



COMMUNITY FACT SHEET

Wingate University School of Pharmacy

Wingate, NC

Program Overview

Wingate University School of Pharmacy (WUSOP) is part of the health sciences program at Wingate University. The current practice environment of WUSOP extends beyond the university into twenty-one different pharmacy practice sites throughout the state of North Carolina with the majority of the sites clustered in Union, Mecklenburg, and Cabarrus counties. Pharmacists practicing in the twenty-one sites are specialized in various areas including internal medicine, pediatrics, geriatrics, and ambulatory care.

WUSOP's Project IMPACT: Diabetes program was centered around independent pharmacies in Union County and a free medical clinic located in Mecklenburg County. The participating practice environments are independent pharmacies located within a 10-mile radius of WUSOP. Practices are affiliated with NC Mutual Wholesale Drug; the Wingate University Wellness Center, which serves Union County and Wingate University employees; and the Matthews Free Medical Clinic that services Mecklenburg and Union Counties.

Program Partners

Wingate University School of Pharmacy has partnered with NC Mutual Wholesale Drug Company, MedCare Pharmacy, Faulkner's Drug, Franklin Street Pharmacy, Healthquest, and Matthews Free Medical Clinic through Project IMPACT: Diabetes.

Community Champion: Delilah McCarty, PharmD, BCACP

Patient Profile

The patient population includes Hispanics, African-Americans, and Caucasians; the majority of patients are older adults. A large number of the patients have multiple comorbidities in addition to diabetes. Patients' insurance coverage ranges from privately insured to uninsured, but many have financial difficulties in affording doctor visits as well as medication purchases.

Pharmacists' Role on the Collaborative Care Team

Patients are initially approached with information about the program while in the pharmacy picking up their prescriptions. The patient meets one-on-one with the pharmacist for education sessions at their given appointment time. Information at the appointment includes, but is not limited to, diet, education, patient handouts, and evaluation of patient blood glucose readings. The patients are also provided with free blood glucose testing strips and must meet with the physician at least once for a mini physical exam.

Relevant Statistics – Community Level

- ❑ In 2010, North Carolina ranked as having the 11th highest age-adjusted prevalence of diabetes among adults in the U.S. (estimated at 9.4%)¹
- ❑ The death rate for those with diabetes in North Carolina and Union county during 2011 was 23.6 and 10.7, respectively²
- ❑ In North Carolina, data from 2009 and 2012 showed that 73% of adults with diabetes had their A1C checked at least twice yearly, 63.3% self-monitored their blood glucose daily and only 56.1% had ever attended a diabetes self-management class³

Diabetes Epidemic at the National Level

Impact of Diabetes^{4,5}

- ❑ 25.8 million people, 8.3% of the U.S. population, have diabetes
 - 18.8 million people have been diagnosed with diabetes
 - 7 million people are undiagnosed
- ❑ 1.9 million people aged 20 years and older are newly diagnosed with diabetes each year
- ❑ The prevalence of diabetes in the United States increased by 128% from 1988 to 2008
- ❑ If present trends continue, 1 in 3 adults in America will have diabetes in 2050
- ❑ 79 million adults have prediabetes, which increases their risk of developing Type 2 diabetes later in life
- ❑ Diabetes is a major cause of heart disease and stroke
- ❑ Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States
- ❑ Diabetes contributes to the death of 231,404 Americans each year

Cost of Diabetes⁵

- ❑ Total cost of diagnosed diabetes in the United States = \$245 billion per year
 - Direct medical costs = \$176 billion per year
 - Indirect costs (e.g., disability, reduced productivity) = \$69 billion per year
- ❑ Health care costs for a person with diabetes are 2.3 times higher than a person without diabetes
- ❑ 1 out of every 10 health care dollars is spent treating diabetes and its complications

References

1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Increasing prevalence of diagnosed diabetes - United States and Puerto Rico, 1995-2010. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6145a4.htm>. Accessed July 2, 2013.
2. North Carolina State Center for Health Statistics. Mortality Statistics Summary for 2011. Available at: <http://www.schs.state.nc.us/schs/deaths/lcd/2011/diabetes.html>. Accessed July 2, 2013.
3. Centers for Disease Control and Prevention. Diabetes report card 2012. Available at: <http://www.cdc.gov/diabetes/pubs/pdf/DiabetesReportCard.pdf>. Accessed July 2, 2013.
4. Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
5. American Diabetes Association. Fast Facts Data and Statistics About Diabetes. Available at: <http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/FastFacts%20March%202013.pdf>. Accessed June 12, 2013.