

Social, Economic, and Political Correlates of Geographic Disparities in HIV and Cardiovascular Medication Utilization

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INTRODUCTION

Increased prevalence of cardiovascular disease and human immunodeficiency virus (HIV) in Black communities across the nation leads to excessive mortality. Equitable access and adherence to medicines to prevent and manage disease progression can play important roles in reducing disparities in health outcomes.

OBJECTIVE

To identify social, economic, and political correlates of state-level disparities in medication utilization for older adults diagnosed with cardiovascular disease and HIV.

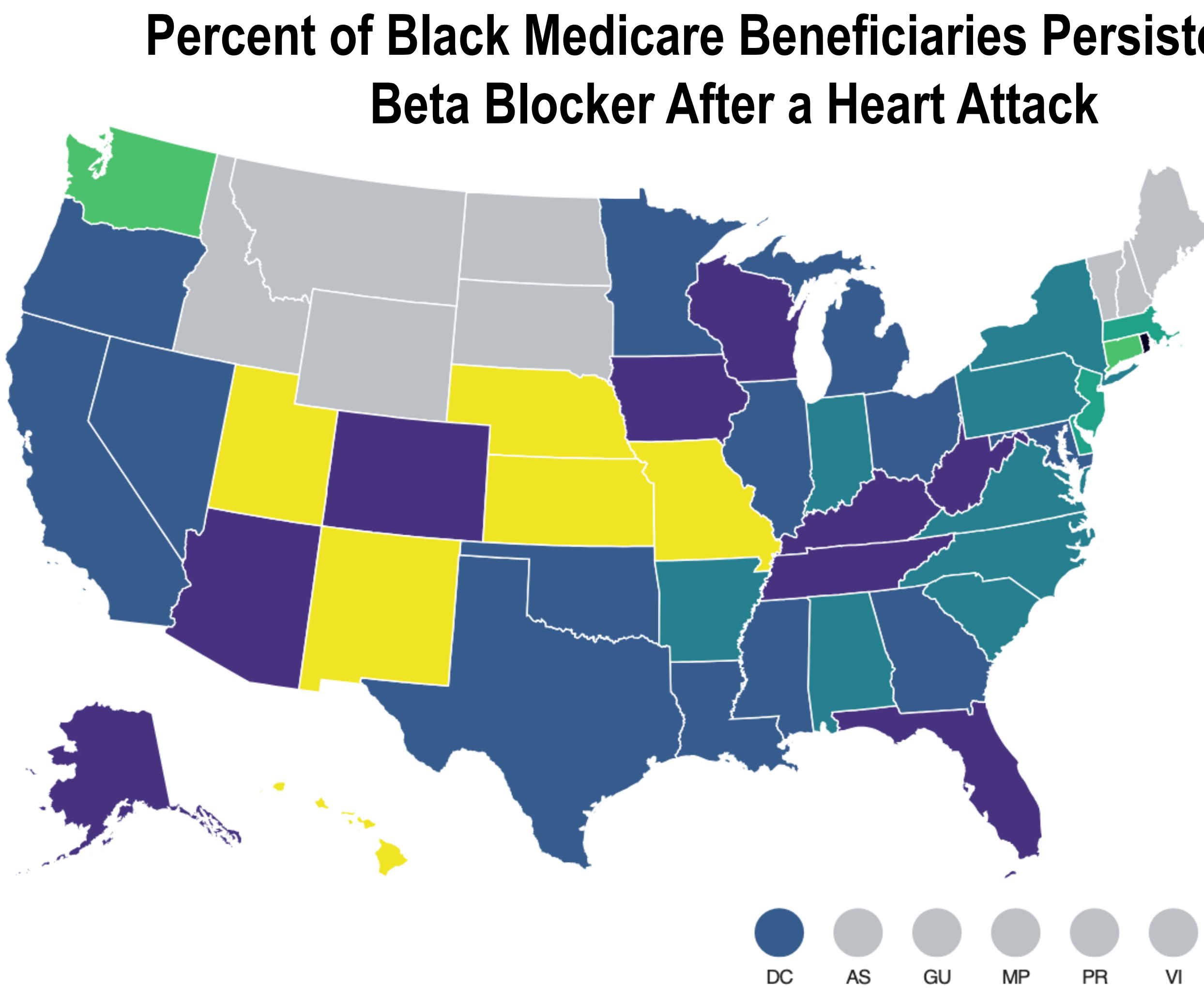
METHODS

Cardiovascular disease prevalence, HIV prevalence, and medication utilization (i.e., persistence and adherence based on seven National Quality Forum and Pharmacy Quality Alliance measures) were estimated using claims data for the 2020 Medicare fee-for-service population. Results were uploaded to the Morehouse School of Medicine Satcher Health Leadership Institute Health Equity Tracker (HET). The HET includes social determinants of health, political determinants of health, and other epidemiological data from various public sources. Using the HET’s heat map feature, correlations between social and political determinants of health and rates of medication utilization across U.S. states and counties were identified.

