

PhRMA Collaborative Actions to Reach Equity (CAREs) Grant:

Supporting Equitable Access to Medicines in Washington D.C. & Across the Nation

CAREs Grant Request for Proposals (RFP):

What are scalable and replicable potential best practices to improve access and decrease disparities to medicines within the District of Columbia and communities across the nation?

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 provided CAREs grants to community-based projects to address inequities across a range of health care issues, such as: reducing disparities in treatment of chronic disease, reducing social and economic barriers health care and medicines, and reversing trends on cancer disparities.

In this sixth round of CAREs grants, we will award \$250,000. After disbursements of the 6th round of CAREs grants, we will have awarded nearly \$1,000,000 to advance community-based solutions towards improving health equity and closing gaps in medication access. In this sixth round of CAREs Grant Program, we seek to support scalable and replicable efforts that disrupt inequitable access barriers to medicines in the District of Columbia and across the nation.

The application is open until September 2, 2024 at Noon EST.

According to the most recent U.S. Census, nearly 700,000 residents call Washington, D.C. home.ⁱ The District has high rates of education across demographics, and the median household income is just over \$101,000.ⁱⁱ While the District is home to native Washingtonians and transplants from across the country, the effects of structural racism are apparent across the eight wards comprising the District.ⁱⁱⁱ Structural racism encompasses “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources.”^{iv}

A January 2024 analysis published in the “Washington Post” found that many District residents living outside of the most prosperous wards have been deeply impacted by structural racism and other systemic issues, which impacts access to health care and contributes to suboptimal health outcomes.^v According to the 2019 Community Health Needs Assessment, residents in Ward 8 – where 24% of families have income below the poverty line – are expected to live 16 years shorter than residents of Ward 3 – where just 2% of families have income below the poverty line.^{vi} Forty-nine percent of Black District residents live in a medically underserved area.^{vii} Within medically underserved areas in the District, there are

higher rates of diabetes and other chronic diseases – signaling the need for equitable access to preventative treatments and medicines.

PhRMA's health equity work, as illustrated in the PhRMA Health Equity Chart Pack,^{viii} highlights how every patient's journey to access medicines and treatments is complex and impacted by social determinants of health and structural inequalities. For example, Black and Hispanic women are diagnosed with breast cancer at a later stage than White women, which can prevent or delay the receipt of life saving therapy.^{ix} Similarly, restrictive pharmacy insurance benefit designs can have the greatest impacts on lower income populations who have less resources to afford the high out-of-pocket costs for medicines.^x Ensuring equitable health outcomes requires a comprehensive look at the social determinants of health and health insurance benefit design factors that impact a patient's ability to access the care and medicines they need.

We recognize that the District is one of many places with a long-standing history of inequities^{xi} – that contributes to disparities in medication access. For example, pharmacy closures and pharmacy deserts are increasing in rural and urban centers across the nation.^{xii}

This year, the PhRMA CAREs Grant program seeks to support scalable and replicable efforts that disrupt inequitable access barriers to medicines in the District of Columbia and across the nation. From the grant efforts, we seek to identify potential “best practices” towards equitable access medicines that can be replicated or scaled to other communities and geographies.



Funding will be offered to organizations currently undertaking efforts to advance targeted outcomes, and that offer potential best practices to inform policy solutions across other communities/cities/states across the U.S.

Example projects include:

- Community-based interventions to increase accessible health information
- Initiatives to reduce out-of-pocket costs associated with medicines
- Locality-specific analysis of policies and social determinants of health that entrench disparities in health outcomes (e.g., closure of pharmacies or hospitals)
- Evaluating social and systemic structures that drive inequities in access to health care and medicine, and scalable solutions (e.g., access to healthy food, shelter, refrigerators)

Eligibility:

- Open to all organizations and individuals engaged in activities to advance health equity
- Organizations and individuals can be based in any city, state, or territory in the United States
- Preference will be given to applicants who are based in (or serve) communities with measurable health disparities, like Washington D.C.
- 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

Applicants with selected proposals will each receive a grant from PhRMA in the range of \$50,000 - \$75,000. The funding must be used to support the effort described in the proposal and the development of a brief report described below. Use of funding for indirect costs is limited to 20% of the grant.

