



**Achieving health equity  
is in everyone's interest**

*Walgreens*





# The high cost of health disparities

Improving health outcomes for all patients, especially those in underserved populations, is essential for supporting the overall health of our communities and the nation. Health equity—the idea that everyone deserves a fair and just opportunity to be as healthy as possible<sup>1</sup>—has been a focus and a goal of public health policies for decades. Yet while healthcare spending in the U.S. continues to rise as a percentage of U.S. gross domestic product (GDP), health equity has actually declined over the past 25 years.<sup>2,3</sup>

With the heightened focus on health equity, it's vital that your organization shows an understanding for and a commitment to achieving health equity among the underserved. It's a win-win, because actively supporting health equity can help increase your members' satisfaction and retention, while improved outcomes can lower healthcare costs.

**Almost  
18 percent  
of U.S. GDP**

was spent on healthcare in 2019.<sup>3</sup>

**\$309 billion**

is the estimated annual cost resulting from healthcare disparities.<sup>4</sup>



## Understanding the barriers

Research has proved that social determinants of health (SDOH), the nonmedical factors that influence health outcomes, play an important underlying role in health disparities. SDOH can drive as much as **80 percent of health outcomes**,<sup>5</sup> with people of color facing higher rates of diabetes, obesity, stroke, heart disease and cancer than white patients.<sup>6</sup>

SDOH include the conditions in which people are born, grow, live, work and age.<sup>7</sup> These are affected by the distribution of money, power and resources at global, national and local levels, including<sup>8</sup>:

- Healthcare access and quality
- Education access and quality
- Social and community context
- Economic stability
- Neighborhood and built environment

Minorities are disproportionately affected by social determinants of health.

**60 percent higher**

risk of being diagnosed with diabetes for Black adults vs. non-Hispanic white adults<sup>9</sup>

**9 percent higher**

risk of being diagnosed with type 2 diabetes for Hispanic/Latino Americans vs. non-Hispanic whites<sup>10</sup>

**2x the risk**

of developing diabetes for Asian Americans, Native Hawaiians and Pacific Islanders vs. the general population<sup>11</sup>

## Health equity and COVID-19

The COVID-19 pandemic serves as a stark proof point of the devastation health disparities can cause. Racial and ethnic minorities in our country experience a disproportionate burden of preventable disease, death and disability as compared with nonminorities.<sup>12</sup> And long-standing systemic health and social inequalities have put racial and ethnic minority groups at greater risk from getting sick and dying from COVID-19.<sup>13</sup>



## 3x higher

Age-adjusted mortality from COVID-19 among Blacks compared to whites in the U.S. as of November 10, 2020<sup>14</sup>

## 27.4 percent of people

hospitalized with COVID-19 between March 1, 2020, and April 30, 2021, were Black,<sup>15</sup> even though Black people make up only 13.4 percent of the U.S. population.<sup>16</sup>

## SDOH in Texas

A 2020 report found that racial health disparities in Texas resulted in<sup>17</sup>:

- **452,000 life years lost** due to premature deaths
- **\$2.7 billion** in excess medical care spending annually
- **\$5 billion** in lost productivity annually

Also in Texas, an assessment of COVID-19 in that state through September 2020 found that racial health disparities resulted in<sup>17</sup>:

- **24,000 more Black and Hispanic hospitalizations** and **5,000 more deaths** compared to whites' hospitalization and death rates from COVID-19\*
- **\$558 million in estimated healthcare spending** for COVID-19 hospitalizations
- An estimated **60,000 life years lost**



# Preventing health disparities

If minority populations' health and well-being mirrored that of nonminority populations, hospitalization rates would likely decrease and the cost of care for chronic conditions would almost certainly be lower. Health equity could lead to improved patient outcomes, productivity and life expectancy—and greater healthcare cost savings.



## Removing barriers to care

Behavior and genetics powerfully influence an individual's health. Social determinants, though, can play an even greater role in a person's health, presenting physical and invisible barriers that prevent equitable access to expertise, care and medication.