IMPLICATIONS FOR POLICY

Public health tools, such as the Morehouse School of Medicine HET, provide decision makers with evidence of health inequalities. Reducing medication utilization disparities requires a holistic approach, including redressing the effects of social, economic, and political determinants of health.

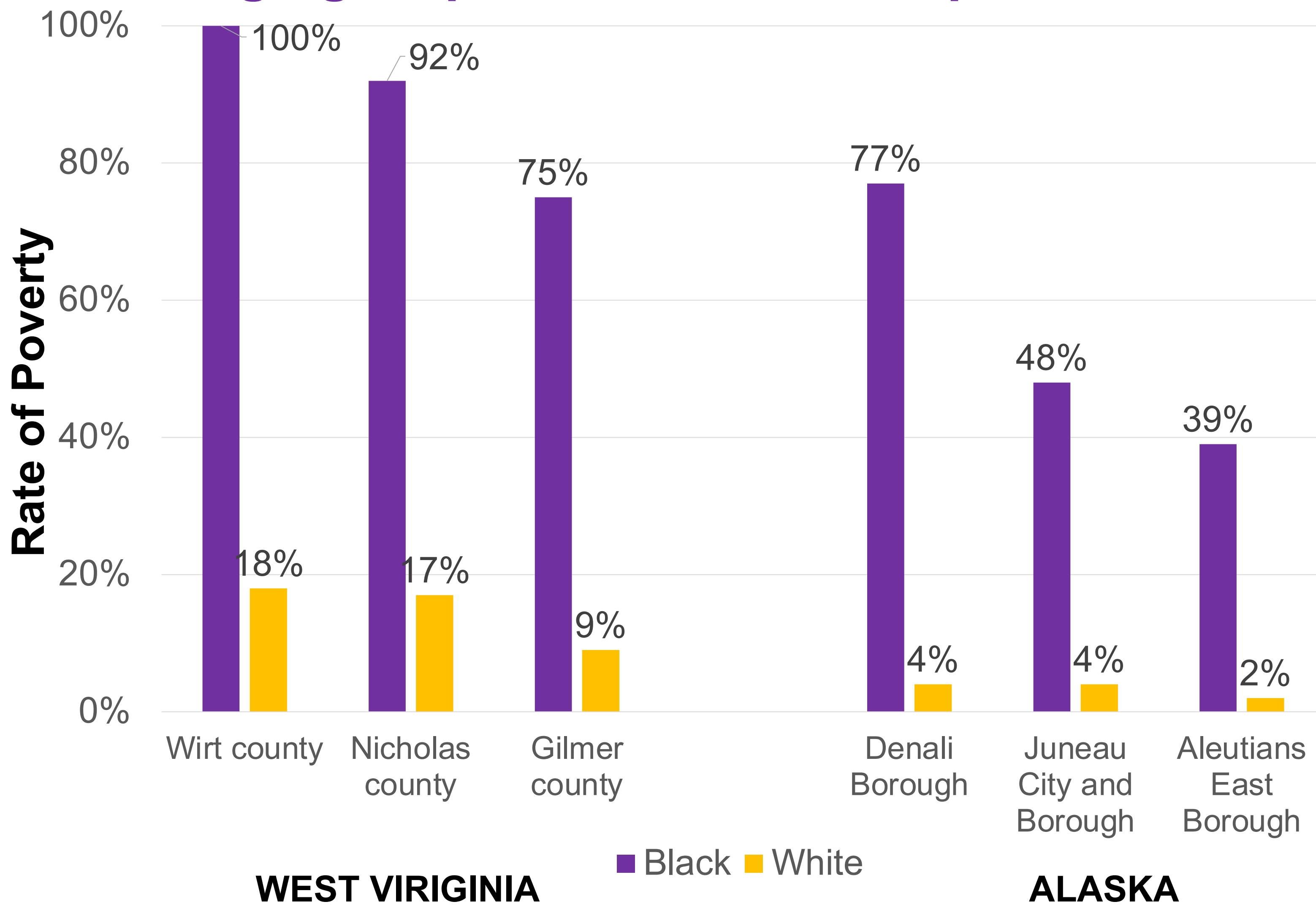
Black/White disparities in utilization of beta blockers after a heart attack are the highest in Alaska and West Virginia.