How to Apply:

Applications for the PhRMA CAREs Grant, [Supporting Equitable Access to Medicines in Washington D.C. & Across the Nation](#), are open and will be accepted on a rolling basis until **September 2nd at 5 PM EST**. Applicants must submit a proposal on one page with the following sections:

- 1 Title and abstract:** A title and succinct 300 word abstract of description of the work. This abstract may be used as the basis for creation of publicly available promotional materials by PhRMA or its agents, if selected.
- 2 Main description:** A description of a past, proposed, or ongoing effort to support equitable outcomes, including geography (e.g., zip code or state) of the reach of the work, population targeted, intervention, and expected outcome (maximum 600 words). The description will be used to assess the quality of the proposal by the reviewers.
- 3 Potential for best practice:** Brief description of how the effort can be applied to advance health equity in other communities, disease states, or public health concerns (maximum 300 words). The potential for best practices will be used to assess the ability of the proposed effort to be replicated in other communities, disease states, or public health concerns.

Additional details in preparing the submission:

- Title, primary applicant name, and affiliated organization(s) of the applicant should be included in header.
- Name, email, and affiliated organization(s) of award applicant. Please note the name of the Project Lead.
- 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 requirements of this RFP. PhRMA has sole discretion to select the winning proposals.



Successful applicants receiving CAREs grants must submit an initial progress report to update on efforts within 8 weeks of receipt of the grant and provide additional progress reports in 3-month increments for one year from funding receipt and as may be requested by PhRMA.

Grantees will be required to participate in activities and submit materials in connection with the CAREs grant such as, but not limited to:

- Present CAREs grant activities to PhRMA or other health-related organizations;
- Develop a paper for public dissemination 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.

In addition, grantees may be invited to participate in other PhRMA activities, such as:

- Appear in media campaigns by PhRMA or related entities;
- Participate/submit photos, videos, or other media related to the grant.

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 Total Population in District of Columbia. 2020 US Census. US Census. Accessed June 2024. Available at: <https://data.census.gov/all?q=District%20of%20Columbia,%20District%20of%20Columbia>.
- ii S1901 Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars). US Census Bureau. Accessed June 2024. Available at: <https://data.census.gov/table?q=income%20in%20District%20of%20Columbia,%20District%20of%20Columbia>
- iii Racial Equity in D.C. D.C. Policy Center. Accessed June 2024. Available at: <https://www.dcpolicycenter.org/racialequity/>
- iv Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet*. 2017;389(10077):1453-63; King, CJ
- v Brice-Saddler M, Portnov J, Harden JD, Chen JK. Half of Black D.C. residents lack easy access to health care, analysis shows. (2024). *Washington Post*.
- vi 2024 Demographics. DC Health Matters. Available at: <https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131490§ionId=>; 2019 District of Columbia Community Health Needs Assessment. District of Columbia Department of Health. Available at: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DOH_CHNA_ExecSummary_WEB_spreads%202-14-2020%20Reduced.pdf
- vii Brice-Saddler M, Portnov J, Harden JD, Chen JK. Half of Black D.C. residents lack easy access to health care, analysis shows. (2024). *Washington Post*.
- viii Health Equity Chart Pack. PHRMA. 2022. <https://phrma.org/resource-center/Topics/Equity/Health-Inequities-Impede-Access-to-Medicines> .
- ix Tsopatsaris, A., Babagbemi, K., & Reichman, M. B. (2022). Barriers to breast cancer screening are worsened amidst COVID-19 pandemic: A review. *Clinical imaging*, 82, 224-227. <https://doi.org/10.1016/j.clinimag.2021.11.025>
- x 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>
- xi Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance. The Commonwealth Fund. November 2021. Accessed June 2024. Available at: <https://www.commonwealthfund.org/publications/scorecard/2021/nov/achieving-racial-ethnic-equity-us-health-care-state-performance>
- xii Qato, D. M., Daviglus, M. L., Wilder, J., Lee, T., Qato, D., & Lambert, B. (2014). 'Pharmacy deserts' are prevalent in Chicago's predominantly minority communities, raising medication access concerns. *Health affairs (Project Hope)*, 33(11), 1958-1965. <https://doi.org/10.1377/hlthaff.2013.1397>; Wittenauer R, Shah PD, Bacci JL, Stergachis A. Locations and characteristics of pharmacy deserts in the United States: a geospatial study. *Health Affairs Scholar*. April 2024; 2(4). Available at: <https://doi.org/10.1093/haschl/qxae035>