### To address these obstacles, your organization can:

- Take SDOH into consideration to better support optimal outcomes in patient populations
- Help raise awareness for and monitor progress toward health equity
- Invest in and align with local community organizations that work to address SDOH for a positive effect on health outcomes
- Collaborate with community pharmacies such as Walgreens to ensure equitable access to care and information as well as leverage the strengths of each organization along the integrated patient healthcare journey
- Remove barriers to care, such as helping members navigate plan changes, to improve health outcomes
- Design and deliver plan documents and information in ways that are easily understood and accessible by all members
- Collect data and report on utilization by race, ethnicity, socioeconomic status and primary language—information that can be foundational to programs and actions that better meet member needs

## Coordinating efforts to achieve greater health equity

Understanding the needs of our local communities is crucial in helping improve community health.

### Advancing health equity requires your organization to:

- Embrace measures that integrate caring for the whole person, including incentivizing and driving value-based payment models with providers and health systems
- Prioritize measures that address total health, implementing solutions to advance health equity and monitor progress toward health equity
- Work with partners that prioritize total wellness and health equity
- Use and leverage community pharmacies as the convenient access point for many patients in underserved populations





## Advancing health equity



Walgreens understands the community because we are part of the community. Through our holistic approach to patient care, we're able to focus on expanding access, affordability and advice to underserved populations. Our expert pharmacists are trained, equipped and empowered to lead the charge on advancing health equity by providing the right care in the right setting to close gaps in care.

**Walgreens helps you advance your health equity goals by:**

- Partnering with you and local community organizations to close gaps in care to improve health outcomes
- Serving as a trusted resource to provide excellent holistic disease state management in underserved communities
- Uncovering barriers and offering individualized solutions specific to patients' unique needs and challenges
- Educating and coaching patients on the services and tools available, empowering them to better manage their health conditions and remain adherent to their medications
- Building team member and patient relationships that go above and beyond to become the new standard for patient care

## Reducing the effect of chronic health conditions

Through our integrated, holistic solutions, Walgreens supports you and your members by providing people living with chronic health conditions and those at risk with the personalized interventions, expert care and tools they need to close gaps in care.

### Identifying at-risk patients

The Walgreens health equity pilot program currently spans 16 stores within the Southside Chicago market and uses innovative technology to identify at-risk patients to provide high-touch outreach.

### Customer Care IQ™

Our intelligent data engine empowers our pharmacy team to deliver targeted, personalized adherence interventions to the most at-risk patients—at the right time and in the right way. It prioritizes a list of patients to identify those at higher risk of nonadherence.

### Delayed Pickup

Prescription abandonment occurs when patients do not pick up their prescriptions and, subsequently, do not refill and pick up their prescriptions in the next 90 days. Cost and transportation issues are two main factors to prescription abandonment and are also barriers to achieving health equity. Walgreens reminds patients to pick up their prescriptions in a timely manner and to take their medication as prescribed to get the full clinical benefit of the therapy.

### Diabetes

Walgreens Advanced Care™ Diabetes uses predictive analytics to identify patients most likely to become nonadherent and provides early intervention to improve their health outcomes. Through high-touch consultations with those living with diabetes, our pharmacists personalize solutions, address any barriers to taking medications, and make recommendations for health screenings and immunizations.

### Pediatric asthma pilot

Given the high prevalence of pediatric asthma in Chicago, our pharmacists are conducting outreach to parents and guardians of children with asthma to provide education on the importance and proper use of asthma medications, review side effects, discuss asthma triggers, and provide action plans in collaboration with healthcare providers, as needed.



## Diabetes outreach program

**2.1 percent improvement**

**of diabetes prescriptions being refilled within two weeks of due date at test stores, compared to no improvement in stores that did not implement the program<sup>18</sup>**



## Removing barriers for members

### Walgreens helps you better understand and address barriers to care for underserved populations by:

- Collaborating with local community organizations and healthcare organizations to increase awareness of solutions and services available to patients
- Helping members navigate network changes and making sure they understand any changes in cost and where or how to access their prescriptions
- Improving accessibility by advancing efforts around value-based care, such as our partnering with VillageMD, a leading provider of value-based care, for a large-scale rollout of doctor's offices co-located at Walgreens stores
- Connecting members to live, telephonic pharmacy support in 220 languages and American Sign Language, which supports verbal and written translation
- Making prescription labels available in 18 languages
- Staffing locations with pharmacists who know and reflect the community, which can help patients feel comfortable when talking to them
- Providing factual, easy-to-understand information about vaccines as well as ways to schedule an appointment over the phone or in store
- Offering free consultations in 18 languages to answer vaccine-related questions
- Addressing transportation barriers through a collaboration with Uber that provides free rides to COVID-19 vaccination appointments for underserved communities
- Working with local organizations to educate community members on the COVID-19 vaccine to reduce the mistrust they have in healthcare professionals

Walgreens has been—and will continue to be—deeply committed to doing our part to keep all communities healthy across America.

