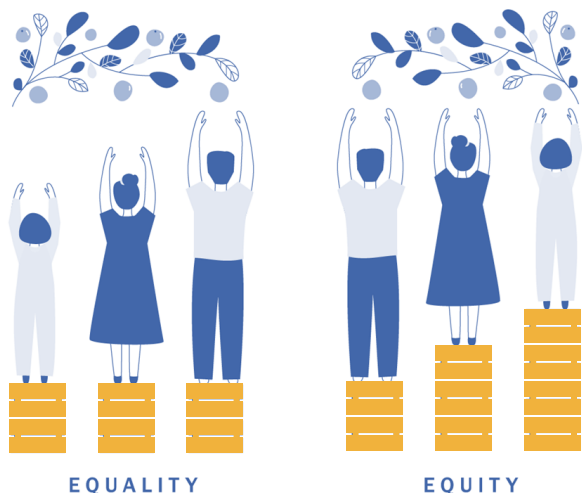


# PHARMACOEQUITY

## WHAT IS EQUITY?

The term “equity” refers to **fairness and justice** and is distinguished from equality: Whereas equality means providing the same to all, equity means **recognizing** that we do not all start from the same place and must **acknowledge** and **make adjustments** to imbalances.



## WHAT IS PHARMACOEQUITY?

Ensuring that all patients regardless of **race, ethnicity, socioeconomic status, or availability of resources** are treated with the optimal medication regimen, have access to their medications, and can use their medications to manage their health conditions.



Pharmacoequity aims to increase **affordability, access, and utilization** of medications for **all patients**.

## WHY IS IT NECESSARY?

There are many consequences of disparities in healthcare, such as **increased hospitalization, increased cost of care, and decreased rates of survival**.

## WHAT CAN WE DO TO HELP?

Healthcare providers must work collaboratively to optimize medication therapy for all patients by 1) providing **comprehensive medication management** to ensure the optimal medication regimen is used, 2) confirming that patients **understand** and can take their medications, and 3) ensuring that patients have access to and can **afford** their medications.

# \$528.4 billion

is the estimated annual cost of prescription drug-related morbidity and mortality resulting from nonoptimized medication therapy

# 6.1%

of Americans over the age of 18 failed to obtain needed medical care due to cost

# 82.7 million

individuals below the age of 65 in the US chose to postpone or forgo obtaining a necessary prescription because of financial constraints

## DETERMINANTS OF PHARMACOEQUITY

### Patient Factors

- Race and ethnicity
- Education
- Employment status
- Trust in healthcare team
- Language & health literacy

### Health System Factors

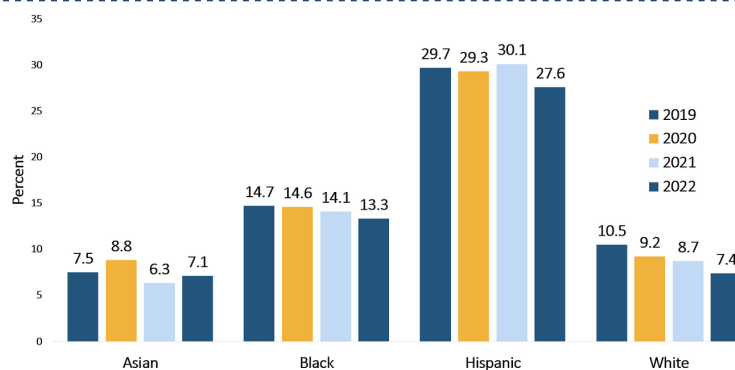
- Provider bias
- Geographic access
- Staff diversity
- Research involvement
- Quality of care

### Social Policy Factors

- Transportation access
- Pharmacy access
- Income and wealth
- Neighborhood factors
- Criminal justice

### Health Policy Factors

- Insurance benefits
- Drug development
- Research regulation
- Drug pricing & price control programs (340B)



Percentage of adults aged 18–64 who were uninsured, by **race and ethnicity** and year: United States, 2019–2022