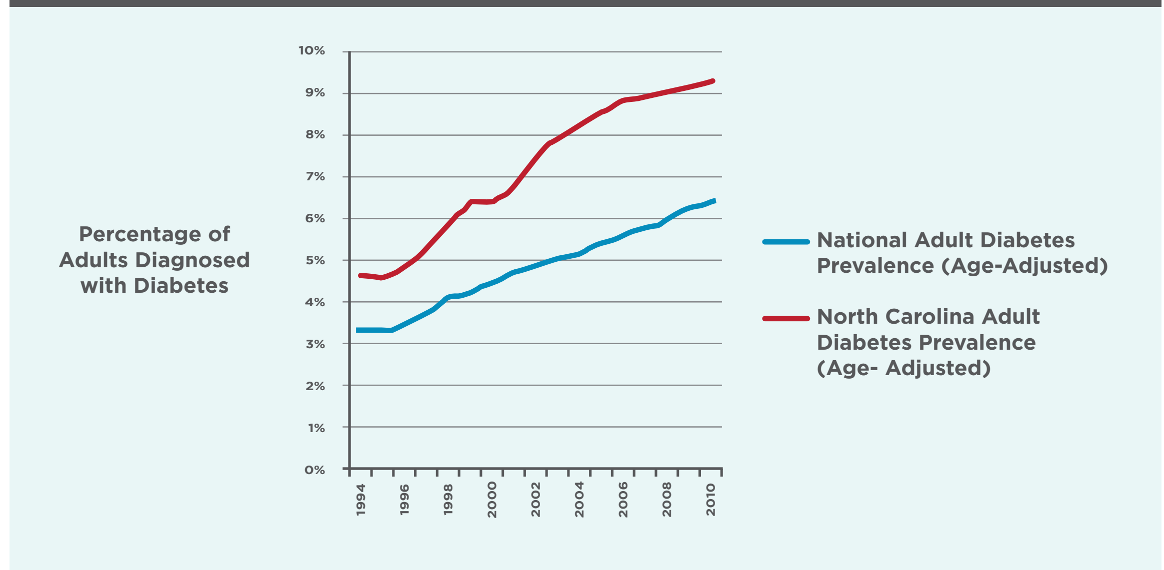
In order to gain a deep understanding of how the policies in New Jersey and North Carolina impact the prevention and treatment of type 2 diabetes, the PATHS teams conducted online research and interviewed *Together on Diabetes*™ grantees and other stakeholders in the states. The report focuses on North Carolina, with three main goals: (1) to describe the impact of type 2 diabetes in the state; (2) to promote discussion of the policies and programs in North Carolina that affect type 2 diabetes; and (3) to advance recommendations for how the state can improve its diabetes-related policies and programs to reduce the prevalence and consequences of type 2 diabetes for North Carolinians.

EXECUTIVE SUMMARY

According to recent data, people who develop type 2 diabetes can lose as many as 15 years of life.[3] Unfortunately, North Carolina faces one of the highest diabetes burdens in the country. The rate of diabetes among North Carolinians has almost doubled over the last 20 years. Diabetes is now the seventh-leading cause of death in North Carolina, with a disproportionate impact on African Americans and American Indians, for whom the disease is the fourth and third leading cause of death, respectively.[4]

This growing threat to the health of North Carolinians is also a threat to the state's economy, costing billions of dollars each year. If the epidemic stays its current course, diabetes is on track to cost the state's public and private sectors more than $17 billion per year in medical expenses and lost productivity by 2025.[5]

