ADVANCING HEALTH EQUITYWOULD SAVE TEXAS \$251 BILLION



PARTNERSHIP TO FIGHT CHRONIC DISEASE



Empowering people with chronic conditions¹ to achieve better health outcomes would save **TX \$178 billion** in medical costs and **\$73 billion** in less absenteeism over 10 years.

HEALTH EQUITY SAVINGS FROM ACHIEVING RECOGNIZED HEALTH TARGETS²

BY RACE AND ETHNICITY OVER 10 YEARS

SAVINGS ACHIEVED FROM IMPROVING		NON-HI				
DISEASE CONTROL FOR SELECT CHRONIC CONDITIONS	WHITE	BLACK	ASIAN	OTHER	HISPANIC	TOTAL
Total medical cost savings from improved control	\$70 B	\$25 B	\$4.5 B	\$8 B	\$71 B	\$178 B
Total savings from reducing absenteeism (missed work)	\$34 B	\$7 B	\$3 B	\$2.5 B	\$27 B	\$73 B
Total TX Savings (10 years)	\$104 B	\$32 B	\$7.5 B	\$10.5 B	\$98 B	\$251 B



Better management of chronic conditions due to improved social determinant or health care access factors could reduce medical costs.

SAVINGS FROM ACHIEVING	NON-HISPANIC					
EQUITY DUE TO IMPROVED DISEASE CONTROL	WHITE	BLACK	ASIAN	OTHER	HISPANIC	TOTAL
TX Total Medical Savings (10 Years)	\$61 B	\$22 B	\$4 B	\$9.4 B	\$58 B	\$154 B
Type 2 diabetes	\$17 B	\$6.6 B	\$1.3 B	\$3.6 B	\$22 B	\$51 B
Hypertension	\$12 B	\$4.7 B	\$985 M	\$2.6 B	\$16 B	\$37 B
High cholesterol	\$9.1 B	\$3.5 B	\$702 M	\$1.9 B	\$9.4 B	\$25 B
Asthma	\$8.1 B	\$3.8 B	\$599 M	\$787 M	\$5.7 B	\$19 B
HIV	\$16 M	\$33 M	\$1.7 M	\$5 M	\$36 M	\$91 M
Arthritis	\$14 B	\$3.2 B	\$365 M	\$495 M	\$4 B	\$22 B

Note: Estimated savings by condition are accomplished by meeting recommended clinical goals: A1c < 7% (T2 diabetes); blood pressure < 130/80 mm (hypertension); reduced LDL (high cholesterol); increased control & controller Rx use (asthma); viral suppression (HIV); and fewer people with reduced limitations (arthritis). www.fightchronicdisease.org/pfcd-in-the-states

AMONG NON-WHITE PATIENTS, BETTER MEDICATION USE COULD SAVE BILLIONS IN MEDICAL SPENDING (OVER 10 YEARS):

\$75 MILLION savings from viral suppression among people with HIV

\$8.1 BILLION savings for people with arthritis

Note: All estimates are based on a microsimulation analysis conducted by Global Data Plc. Please visit www.fightchronicdisease.org/pfcd-in-the-states for more information.

 $^{1. \} Model \ includes \ insured \ adults \ with \ at \ least \ one \ of \ 9 \ common \ conditions.$

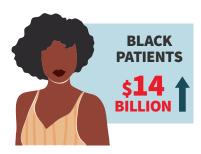
^{2.} Health equity estimates assume all people are able to achieve clinical goals.

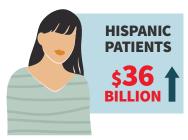


HEALTHCARE DISPARITIES IN DISEASE CONTROL COST TX BILLIONS

OVERALL ADDED
MEDICAL COSTS FROM
DISPARITIES IN DISEASE
CONTROL COMPARED
TO WHITE PEERS

\$50 BILLION OVER 10 YEARS





Note: Health disparities estimates measure the savings if people of color had the same level of disease control as Whites of the same age and insurance status. Health equity estimates measure the savings if all people achieved recommended targets for disease control.



Achieving health equity can be advanced by improving access, addressing social determinants of health, and overcoming structural racism. By removing barriers to care and treatment, we can overcome health disparities, advance equity, reduce costs, and improve overall health.

IMPROVE ACCESS TO PRIMARY CARE

TIMELY ACCESS TO PRIMARY CARE NOT AVAILABLE FOR MANY

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS:



TX Population Living in a Health Professional Shortage Area

7.3 million

% of Primary Care Professional Access Need Met **58**%

SOLUTIONS INCLUDE:



Address shortages and enhance workforce diversity



Build on telehealth success

Source for shortage data: Kaiser Family Foundation, Primary Care Health Professional Shortage Areas as of Sept. 2021.

IMPROVE MEDICATION ADHERENCE

MEDICATION ADHERENCE TO TREAT CERTAIN DISEASES REMAINS LOW								
DISEASE	WHITE	BLACK	HISPANIC	ASIAN	OTHER NON-HISPANIC			
Diabetes (oral medication)	68%	61%	64%	65%	64%			
Hypertension	72%	64%	66%	69%	67%			
High Cholesterol	68%	60%	61%	62%	63%			
Asthma	75%	74%	63%	92%	71%			
Arthritis	60%	57%	61%	77%	56%			

Note: Medication adherence is estimated by the days a person has a medicine over a specific time. Adherence rates derived from peer-reviewed literature.

SOLUTIONS INCLUDE:



Address disproportionate impact of high deductible health plans



Lower out-of-pocket costs for chronic care medicines