

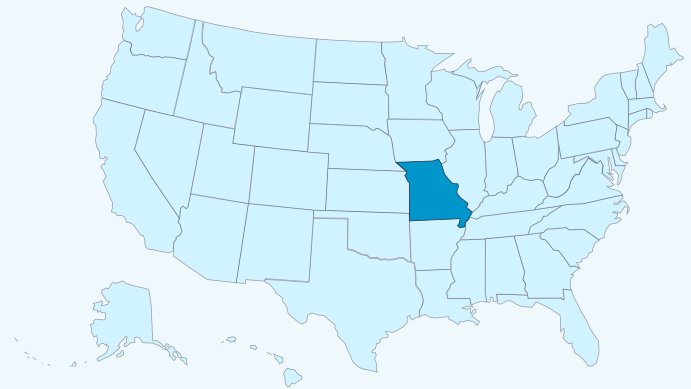
The CAREs Grant Program

The COVID-19 pandemic deepened health disparities, including the gap in average life expectancy and outcomes for many chronic diseases across race, gender, and geographic location. But, health disparities have deep roots in the U.S. where it is well documented that communities of color have a higher prevalence of preventable, chronic diseaseⁱ and tend to be diagnosed and treated later than white Americans.

PhRMA believes that diversity, equity, and inclusion^{ii, iii, iv} are essential to the discovery of new medicines and that people of all ethnic and racial backgrounds should have equitable access to treatment.^v We are committed to addressing the many interwoven social determinants of health that allow health inequities to arise and persist.^{vi} Moreover, we believe addressing inequities requires connecting with and learning from affected communities directly.

Recognizing that each community faces unique barriers, PhRMA established the Collaborative Actions to Reach Equity (CAREs) grant program in April 2020. The CAREs grant program aims to support community-centered solutions to address health inequities through partnership with community-led organizations. These awards support local and national activities and research to drive meaningful change on the ground to advance health equity. The CAREs grant program not only supports the efforts of grantees to advance equity, it also helps support the identification of community-led best practices toward scalable, practical interventions that can be applied to other communities, disease states, or public health concerns to advance health equity.

CAREs Grant Recipients for Missouri



Exploring Patient and Caregiver Beliefs on Remote Patient Monitoring to Decrease Disparities in Medication Adherence among Children with Asthma Children's Mercy Kansas City in Kansas City, Missouri

African American children are more likely to be hospitalized and more likely to die from asthma than white children due in part to socioeconomic and environmental factors that frequently lead to suboptimal medication adherence. Electronic medication monitoring is the gold standard for assessing inhaler adherence and has been shown in research studies to improve outcomes, but one challenge to uptake of this remote patient monitoring technology in real life is concern relating to data privacy and security. As part of upstream work to improve adherence and outcomes in high-risk populations, the Advanced Asthma Interdisciplinary Respiratory Clinic at Children's Mercy Kansas City, which serves children with severe asthma who are primarily African American and/or covered by Medicaid, will undertake research to better understand patient and caregiver attitudes and concerns regarding the use of this technology, as well as anticipated barriers.

Continued



Addressing Health Inequities and Ensuring Access to Care after Hospital Discharge in Patients with Post-Intensive Care Syndrome due to COVID-19 through Community Health Worker Engagement

Center for Health Outcomes Research and Education at the University of Health Sciences and Pharmacy in St. Louis in St. Louis, Missouri

Post-intensive care syndrome (PICS) is a serious health condition that can develop following hospital discharge from the intensive care unit. The timeline for recovery from PICS can be extended in socially disadvantaged patient populations who may not receive appropriate follow-up care. With CAREs funding, researchers at the Center for Health Outcomes Research and Education will support patients with PICS in the transition to home care following discharge from the hospital by connecting patients with community health workers and pharmacy support. These efforts will aim to provide equitable access to nutrition, health education, and medication management. The findings and methods implemented in this project can be generalized to multidisciplinary teams who provide care for PICS patients across the country.

To learn more about PhRMA's equity efforts please visit phrma.org/equity.

i Minority Health Profiles. Office of Minority Health. Available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=26>

ii Kim G, Ford KL, Chiriboga DA, Sorkin DH. Racial and Ethnic Disparities in Healthcare Use, Delayed Care, and Management of Diabetes Mellitus in Older Adults in California. *J. Am. Geriatr. Soc.*; 2012; 60 (12). <https://doi.org/10.1111/jgs.12003>

iii Artiga S and Orgera K. Key Facts on Health and Health Care by Race and Ethnicity. Kaiser Family Foundation. 2019; <https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-coverage-access-to-and-use-of-care/>

iv Kim EJ, Kim T, Conigliaro J, Liebschutz JM, Paasche-Orlow MK, Hanchate AD. Racial and

Ethnic Disparities in Diagnosis of Chronic Medical Conditions in the USA. *J Gen Intern Med.* 2018 Jul;33(7):1116-1123. doi: 10.1007/s11606-018-4471-1. Epub 2018 May 7. PMID: 29736755; PMCID: PMC6025658.

v PhRMA, "Building a Better Health Care System: PhRMA's Patient-Centered Agenda" <https://phrma.org/report/Building-a-Better-Health-Care-System-PhRMAs-Patient-Centered-Agenda>
vi PhRMA, "Building a Better Health Care System: PhRMA's Patient-Centered Agenda" <https://phrma.org/report/Building-a-Better-Health-Care-System-PhRMAs-Patient-Centered-Agenda>