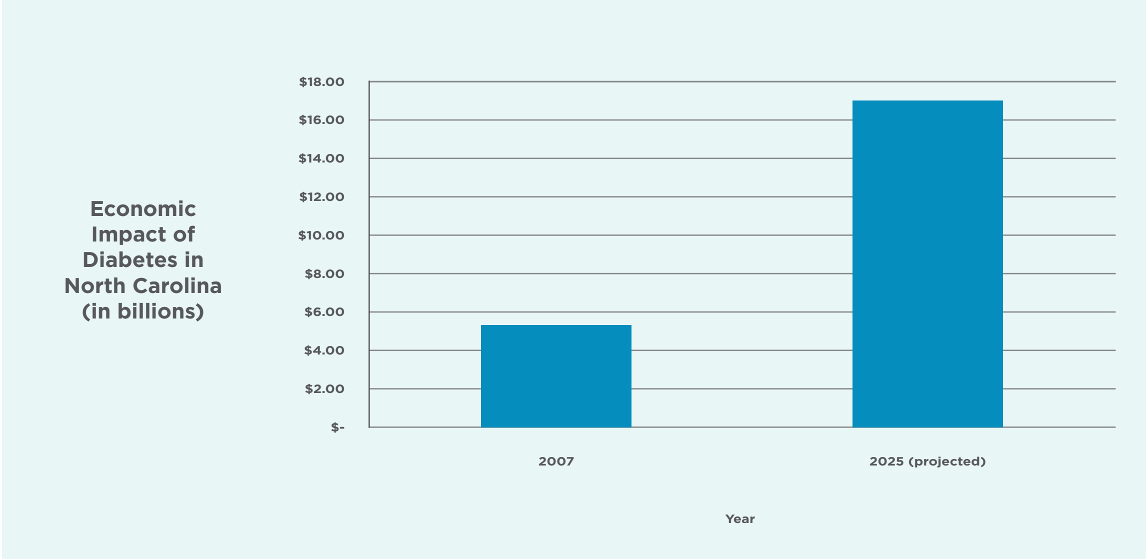
SHARP GROWTH IN DIABETES DIAGNOSES AMONG NORTH CAROLINIANS



The prevalence of diabetes in North Carolina is far higher than the national average, and is projected to increase in years to come.

Source: *Behavioral Risk Factor Surveillance System, 1994-2010*, CTRS. FOR DISEASE CONTROL AND PREVENTION

DIABETES COSTS IN NORTH CAROLINA WILL MORE THAN TRIPLE IF CURRENT TRENDS CONTINUE



North Carolina will lose billions of dollars per year to diabetes costs.

With such high stakes, the state must take significant steps to address the disease from every angle, attacking known risk factors for the disease at a population level and improving access to and quality of care for every individual living with type 2 diabetes.

Fortunately, North Carolina has already demonstrated its ability to mobilize and use policy to address numerous public health concerns, from child mortality to cardiovascular disease; the state can do the same with type 2 diabetes. From its strong private-public partnerships to its history of making smart investments in public health, North Carolina has the tools to stop diabetes in its tracks.

The report is intended to be a useful tool for North Carolina policymakers, government officials, providers, advocates, and others working to fight diabetes in the state. Through rigorous independent research and interviews with North Carolinians at the forefront of the fight against diabetes, the report first profiles notable successes that the state can seize upon to improve diabetes prevention and treatment. It then offers concrete policy recommendations that call for multipronged changes to the state's healthcare, nutrition, and physical activity landscapes, ranging from calls for new legislation to development of new diabetes-related task forces. Ultimately, the report strives to put forward practical policies that have the most potential to reduce the devastating human and financial toll of this epidemic on North Carolina. It is written for those who are committed to keeping the state on a secure and steady path of progress against type 2 diabetes through pursuit of evidence-based policy reforms.

Recommendations: A Summary

PART 1: THE TYPE 2 DIABETES LANDSCAPE IN NORTH CAROLINA

Part 1 of the report begins with an overview of the diabetes epidemic facing North Carolina, as well as information about North Carolina's healthcare, fiscal, economic, and legislative landscapes relevant to shaping diabetes policy. The heart of the report lies in Part 2 and Part 3, which examine how to improve diabetes prevention and treatment in the state. Part 2 focuses on needed reforms within the healthcare and public health sectors, and Part 3 discusses policies to improve food policy and the built environment.

