



May 12, 2009

FOR IMMEDIATE RELEASE

Contact: Gretchen Wartman, (202) 223-7560

Report Reveals Disparities in Pharmaceutical Treatment for Minority Patients

May 12, 2009 (Washington, DC)—A new report from the National Minority Quality Forum finds that appropriate medications for a variety of diseases often are under-prescribed, over-prescribed, or mis-prescribed for African Americans, Hispanics and Asian Americans. This comprehensive review of studies on medication use in U.S. minority groups, entitled *Origins and Strategies for Addressing Ethnic and Racial Disparities in Pharmaceutical Therapy: The Health-Care System, the Provider, and the Patient*, reveals disparities in treatment of minority patients with cardiovascular illness, asthma, psychiatric illness, pain and other conditions.

The report, authored by Richard Levy, Ph.D., Robert C. Like M.D., M.S., and Harry S. Shabsin, Ph.D., finds disparities in access to medications through insurance programs, in the prescribing of medications and in adherence to medication regimens. The report offers recommendations for health-care planners and advocates, clinicians and health-care organizations to improve prescribing and use of medications in a diverse society.

“Since medications are a cornerstone of treatment for many diseases, addressing unequal or inappropriate medication use should be a focus for practitioners and organizations committed to the goal of eliminating health-care disparities. We hope this report raises awareness of the extent of medication disparities and will stimulate solutions to address the problem,” said Dr. Like, Professor and Director of the Center for Healthy Families and Cultural Diversity of the UMDNJ-Robert Wood Johnson Medical School.

The report points out that improving access to and use of medications in diverse groups requires policies that enable affordable, personalized therapy. Ethnic/racial background should, like other factors such as age or gender, be considered in selecting drugs and dosages, in the composition of drug formularies and preferred drug lists, and in determining the scope of drug substitution policies. The report emphasizes that therapy must be tailored to individual needs and stereotyping and overgeneralization in caring for diverse populations should be avoided.

Dr. Levy, a health care consultant and former vice president of the National Pharmaceutical Council, states: “Differences in response to pharmaceuticals in minority populations indicate the importance of including diverse groups in comparative-effectiveness assessments. Failure to do so may reduce, rather than improve, the quality of care for ethnic and racial minorities.”

Key Findings from the Report

- Many studies have revealed ethnic/racial disparities in prescribing (under-prescribing, over-prescribing or mis-prescribing) for specific diseases or classes of medication, including medications for asthma, depression, psychosis, cardiovascular disease, diabetes, pain and infectious disease.
- Medication disparities can stem from a relative lack of health and drug insurance, aggressive cost containment in pharmacy benefits plans and reduced services at pharmacies in minority neighborhoods. All of these situations can limit access to medications or cause patients to reduce or discontinue therapy.
- Most state Medicaid programs utilize pharmaceutical cost containment policies which include prior authorization, generic substitution, preferred drug lists, copayments and caps. While fulfilling their intent to save drug costs, these policies may have the unintended consequences of limiting access to necessary medications. This limitation has been associated with increased utilization of medical services by minority patients.
- Suboptimal prescribing may reflect a clinician's lack of knowledge about the patient's culture or to the clinician's beliefs about that culture. Clinicians who have that knowledge and who communicate well can positively affect treatment outcomes.
- Relatively low adherence in filling initial prescriptions, refilling prescriptions and taking medications according to directions has been reported in minority patients being treated for asthma, depression, psychosis, cardiovascular diseases, osteoporosis, diabetes and in receiving vaccinations. Low medication adherence in minority populations has been correlated with reduced health status.
- Much of the association between race/ethnicity and low adherence is explained by low household income, lack of insurance, poor education, low health literacy, language barriers and cultural beliefs. Low adherence may also reflect poor communication by providers, often due to lack of cultural competence training and time/resource constraints.
- Use of herbal or other folk remedies by persons from various cultural backgrounds can complicate, interact and sometimes detract from treatment with western medicines.
- Response to medications and optimal dosages may differ due to genetic or environmental factors, or diet. Ethnic differences have been consistently reported in the metabolism, effectiveness and frequency of side effects of many important drugs. Failure to account for these differences when prescribing or selecting agents for formularies or preferred drug lists may lead to suboptimal treatment and disparities.

The report is available online at <http://store.nmqf.org/p-13-nmqf-e-books.aspx>.

* * *

About the National Minority Quality Forum

The National Minority Quality Forum (<http://www.nmqf.org/>) is a nonprofit, nonpartisan research and educational organization dedicated to ensuring that high-risk racial and ethnic populations and communities receive optimal health care. The Forum integrates data and expertise in support of initiatives to eliminate health disparities.