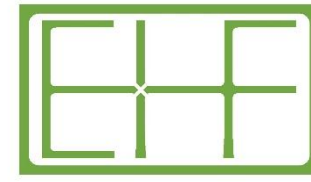




**TEXAS** *Pharmacy Association*  
*Together Pharmacy Advances*



**EPISCOPAL HEALTH  
FOUNDATION**

# Redefining Care in Texas:

Leveraging Pharmacies to Address  
Non-Medical Drivers of Health



# Demographics of Survey Respondents

## Practice Setting

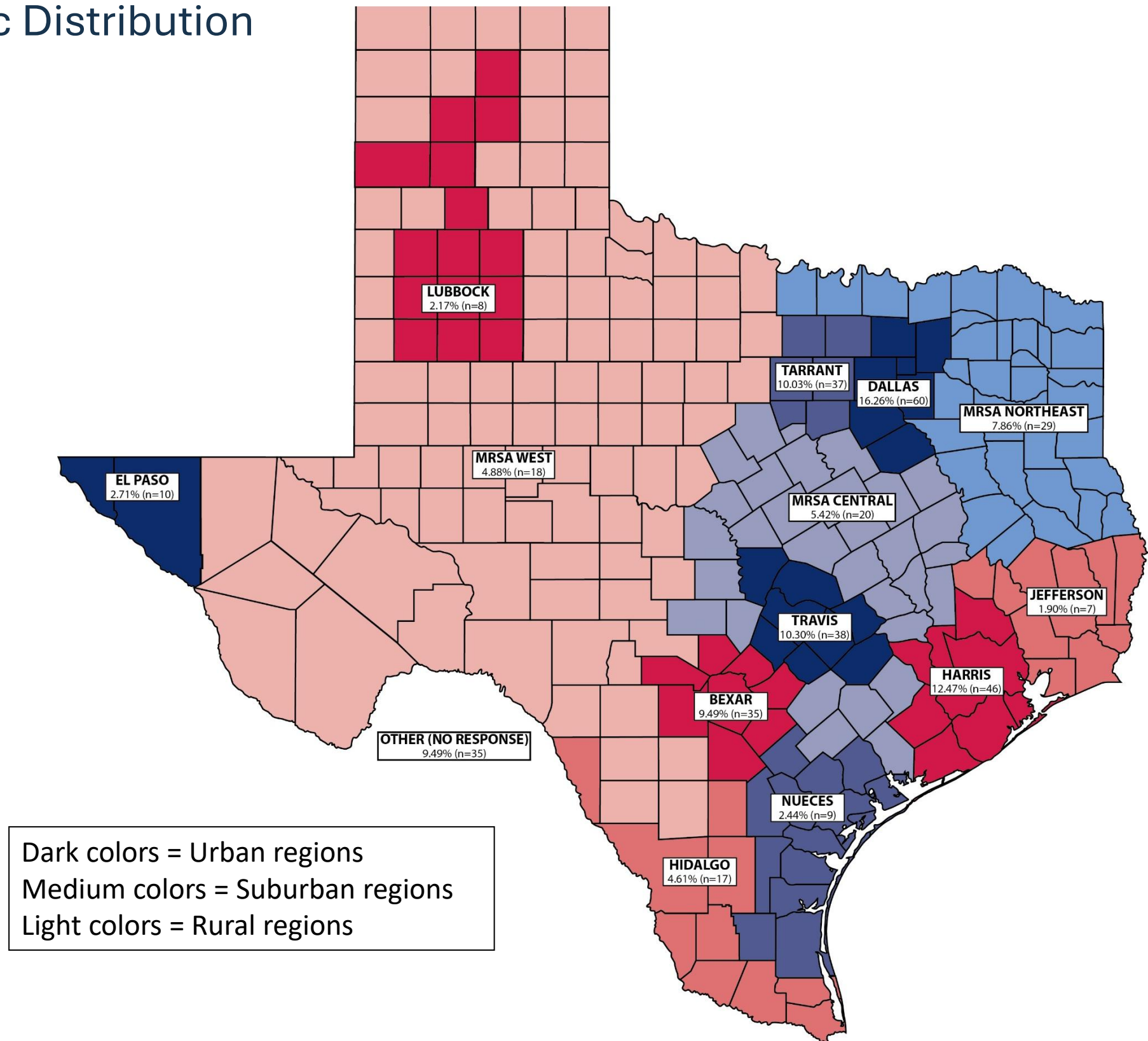
**64%**

Community Pharmacies  
(independent or chain)

**12%**

Hospital/Clinic-Based

## Geographic Distribution



# The Issue Is Not Awareness. It Is Capacity.

Pharmacists know these needs are shaping outcomes, but most pharmacies lack the structure to act on them consistently.

**73%**

Familiar with non-medical drivers of health

**40%**

Currently addressing these needs in practice

**30%**

Occurs organically



**The profession is ready. The operating model is not.**

# Patients Bring NMDOH Needs to the Pharmacy Counter

There is a consistent pattern: medication access problems often sit inside broader life barriers.

