

ADVANCING HEALTH EQUITY WOULD SAVE GEORGIA \$229 BILLION



PARTNERSHIP TO FIGHT
CHRONIC DISEASE



Empowering people with chronic conditions¹ to achieve better health outcomes would save **GA \$175 billion** in medical costs and **\$54 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 DISEASE CONTROL FOR SELECT CHRONIC CONDITIONS | NON-HISPANIC | | | | HISPANIC | TOTAL |
|---|--------------|--------|---------|---------|----------|----------------|
| | WHITE | BLACK | ASIAN | OTHER | | |
| Total medical cost savings from improved control | \$92 B | \$61 B | \$2.8 B | \$5.5 B | \$13 B | \$175 B |
| Total savings from reducing absenteeism (missed work) | \$32 B | \$14 B | \$1.8 B | \$1.3 B | \$4.6 B | \$54 B |
| Total GA Savings (10 years) | \$124 B | \$76 B | \$4.6 B | \$6.8 B | \$17.6 B | \$229 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 | | |
| GA Total Medical Savings (10 Years) | \$80 B | \$54 B | \$1.8 B | \$7.1 B | \$10 B | \$153 B |
| Type 2 diabetes | \$28 B | \$20 B | \$538 M | \$2.8 B | \$4.4 B | \$56 B |
| Hypertension | \$20 B | \$14 B | \$401 M | \$2 B | \$3.2 B | \$40 B |
| High cholesterol | \$14 B | \$11 B | \$286 M | \$1.4 B | \$1.8 B | \$28 B |
| Asthma | \$4.2 B | \$2.9 B | \$314 M | \$0.5 B | \$0.4 B | \$8.4 B |
| HIV | \$7.1 M | \$37 M | \$445 K | \$1.9 M | \$5.2 M | \$51 M |
| Arthritis | \$13 B | \$5.6 B | \$217 M | \$490 M | \$381 M | \$20 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):

\$44 MILLION savings from viral suppression among people with HIV

\$6.7 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.

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PARTNERSHIP TO FIGHT
CHRONIC DISEASE

HEALTHCARE DISPARITIES IN DISEASE CONTROL COST GA BILLIONS

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

**\$43
BILLION**
OVER 10 YEARS



BLACK
PATIENTS

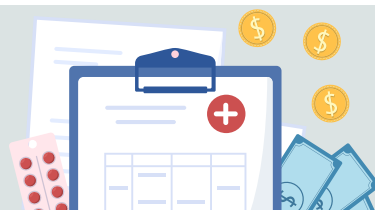
**\$36
BILLION** ↑



HISPANIC
PATIENTS

**\$6.7
BILLION** ↑

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:



GA Population Living in
a Health Professional
Shortage Area

3.2 million

% of Primary
Care Professional
Access Need Met

37%

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) | 69% | 62% | 65% | 65% | 66% |
| Hypertension | 73% | 65% | 67% | 69% | 69% |
| High Cholesterol | 69% | 61% | 61% | 62% | 64% |
| Asthma | 76% | 74% | 60% | 92% | 73% |
| 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