PART 2: IMPROVING NORTH CAROLINA'S HEALTH CARE SYSTEM TO TREAT AND PREVENT DIABETES

Part 2 of the report suggests ways to improve North Carolina's healthcare system so that it is more efficient and effective for patients and other stakeholders affected by type 2 diabetes. The first chapter describes ideal models of diabetes care, while the subsequent chapters provide specific policy recommendations and analysis for how to improve diabetes treatment and prevention within the healthcare system.

Chapter 1: Building a Whole-Person Model of Diabetes Care

People with diabetes require a "whole person" model of care, which meets their physical, behavioral, and psychosocial needs, and addresses social determinants of health, such as availability of healthy food and opportunities to be physical active. An effective approach to managing diabetes will coordinate primary care, lifestyle modification and management, specialty care, and access to community resources. Chapter 1 describes the "whole person" care needs of people with diabetes and presents different coordinated care models currently operating in North Carolina, including patient-centered medical homes and Medicaid health homes. Chapter 1 also discusses several different payment systems, including case-management fees, bundled payments, and shared savings programs, and their potential application to diabetes care.

Chapter 2: Increasing Access to Needed Services for People with Diabetes

Diabetes management is complex and can be difficult for patients, particularly those who lack regular and dependable access to healthcare. Even for the fully insured, it can be challenging to make major changes in lifestyle, and adhere strictly to medication and blood glucose testing regimes. This section examines North Carolina's successes and challenges in providing necessary healthcare services for its residents living with type 2 diabetes, and offers recommendations for how to improve access to vital services, ranging from diabetes self-management to behavioral health treatment.

Goal	Selected Recommendations
Improve access to Diabetes Self Management Training (DSMT)[i]	Establish a statewide Diabetes Self Management Training Task Force to coordinate approaches to billing and reimbursement challenges; improve data collection and analysis of DSMT programs; increase collaboration across DSMT programs and providers; and promote culturally tailored approaches to reduce diabetes disparities. Encourage communication between community DSMT providers and physicians, potentially through establishing "gold seal" DSMT programs recognized for their greater capacity for information sharing. Develop strong DSMT care teams through alternative financing models, including providing separate case-management fees and continuing to develop shared savings programs and other pay-for-performance initiatives. Offer reimbursement incentives for clinical practices that provide evidence-based DSMT care. North Carolina Medicaid and other insurers can build upon incentives provided by existing programs. Support new or alternative methods of providing DSMT, such as through online programs, mobile transfer of data, and telemedicine. Expand access to health insurance for low-income people, either through the Medicaid expansion or through a "private option" waiver that allows low-income people to access the health insurance exchanges.
Strengthen Diabetes Prevention Programs	Reimburse Medicaid providers for evidence-based lifestyle interventions for people with prediabetes. Current reimbursement rules do not allow reimbursement for the Diabetes Prevention Program or similar interventions until the patient is diagnosed with diabetes, giving doctors fewer chances to prevent the costly and dangerous progression to full diabetes. Promote alternative care delivery and payment models, including bundled payment and shared savings models. Pay-for-performance initiatives can be integrated into the existing fee for service system. The state can also increase support for entities that currently aid clinical practices, including the North Carolina Area Health Education Centers and the Office of Rural Health. Increase funds for targeted, evidence-based prevention efforts. Some highlighted suggestions include an increase in the state's tobacco tax to finance diabetes prevention programs, as well as allotting state prevention funds specifically for the development of the state's diabetes and chronic illness action plans required by the legislature. See Part 2, Chapter 2 for a comprehensive list of suggestions. Extend postpartum Medicaid benefits beyond 60 days to ensure that women with gestational diabetes receive the follow-up care they need to avoid progressing to type 2 diabetes. Cut costs and improve availability of diabetes prevention programs by adapting these programs for online use. Expand access to health insurance for low-income people, either through the Medicaid expansion or through a "private option" waiver that allows low-income people to access the health insurance exchanges.

i There are a number of DSMT programs in North Carolina which go by different names, including the YMCA's Diabetes Self-Management Education Program (DSME) and the Stanford Diabetes Self-Management Program (DSMP). Programs are also offered in Medical Nutrition Therapy (MNT). For the sake of simplicity, these programs will be referred to as DSMT programs when discussed collectively.

