



PhRMA Collaborative Actions to Reach Equity (CAREs) Grant: Addressing Social Determinants of Health to Improve Equitable Access to Medicines

**CAREs Grant Request for Proposals (RFP):
Social Determinants of Health and Access to Medicines**

In April 2020, PhRMA established the Collaborative Actions to Reach Equity (CAREs) grant program to support community-centered solutions to address health inequities. To date, PhRMA has awarded nearly \$350,000 in CAREs grants to community-based projects to address inequities in screenings, prevention, and treatment of or vaccinations for COVID-19 and other diseases disproportionately impacting underserved communities.

In this fourth round of CAREs grants, we seek to support solutions that promote access and better health outcomes by removing economic, social, and other barriers to medicine.

The application is open until November 22nd at Noon EST.

According to the Centers for Disease Control and Prevention, social determinants of health (SDOH) are *conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.*ⁱ There are myriad and intersecting SDOH that create disparities in health and access to care, including access to medicines.

Medicines can be critical to treating, managing, and sometimes curing illnesses, thereby offering an effective tool to improve health outcomes and reduce health disparities. However, numerous studies demonstrate that certain racially and ethnically diverse populations exhibit lower utilization of and adherence to medicines than their white counterparts.^{ii,iii,iv} For example, even after accounting for socioeconomic status, Black and Hispanic insured Americans are 35% less likely to be adherent to medicines for diabetes or heart disease as compared to white Americans.^v

Beneath the surface of these disparities, there are many social determinants that impact a patients' ability to be diagnosed, treated, and adherent to recommended medicines. Social determinants, such as income, living in a medically underserved area, transportation, health care coverage, out of pocket costs, accessibility of health care providers, discrimination, and biased interactions, all have an impact on the accessibility of medicines.^{vi}

For example, lower income women and men are less likely to be screened for breast and prostate cancer, which can delay or prevent receipt of life saving therapy.^{vii,viii} Similarly, patients living in rural counties with transportation problems are nearly twice as likely to not be adherent to prescribed medicines.^{ix} Patients enrolled in restrictive insurance benefit designs are more likely to have poor

medication adherence and negative clinician outcomes.^x And lower income workers are four times more likely to experience avoidable hospital admissions.^{xi}

Ensuring equitable access to good health will require taking a comprehensive picture of the social determinants that impact a patient's ability to access the care and medicines they need. Because social determinants are experienced locally, practical solutions to addressing these factors should be garnered from within local communities.

The PhRMA CAREs Grant program seeks to support community-based efforts that address SDOH to improve access to medicines. We are interested in specific interventions that promote medicine access and better health outcomes by removing economic, social, and other barriers to medicine access.

The PhRMA CAREs Grant program aims to fund organizations or individuals who are currently undertaking efforts within communities that can advance equity in access to medicines and offer best practices to inform broad scale improvements in access and adherence to medicines.

Example projects include:

- Providing transportation services for patients to receive screenings, medicines, or disease management services
- Developing approaches to providing culturally competent care in disease and medication management
- Evaluating social and systemic structures, such as racism and policies, that drive inequities in access to medicines
- Supporting linguistic services to aid non-English speaking patients in seeking health care and accessing medicines

Eligibility:

- Open to all organizations and individuals in the U.S. seeking to or currently engaging in community or national efforts or research to advance health equity
- Preference will be given to applicants representing historically Black colleges and universities (HBCUs), community organizations, faith-based organizations, businesses, and academic institutions with a history of providing resources and/or services to communities impacted by structural racism and discrimination

How to Apply:

Applications for the PhRMA CAREs Grant, *Addressing Social Determinants of Health to Improve Access to Medicines*, are open and will be accepted on a rolling basis until **November 22, 2021 at Noon EST**.

Applicants must submit a proposal with the following sections:

1. Title and abstract: A title and succinct 150-word abstract of description of the work. If selected, the abstract will be used externally by PhRMA in promotional and other materials relating to the PhRMA CAREs Grant Program.
2. Main description: A description of past, proposed, and/or ongoing efforts to address SDOH to improve equitable access to medicines including population targeted, intervention, and expected outcome (maximum 400 words).
3. Potential for best practice: Description of a paper for public dissemination of how activities utilizing the grant funds can inform "best practices" toward scalable, practical interventions that

can be applied to other communities, disease states, or public health concerns to advance health equity (150 word maximum).