Medication affordability

Transportation barriers

Housing instability

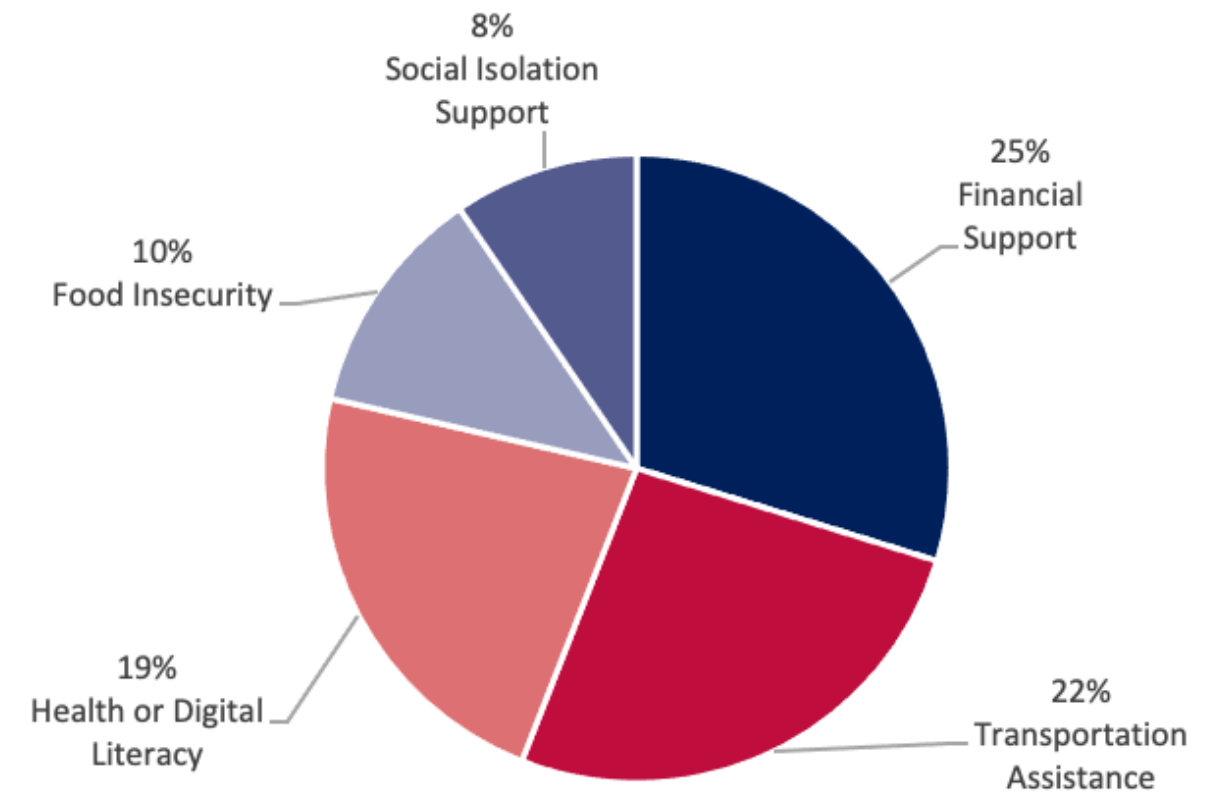
Mental health / isolation

Food insecurity

Language + health literacy

Limited provider access

Insurance gaps



Source: TPA + Episcopal Health Foundation statewide pharmacist survey, March 2026

**The opportunity:  
move from one-off help to a reliable referral and follow-up system.**

# Texas Data Points to High-Need Use Cases

Diabetes, high-risk pregnancy, mental health, substance use, and affordability are areas where pharmacy touchpoints could support earlier intervention.

**1 in 3**

Texas pregnancies are high risk

**>20%**

Texas Medicaid recipients affected by diabetes or prediabetes

**70%**

say a CHW in the pharmacy would be beneficial

## Readiness gap in diabetes care

% of Pharmacists that state they can help



**80%**

% of Pharmacists that state they have the resources to help



**10%**

# What a Pharmacy-Based CHW Program Could Do

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A CHW role should be focused, measurable, and tied to common patient barriers seen at the pharmacy.

**Screen** Use a short NMDOH screener during high-value touchpoints

**Navigate** Connect patients to food, housing, transportation, insurance, and affordability resources

**Close the loop** Track whether the referral was completed and whether the barrier improved

**Coordinate** Build referral pathways with health plans, ACOs, health systems, public health, and community organizations

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**Success measures: referrals completed, barriers resolved, adherence improved, avoidable utilization reduced.**

# Policy Ask: Fund the Bridge

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To make NMDOH work sustainable in pharmacies, Texas needs a model that pays for navigation, not only dispensing.

## Reimbursement

Pay pharmacies for screening, referral, navigation, and follow-up.

## CHW integration

Support CHW positions inside pharmacy settings, especially high-need communities.

## Toolkits + Directories

Create simple screening tools and local resource directories pharmacies can use.

## Pilot programs

Start with diabetes, pregnancy, affordability, and rural access use cases.

## Bottom line

**Pharmacies already have the access. CHWs provide the infrastructure to convert that access into action.**

# Scenario 1: A Pregnancy-Test Question Becomes Upstream Care

A brief retail interaction becomes a billable SDOH intervention led by a Community Health Worker.



## What changes in the workflow

- 1 Routine touchpoint**  
Patient asks where pregnancy tests are located.
- 2 CHW engages**  
Screens for needs: insurance, food access, transportation, prenatal care.
- 3 Resource navigation**  
Connects patient to WIC, Medicaid, prenatal services, and local supports.
- 4 Document and bill**  
CHW records the service and submits billing for the navigation work.

Instead of “aisle 4,” the pharmacy creates an early maternal-health connection.

# Scenario 2: Diabetes Care Stays Pharmacist-led

The pharmacist focuses on medically trained interventions while the team still addresses barriers that affect outcomes.



## What changes in the workflow

- 1 Clinical need identified**  
Patient with diabetes needs medication and disease-state support.
- 2 Pharmacist assesses**  
Reviews therapy, adherence, safety, access, and glucose-related concerns.
- 3 Medication intervention**  
Optimizes therapy, provides education, monitors progress, and coordinates care.
- 4 Document and bill**  
Pharmacist bills for medications and clinical interventions provided.

**The model does not replace pharmacists. It protects them.**