Goal (cont.)	Selected Recommendations (cont.)
Mitigate Transportation Difficulties through Expansion of Telemedicine	Provide Medicaid coverage for remote patient monitoring for people with diabetes. Current state Medicaid rules allow reimbursement for interactive video consults, but not other innovative and effective approaches like remote patient monitoring. Encourage private health insurance coverage of telemedicine through outreach to insurers and publicizing successful telemedicine pilot programs in the state. Reimburse for digital retinal screening in Medicaid to reduce incidence of blindness in people with diabetes.
Expand Access to Durable Medical Equipment and Insulin	Provide assistance to help patients with copays and coinsurance to access insulin. Incentivize proper diabetes self-management by lowering the cost of testing supplies for patients who follow best-practices approaches to diabetes management. Expand access to health insurance for low-income people, either through the Medicaid expansion or through a “private option” waiver that allows low-income people to access the health insurance exchanges.
Improve Behavioral Health Services for People with Diabetes	Expand the use of telepsychiatry to better help rural or low-income patients with diabetes access behavioral health care cheaply and effectively. One promising option is to establish a network of on-call psychiatrists within the state who provide consultations to primary care providers. Incentivize providers and educators to incorporate behavioral health education into diabetes care. Potential options include increased reimbursement rates for diabetes education programs that discuss behavioral health and increasing Medicaid reimbursement levels for primary care doctors for basic behavioral health services, as well as for behavioral health providers who conduct training and consults with primary care doctors. Increase state support for measuring the implementation of a shared Medicaid case management system between primary and behavioral care management networks. Support efforts at integration of behavioral and physical health services for people with diabetes through options such as pay for performance incentives for providers who successfully integrate. The State should also increase support for entities such as the Office of Rural Health, North Carolina Area Health Education Centers, and the North Carolina Center for Excellence in Integrated Care, which offer providers and hospital networks technical and financial assistance to help them integrate their practices. Incentivize behavioral health providers to join the statewide Health Information Exchange through provision of financial incentives, similar to those available to physical health providers.

Chapter 3: Increasing Access to Providers for People with Diabetes

For people with or at risk for diabetes, a strong care team helps increase knowledge and skills as well as healthy behaviors. Physicians, nurses, nurse practitioners, physician assistants, pharmacists, community health workers, and other healthcare workers, all play central roles in helping patients understand the disease and develop the skills to manage it and prevent complications. North Carolina still faces several major challenges in ensuring access to an adequate supply of healthcare providers to treat people with diabetes, including provider shortages and lack of payment systems promoting comprehensive care teams.[6] This chapter highlights opportunities to enhance access to whole person diabetes care through reduction of provider shortages and utilization of diverse healthcare workers, including nurse practitioners, pharmacists, and community health workers, as members of care teams.