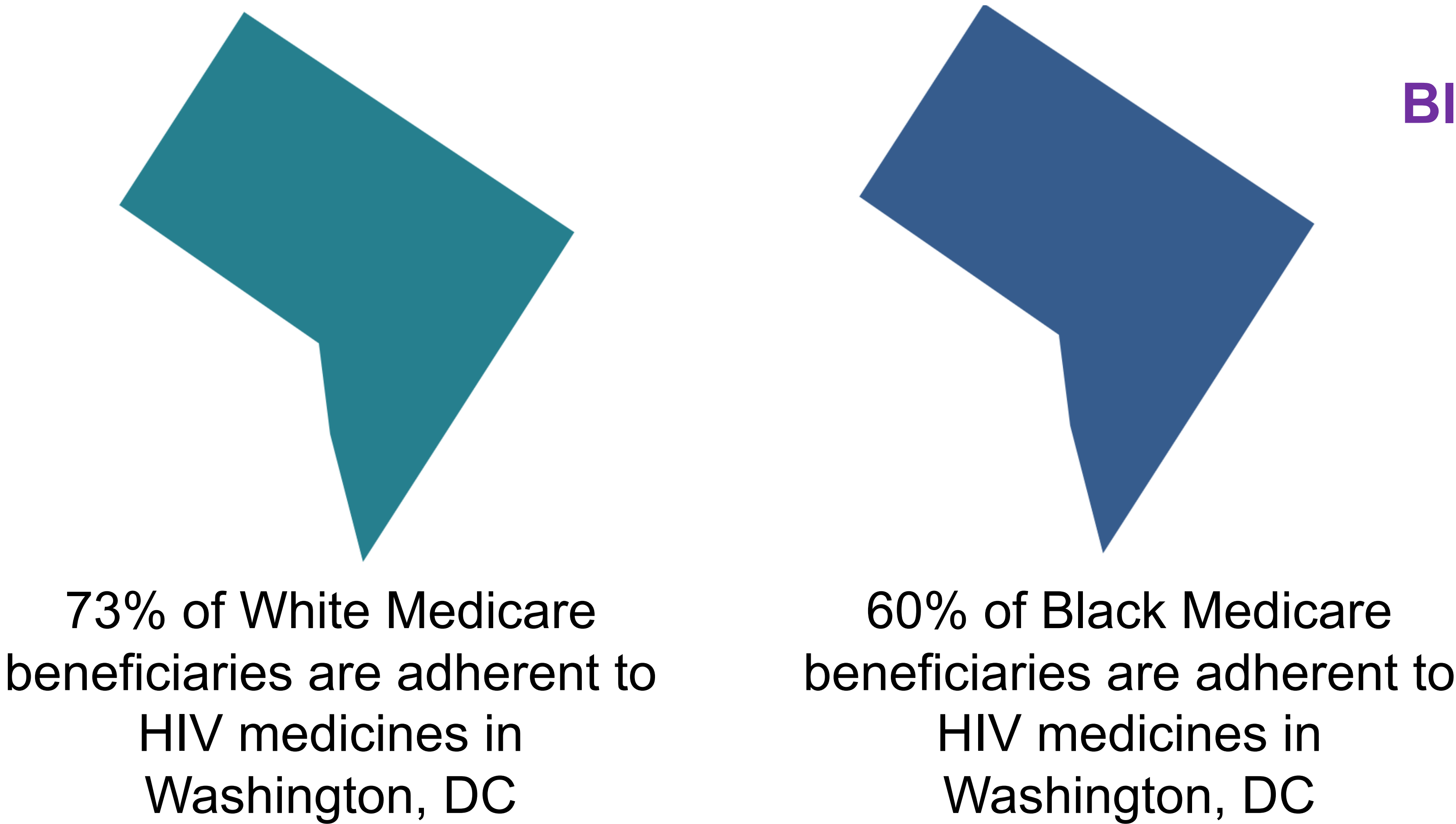
2.2-2.6x
more White patients in Alaska and West Virginia are persistent to beta blockers after a heart attack as compared to Black patients

1.5x
more White patients in Colorado, Washington DC, Florida, Kentucky, Tennessee, and Wisconsin are persistent to beta blockers after a heart attack as compared to Black patients

States with racial disparities in utilization of beta-blockers after a heart attack also have high geospatial economic disparities.



Washington, DC has the highest rate of HIV cases among Medicare beneficiaries in the country. In Washington, DC 1.2x more white Medicare beneficiaries are adherent to HIV medicines as compared to Black beneficiaries.



Black/White disparities in adherence to HIV medicines could be attributed to unaffordability of medical care.

7%

Black residents in Washington, DC avoid medical care due to cost as compared to 3% of White residents.