ADVANCING HEALTH EQUITY WOULD SAVE D.C. $9.5 BILLION

PARTNERSHIP TO FIGHT CHRONIC DISEASE

Empowering people with chronic conditions[1] to achieve better health outcomes would save **D.C. $6.2 billion** in medical costs and **$3.3 billion** in less absenteeism over 10 years.

HEALTH EQUITY SAVINGS FROM ACHIEVING RECOGNIZED HEALTH TARGETS[2]

BY RACE AND ETHNICITY OVER 10 YEARS

SAVINGS ACHIEVED FROM IMPROVING DISEASE CONTROL FOR SELECT CHRONIC CONDITIONS	NON-HISPANIC				HISPANIC	TOTAL
	WHITE	BLACK	ASIAN	OTHER		
Total medical cost savings from improved control	$2.2 B	$3.1 B	$120 M	$140 M	$640 M	**$6.2 B**
Total savings from reducing absenteeism (missed work)	$1.3 B	$1.3 B	$140 M	$80 M	$390 M	**$3.3 B**
Total D.C. Savings (10 years)	$3.5 B	$4.4 B	$260 M	$220 M	$1 B	**$9.5 B**

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

SAVINGS FROM ACHIEVING EQUITY DUE TO IMPROVED DISEASE CONTROL	NON-HISPANIC				HISPANIC	TOTAL
	WHITE	BLACK	ASIAN	OTHER		
D.C. Total Medical Savings (10 Years)	**$1.9 B**	**$2.8 B**	**$180 M**	**$128 M**	**$529 M**	**$5.5 B**
Type 2 diabetes	$691 M	$844 M	$70 M	$41 M	$203 M	$1.8 B
Hypertension	$510 M	$610 M	$52 M	$30 M	$145 M	$1.3 B
High cholesterol	$364 M	$447 M	$37 M	$22 M	$83 M	$1 B
Asthma	$182 M	$439 M	$15 M	$22 M	$71 M	$ 730 M
HIV	$400 K	$4.2 M	$81 K	$159 K	$715 K	$5.5 M
Arthritis	$105 M	$422 M	$5 M	$13 M	$27 M	$ 570 M

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):

$5.1 MILLION savings from viral suppression among people with HIV

$470 MILLION 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.

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PARTNERSHIP TO FIGHT CHRONIC DISEASE

HEALTHCARE DISPARITIES IN DISEASE CONTROL COST D.C. BILLIONS

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

$2.2 BILLION *OVER 10 YEARS*

BLACK PATIENTS

$1.9 BILLION

HISPANIC PATIENTS

$340 MILLION

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:

D.C. Population Living in a Health Professional Shortage Area **259,000**

% of Primary Care Professional Access Need Met **69%**

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)	60%	61%	61%	58%	61%
Hypertension	66%	64%	64%	64%	65%
High Cholesterol	60%	60%	58%	55%	59%
Asthma	73%	74%	61%	91%	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**

FOR MORE ABOUT THE IMPACT OF HEALTH INEQUITY IN YOUR STATE, VISIT
WWW.FIGHTCHRONICDISEASE.ORG/PFCD-IN-THE-STATES