Goal	Selected Recommendations
Reduce the Healthcare Provider Shortage	Expand residency slots in North Carolina for medical school graduates, since studies show that doctors are more likely to continue practicing in the state where they completed residency. Expand the number of primary care nurse practitioners, since studies show that NPs provide effective treatment for people with diabetes. Bonuses for NPs working in underserved areas and increased salaries or flexible options for nursing professors would help increase supply of these vital providers. Target in-state residents for medical school and residency programs, since studies show that doctors are more likely to practice primary care in underserved areas of their home state. Some options include providing discounted rates for in-state residents or offering joint-programs that allow students to continue directly into residency programs from medical school. Incentivize providers to practice in primary care by maintaining the Affordable Care Act's increase in Medicaid reimbursement rates. Encourage minority recruitment into medical and nursing schools through a variety of initiatives (See Part 1, Chapter 3), since underrepresentation in the medical profession contributes to minority communities being underserved. Further examine North Carolina's scope of practice laws for nurse practitioners, since NPs are currently subject to strict physician oversight limitations.
Better Integrate Pharmacists into Diabetes Care Teams	Pilot a new Medicaid Medication Therapy Management (MTM) program. Alternately, re-implement Medicaid's previous MTM program, FORM. Further embed clinical pharmacists into North Carolina Medicaid. Expand the physician supervision limit for clinical pharmacists. Physicians are currently limited to supervising three pharmacists, and this limitation holds clinical pharmacists back from greater roles in diabetes care.
Strategically Employ Community Health Workers within Diabetes Care Teams	Provide greater financing for community health worker programs. Consider placing more CHWs into Medicaid health homes, patient-centered medical homes or accountable care organizations as potential sources of reimbursement. Adopt a standardized credentialing system which allows for reimbursement of CHWs but does not exclude existing CHWs by setting up unreasonable barriers, such as strict regulations and costs. More research needs to be done to determine what effect CHW credentialing has on access to care in underserved areas.

PART 3: DIABETES IN CONTEXT: CHANGING THE FOOD AND PHYSICAL LANDSCAPE TO SUPPORT HEALTHY LIVING

Part 3 addresses the environmental factors that exacerbate North Carolina's diabetes epidemic. In these chapters, the report confronts the affordability of nutritious food in North Carolina and discusses challenges to accessing healthy food in local communities. It describes the way North Carolina's built environment inhibits or encourages physical activity. It emphasizes the importance of widespread nutrition education in fighting the disease. Finally, the report suggests changes to the food environment for youth in childcare centers and schools that will enable a younger generation to avoid a type 2 diabetes diagnosis in the future.

Chapter 1: Economic Access to Healthy Food

Proper nutrition—an essential component of managing diabetes—depends critically on the ability to purchase food that makes up a healthful diet. However, many in North Carolina, particularly those in rural areas, struggle to afford nutritious food.[7] In order for low-income residents to have the means to purchase the food they need to lead a healthy life, North Carolina should work to increase participation in Food and Nutrition Services (FNS), which is North Carolina's SNAP program, and WIC. The state should also encourage farmers markets to accept EBT payments from FNS recipients.

Goal	Selected Recommendations
Improve Participation in the Supplemental Nutrition Assistance Program (North Carolina Food and Nutrition Services, or FNS)	Streamline public information about income eligibility and application requirements for FNS. Studies have shown that many state residents are underinformed about the program and do not realize they are eligible. Facilitate the FNS application process by opening Department of Social Services offices on nights and weekends, when individuals can apply without missing work. Equip farmers markets to accept EBT cards, enabling more low-income North Carolinians to purchase local fruits and vegetables.
Invest in scaling up state agency pilot programs that increase access to care for people with diabetes	Fund pilot program expansions through legislative action. Current pilot programs have demonstrated innovative and effective new ways to deliver care, but current funding levels do not allow successful programs to scale up.

Chapter 2: Geographic Access to Healthy Food

Compounding the challenge of economic access, lack of geographic access to nutritious food can also be problematic for those living with diabetes. Many North Carolinians live in food deserts, areas where people have limited access to fruits, vegetables, and other nutritious foods. More than 1.85 million residents have low access to a grocery store, almost 20% of the total state population.[8] North Carolina can combat this problem through a multi-faceted approach that aims to increase the supply of healthy food in these areas. In particular, the state should build on dialogue already in progress in the state legislature and introduce measures to increase the number of full-service grocery stores in low-access areas. Such measures could include creating tax incentives and financing options for stores willing to open in food desert areas. North Carolina can also encourage corner stores to stock more nutritious foods. The state can improve access to existing stores by investing in the infrastructure that allows people to easily walk and bike to stores, expanding public transportation options, and working with grocers to set up shuttle services.