Additional details in preparing the submission:

1. Title, primary applicant name, and affiliated organization(s) of the applicant should be included in header.
2. Name, email, and affiliated organization(s) of award applicant. Please note the name of the Project Lead.
3. Please submit all documentation in a single PDF file.

All proposals must be submitted to CAREs@phrma.org by the specified deadline. PhRMA will evaluate all proposals that are submitted in compliance with the requirements of this RFP. PhRMA has sole discretion to select the winning proposals.

Applicants with selected proposals will each receive a grant from PhRMA in the range of \$25,000 - \$50,000. The funding must be used to support the effort described, as well as development of a brief paper described below. Use of funding for indirect costs is limited to 20% of the grant.

Successful applicants receiving CAREs grants must submit an initial progress report to update on efforts within 3 weeks of receipt of the grant and provide additional progress reports as may be requested by PhRMA.

In addition, grantees will be required to participate in activities and submit materials in connection with the CAREs Grant program such as, but not limited to:

- Present CAREs grant activities to PhRMA or other health-related organizations
- Appear in media campaigns by PhRMA or related entities
- Participate in/submit photos, videos, or other media
- Develop a paper for public dissemination by PhRMA and the grantee describing how the activities undertaken by the grantee can inform “best practices” toward scalable, practical interventions that can be applied to other communities, disease states, or public health concerns to advance health equity

All grantees will be required to enter into consent, license, and release forms provided by PhRMA. These forms will be provided to individuals and organizations following selection.

Learn more about PhRMA’s diversity and equity work [here](#).

ⁱ <https://www.cdc.gov/socialdeterminants/about.html>

ⁱⁱ Mehta KM, Yin M, Resendez C, Yaffe K. Ethnic differences in acetylcholinesterase inhibitor use for Alzheimer disease. *Neurology*. 2005 Jul 12;65(1):159-62. doi: 10.1212/01.wnl.0000167545.38161.48. PMID: 16009909; PMCID: PMC2830864.

ⁱⁱⁱ Lauffenburger JC, Robinson JG, Oramasionwu C, Fang G. Racial/ethnic and gender gaps in the use of and adherence to evidence-based preventive therapies among elderly Medicare part D beneficiaries after acute myocardial infarction. *Circulation*. 2014; 129:754–763.

^{iv} Schmittiel JA, Steiner JF, Adams AS, et al. Diabetes care and outcomes for American Indians and Alaska natives in commercial integrated delivery systems: a SURveillance, PREvention, and ManagemEnt of Diabetes Mellitus (SUPREME-DM) Study. *BMJ Open Diabetes Res Care*. 2014;2(1):e000043. Published 2014 Nov 17. doi:10.1136/bmjdr-2014-000043

^v Xie Z, et al. “Racial and ethnic disparities in medication adherence among privately insured patients in the United States.” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6375669/>

^{vi} Access to Care: Development of a Medication Access Framework for Quality Measurement. Pharmacy Quality Alliance. March 2019. <https://www.pqaalliance.org/assets/Research/PQA-Access-to-Care-Report.pdf>

^{vii} He, S., & Pan, S. W. (2020). Breast Cancer Screening Trends among Lower Income Women of New York: A Time-Series Evaluation of a Population-Based Intervention. *European journal of breast health*, 16(4), 255–261. <https://doi.org/10.5152/ejbh.2020.5802>

^{viii} Moses, K. A., Zhao, Z., Bi, Y., Acquaye, J., Holmes, A., Blot, W. J., & Fowke, J. H. (2017). The impact of sociodemographic factors and PSA screening among low-income Black and White men: data from the Southern Community Cohort Study. *Prostate cancer and prostatic diseases*, 20(4), 424–429. <https://doi.org/10.1038/pcan.2017.32>

^{ix} Wroth TH, Pathman DE. Primary medication adherence in a rural population: the role of the patient-physician relationship and satisfaction with care. *J Am Board Fam Med*. 2006;19(5):478-486.

⁵ Park Y, Raza S, George A, Agrawai R, Ko J. The Effect of Formulary Restrictions on Patient and Payer Outcomes: A Systematic Literature Review. JMCP. August 2017; 23 (8). <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2017.23.8.893>

⁶¹ Sherman, B. W., Gibson, T. B., Lynch, W. D., & Addy, C. (2017). Health Care Use And Spending Patterns Vary By Wage Level In Employer-Sponsored Plans. Health affairs (Project Hope), 36(2), 250–257. <https://doi.org/10.1377/hlthaff.2016.1147>