

# COMMUNITY FACT SHEET Jefferson County Department of Health (JCDH) Birmingham, AL

#### **Program Overview**

Jefferson County Department of Health (JCDH) has a stated mission to prevent disease and assure access to quality health care, promote a healthy lifestyle and a healthy environment, and protect against public health threats. JCDH provides outpatient health care for Jefferson County's underinsured and uninsured residents at six health centers located throughout Jefferson County, Alabama. In some cases at these clinics, physicians and pharmacists visit with patients together and work as a team to develop health goals and care plans.

Project IMPACT: Diabetes was integrated into three pharmacist-run diabetes clinics in JCDH health centers. Patients with diabetes benefit from in-depth coaching and education provided through a pharmacist-run diabetes clinic. The clinic has a five visit protocol which the patients experience at different visits four to six weeks apart.

## **Program Partners**

JCDH has partnered with Samford University McWhorter School of Pharmacy and Cooper Green Mercy Hospital through Project IMPACT: Diabetes to provide enhanced care to diabetes patients.

Community Champion: B. DeeAnn Dugan, PharmD, BCACP

## **Patient Profile**

Patients consist of individuals who enter the program with uncontrolled diabetes. Most of the patients that are seen at the site have baseline A1Cs greater than 9%. The patient population is largely uninsured and unemployed, and many are poverty-stricken. Health literacy is also a concern with these patients.

#### Pharmacists' Role on the Collaborative Care Team

Pharmacists participate directly with other healthcare providers during patient visits, performing medication histories, collaborating in decision making and discussions, and educating patients. Patients are enrolled in the diabetes clinic upon identification by the team during provider visits, by provider referral, or identification by the pharmacist team using EMR reporting. Once patients are identified, an appointment is made with the pharmacist-run diabetes clinic to initiate the 5-session program.

- During the initial session, patients meet with a pharmacist to take the knowledge assessment and are then provided basic pharmacist-led diabetes education. Blood glucose meters are provided to the patients who are then instructed on the use of the devices.
- The second session continues more advanced diabetes education on diet, exercise, and medications.
- Sessions three and four continue the education, as well as initial discussion of psychosocial issues.
- Finally, session five is a follow-up protocol. As part of this session, patient self-management
  credential components are further completed to confirm self-management skills, and counseling and
  education are further individualized. In addition, as the need arises, patients may be contacted and
  consulted via telephone to provide continued patient care.

Throughout this process, patients continue to see their primary provider for diabetes and other health-related concerns. Communication among the healthcare team is ongoing.

# Relevant Statistics - Community Level 1-3

- □ In 2010, Alabama ranked as having the 2<sup>nd</sup> highest age-adjusted prevalence of diabetes among adults in the U.S. (estimated at 11.3%)
- □ The death rate for diabetes in Alabama is 26.1 per 100,000 individuals. This rate is variable based on race, for White individuals the death rate is 23.4 per 100,000 and for Black or individuals of other races, the rate is 32.4 per 100,000 individuals
- □ JCDH reports that 89% of their patients at the diabetes clinics are African American and the average income per individual is \$9,4000 per year
- □ Based on data from 2010, JDCH reports that 22% of patients have A1Cs greater than 9%

### **Diabetes Epidemic at the National Level**

# Impact of Diabetes<sup>4,5</sup>

- □ 25.8 million people, which is 8.3% of the U.S. population, are estimated to have diabetes
  - o 18.8 million people have been diagnosed with diabetes
  - 7 million people are undiagnosed; in other words, are unaware they have diabetes
- □ 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 Diabetes<sup>5</sup>

- □ Total cost of diagnosed diabetes in the United States = \$245 billion per year
  - Direct medical costs = \$176 billion per year
  - o 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**

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  prevalence of diagnosed diabetes United States and Puerto Rico, 1995-2010. Atlanta, GA: U.S.
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- 3. Dugan B, Fisher K, Hannings A, et al. Improving diabetes care through an interdisciplinary, patient-incentivized model in a public health department population: A Project IMPACT: Diabetes community's results. Poster session presented at: 2013 APhA Annual Meeting & Exposition. 2013 Mar 2-4; Los Angeles, California
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- American Diabetes Association. Fast Facts Data and Statistics About Diabetes. Available at: <a href="http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/FastFacts%20March%202013.pdf">http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/FastFacts%20March%202013.pdf</a>. Accessed June 12, 2013.