Goal	Selected Recommendations
Increase the Number of Full-Service Grocery Stores in Low Access Areas	Pass legislation encouraging full-service grocery stores in low-access areas through tax incentives and financing options. Engage in health-conscious zoning and community planning within municipalities. Revised zoning or new community plans can ensure that grocery stores can easily locate in underserved areas, while fast food retailers do not continue to dominate poor and underserved neighborhoods.
Take Steps to Promote the Sale of Healthy Foods in Corner Stores	Provide funding to expand the Healthy Corner Store Initiative, a program that works to transform convenience stores into healthy food vendors.
Increase Options for Transportation to Healthy Food Vendors by Investing in Public Transit and Pedestrian Infrastructure	Invest in sidewalks and other pedestrian-friendly projects so that residents can walk to their local grocery store. Provide tax incentives to grocery stores that offer shuttle service to areas with low food access. Expand public transportation options as well as Medicaid/Medicare transport services to grocery stores.

Chapter 3: Physical Activity and the Built Environment

In addition to a healthy diet, physical activity is a key factor in diabetes prevention and control. The built environment in which people live and work plays an important role in determining their level of physical activity. The Department of Transportation and other agencies should incorporate health impact assessments into the decision-making process for new state projects. Additionally, the state should closely track the effects of the prohibition on using DOT funds for stand-alone pedestrian and bicycle projects on levels of physical activity throughout the state. Both the state and municipalities should take steps to encourage pedestrian-friendly development, along with parks, greenways, and other recreational areas. Finally, North Carolina should expand efforts to collect data on active transportation to give researchers a better picture of which projects are most cost-effective and will yield the largest health benefits.

Goal	Selected Recommendations
Increase Opportunities for Physical Activity by Investing in Infrastructure that Promotes Active Living	Monitor the effect of the Strategic Transportation Investment Act, which prohibits spending Department of Transportation (DOT) funds on stand-alone pedestrian and bicycle projects. At present, DOT funds cannot be used to improve a sidewalk or repair a bike lane unless it also benefits a vehicle thoroughfare. Make the impact on community health of proposed transportation projects a required part of decision-making with respect to transportation funding. New research shows that bike paths and sidewalks have significant potential to reduce health costs and decrease mortality rates. Require new subdivisions to construct sidewalks and bike accommodations in all development. Collect more data on pedestrian and cycling activity in order to enable accurate calculation of future savings in health care costs from pedestrian and cyclist-focused transportation projects.

Chapter 4: Nutrition and Cooking Education

Beyond having access to healthy food, people living with diabetes must know which foods to buy and how to prepare them. Despite the nutritional benefits of home-cooked meals, Americans are increasingly relying on ready-to-eat foods like fast food, take-out, and pre-packaged snacks that tend to be high in salt, sugar, and fat.[9] To combat this trend, the state can partner with food retailers and foundations to introduce pilot programs to study store-level labeling of diabetes-appropriate food, an approach that has been proven successful in other contexts. North Carolina could also supplement SNAP-Ed funds to increase educational programs targeted at low-income people with diabetes. To ensure that the next generation of North Carolina knows how to prepare healthy meals, the state can continue to support and expand cooking programs for young people and their families.

Goal	Selected Recommendations
Support measures that increase the transparency of nutrition information	The state should partner with private food retailers and foundations to design pilot programs that study the impact of store-level labeling of diabetes-appropriate foods on consumer purchasing patterns.
Increase prevalence of cooking and nutrition education for all age groups	Develop and fund pilot cooking and nutrition education classes that engage families, including adolescents. Taking a whole-family or adolescent-focused approach can help educate a new generation of healthy eaters.

