

ADVANCING HEALTH EQUITY WOULD SAVE IDAHO \$16 BILLION



PARTNERSHIP TO FIGHT
CHRONIC DISEASE



Empowering people with chronic conditions¹ to achieve better health outcomes would save ID \$11 billion in medical costs and \$4.9 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	\$8.2 B	\$130 M	\$140 M	\$460 M	\$2.4 B	\$11 B
Total savings from reducing absenteeism (missed work)	\$3.6 B	\$40 M	\$110 M	\$150 M	\$1 B	\$4.9 B
Total ID Savings (10 years)	\$12 B	\$170 M	\$250 M	\$610 M	\$3.4 B	\$16 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		
ID Total Medical Savings (10 Years)	\$7.3 B	\$117 M	\$109 M	\$383 M	\$1.9 B	\$10 B
Type 2 diabetes	\$1.8 B	\$39 M	\$35 M	\$106 M	\$747 M	\$2.7 B
Hypertension	\$1.3 B	\$28 M	\$26 M	\$75 M	\$535 M	\$2 B
High cholesterol	\$1 B	\$21 M	\$19 M	\$55 M	\$308 M	\$1.4 B
Asthma	\$1.4 B	\$19 M	\$19 M	\$65 M	\$226 M	\$1.7 B
HIV	\$348 K	\$56 K	\$24 K	\$54 K	\$260 K	\$740 K
Arthritis	\$1.8 B	\$10 M	\$9 M	\$81 M	\$117 M	\$2 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):

\$390 THOUSAND savings from viral suppression among people with HIV

\$220 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.



HEALTHCARE DISPARITIES IN DISEASE CONTROL COST ID BILLIONS

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

**\$1.3
BILLION**
OVER 10 YEARS



**BLACK
PATIENTS**

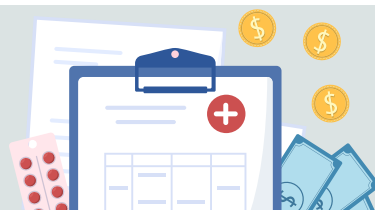
**\$80
MILLION** ↑



**HISPANIC
PATIENTS**

**\$1.2
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:**



**ID Population Living in
a Health Professional
Shortage Area**

527,000

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

46%

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%	58%	65%	68%	69%
Hypertension	73%	61%	67%	71%	71%
High Cholesterol	69%	57%	62%	65%	67%
Asthma	75%	73%	64%	92%	75%
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**