—Rosalind Brewer, CEO,  
Walgreens Boots Alliance



**More than  
50 percent of VillageMD clinics**

**will be in Walgreens that are located in medically underserved communities.**



# Our commitment to address health disparities

Walgreens is committed to improving outcomes for all people, with even greater emphasis on traditionally underserved minority populations. We help you with the advancement of health equity among your members by identifying and removing barriers to access; collaborating with you to support patients throughout their healthcare journey; building trust within our communities; fostering relationships to securely collect and share data to gain a clear picture; and making an intentional, focused effort to ensure that minority populations are not left behind.

\*While the data show higher COVID-19 case rates for Blacks and Hispanics in Texas, no data were available tracking COVID-19 hospitalizations in Texas by race and ethnicity; therefore, the report used national COVID-19 hospitalization rates for Black, Hispanic, and White Americans applied to the Texas population.

1. Braveman P, Arkin E, Orleans T, Proctor D, Plough A. *What is health equity?* Robert Wood Johnson Foundation Web site. May 1, 2017. Accessed August 9, 2021. 2. Zimmerman FJ, Anderson NW. *Trends in health equity in the United States by race/ethnicity, sex, and income, 1993–2017.* *JAMA Netw Open.* 2019;2(6):e196386. doi:10.1001/jamanetworkopen.2019.6386 3. *National health expenditure data, historical, NHE summary, including share of GDP, CY 1960–2019.* Centers for Medicare & Medicaid Services Web site. Last modified December 16, 2020. Accessed August 9, 2021. 4. Ibrahim SA, Charlson ME, Neill DB. *Big data analytics and the struggle for equity in health care: the promise and perils.* *Health Equity.* 2020;4(1):99–101. doi:10.1089/heaq.2019.0112 5. Manatt, Phelps & Phillips, LLP. *Medicaid's role in addressing social determinants of health.* Robert Wood Johnson Foundation Web site. February 1, 2019. Accessed August 9, 2021. 6. Weinstein JN, Geller A, Negussie Y, Baciu A, eds. *Communities in Action: Pathways to Health Equity.* The National Academies Press. 2017:1. Accessed August 9, 2021. doi:10.17226/24624 7. *Social determinants of health.* World Health Organization Web site. Accessed August 9, 2021. 8. *What are social determinants of health?* CDC Web site. Last reviewed March 10, 2021. Accessed August 9, 2021. 9. *Diabetes and African Americans.* U.S. Department of Health and Human Services, Office of Minority Health Web site. Last modified March 1, 2021. Accessed August 9, 2021. 10. *Hispanic/Latino Americans and type 2 diabetes.* CDC Web site. Last reviewed April 7, 2021. Accessed August 9, 2021. 11. *Diabetes.* National Council of Asian Pacific Islander Physicians. Accessed August 9, 2021. 12. *Health equity – minority health.* CDC Web site. Last reviewed February 26, 2021. Accessed August 9, 2021. 13. *Health equity considerations and racial and ethnic minority groups.* CDC Web site. Updated April 19, 2021. Accessed August 9, 2021. 14. Audet A-MJ. *To advance health equity, we must bridge gaps in health data and measurement.* United Hospital Fund Web site. December 16, 2020. Accessed August 9, 2021. 15. *Laboratory-confirmed COVID-19-associated hospitalizations: characteristics of COVID-19-associated hospitalizations.* CDC Web site. Accessed August 9, 2021. 16. *QuickFacts.* U.S. Census Bureau Web site. Accessed August 9, 2021. 17. Turner A, LaVeist TA, Richard P, Gaskin DJ. *Economic impacts of health disparities in Texas 2020.* Altarum. Accessed August 9, 2021. 18. Walgreens internal data May–December, 2020. Health Analytics Research and Reporting. Advarra IRB Protocol #29081.

► [Walgreens.com/HealthSolutions](https://www.walgreens.com/HealthSolutions)



[LinkedIn.com/showcase/walgreens-business-solutions](https://www.linkedin.com/showcase/walgreens-business-solutions)

*Walgreens*