Chapter 5: Early Childhood, School Food, Nutrition, and Wellness Programs

The food environment for children is an extremely important determinant of children's health and likelihood of developing diabetes. The state can promote the health of its youngest residents by disseminating best practices in nutrition and physical activity education to all licensed childcare providers. It can also ensure that home visiting programs have personnel who are trained to speak with pregnant women and young families about instilling healthy eating and exercise habits as early as possible. North Carolina can also work to improve participation among eligible students in school meal programs, allowing low-income students to eat healthy meals every day at school. North Carolina should continue efforts to ensure that schools meet the new federal nutrition guidelines, both for school meals and for competitive and a la carte offerings. The Summer Meals Program is another important opportunity to deliver balanced meals to children, and the state can take steps to increase participation rates. Finally, to supply schools with healthier foods, North Carolina can incentivize farmers to participate in the Farm to School Program and continue to support small farmers in the Good Agricultural Practices certification process.

In addition to improving nutrition, schools should also aim to increase students' physical activity level. To provide guidance and accountability in implementing wellness policies, school districts can assign an individual to oversee and coordinate implementation. Additionally, schools can open their facilities to the community after-hours and on weekends to provide a space for community members to be active in safe, familiar environments.

Goal	Selected Recommendations
Improve Participation in School Meal Programs and Invest in Helping Schools Meet Nutrition Standards	Increase schools' ability to directly certify students for Free/Reduced Price (F/RP) lunch based on categorical eligibility. Most SNAP participant children are automatically enrolled in F/RP lunch programs, but some schools are unable to certify students enrolled in TANF, Head Start, or state foster care programs. The North Carolina Department of Public Instruction should apply to be part of the Demonstration Project to Evaluate Direct Certification with Medicaid. This program would allow schools to directly enroll students who have Medicaid coverage. Use the community eligibility option to provide free lunch to all students in high-poverty schools in 2014 and beyond. Provide additional state funding to transition schools to "breakfast in the classroom" and "grab and go" models, as these approaches have been shown to improve school breakfast participation.
Improve Nutrition Profile of Food Offered on School Grounds Outside School Meal Programs	Provide funding for the State Board of Education and local school food councils to give technical assistance to schools in transitioning their food programs in order to meet the new federal and state requirements for nutrition in competitive foods.
Improve Participation in the Summer Meals Program	Supplement federal funding for Summer Meals Programs to allow parents to eat meals along with their children. Currently, only school-age children are allowed to receive these meals, and are often unable to eat with their parents. Forge partnerships with local organizations to create fun, enriching activities to accompany the Summer Meals Program.

Goal (cont.)	Selected Recommendations (cont.)
Publicize School Wellness Policies and Assign Monitoring of Implementation to a Member of the School Health Advisory Council	In order to ensure that school districts statewide are developing, implementing, and monitoring wellness policies, municipalities should assign monitoring of wellness policy implementation to a specific person, such as a member of the district's School Health Advisory Council.
Maximize Use of Municipal Resources for Community Recreation and Physical Activity	Use the Community and Clinical Connections for Prevention and Health Branch of the Division of Public Health to promote shared use of schools and municipal space and develop shared use agreements.
Promote Workplace Wellness Plans	Provide tax credits for wellness programs. States such as Kentucky have recently conducted extensive impact assessments on these programs, and found that these tax credits were effective in increasing positive health outcomes. Incentivize and encourage physical activity and healthy eating at work. Potential avenues for employers include creating recreational sports leagues, fitness incentives, and providing on-site fitness opportunities as well as showers and changing rooms. Adopt workplace diabetes programs, such as the American Diabetes Association's "Stop Diabetes @Work" program for employers. Adopt smoke free workplace policies. Research has shown that employers with smoke-free workplace policies reduce the number of cigarettes their employees smoke, while also increasing the rate at which smokers quit.

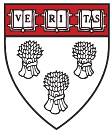
Conclusion

No single person, organization or agency can implement all of these recommendations.

However, by working together, government, non-profit organizations, and motivated North Carolinians from every walk of life can truly move North Carolina forward.

PATHS

Providing Access to Healthy Solutions



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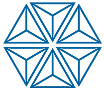

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Please contact chlpi@law.harvard.edu with questions or to request a full copy of the report.