



Kellogg Health Scholars

Connecting Academe, Community, and Policy

M E E T T H E K E L L O G G H E A L T H S C H O L A R S

Anthony Omojasola, Dr.P.H., M.H.A., FACHE

Tony Omojasola's research interests are in reducing health service disparities in low-income populations, especially as they relate to health care access, health insurance, and prescription drugs. During his postdoctoral fellowship at the Center for Research on Minority Health, University of Texas M. D. Anderson Cancer Center, he will be examining the utilization of discount generic prescriptions as a way of improving access to drug therapies. Additionally, he plans to study the capacity of public and primary care providers that serve the uninsured, underinsured, and Medicaid populations in Houston. Omojasola's educational background includes a masters in health administration from Tulane University and a doctorate in public health from the University of Kentucky. He is a Fellow of the American College of Healthcare Executives.

Research and Results

In a recent report by the Center for Studying Health System Change, those with low incomes, chronic conditions, and the uninsured face the greatest gaps in their need for prescription drugs. A total of 12.5 million uninsured working-age Americans -- 35 percent of the uninsured -- reported unmet prescription drug needs. A person who is uninsured was three times as likely not to fill a prescription compared with an insured person. And in Houston, where Omojasola is targeting his work, fully 30 percent of the population lacks insurance -- one of the highest rates in the nation.

"High prescription costs complicate the problem," Omojasola explains. "Frequently, low-income patients without the resources to fill their prescriptions forego essential medication, contributing to health disparities as well as increasing use of emergency rooms and unnecessary hospitalizations. The impact is particularly severe among chronically ill patients."

Omojasola has designed a study to determine if low-income populations in Houston are aware and taking

advantage of retail store policies offering discounted generic prescriptions, and the extent to which this addresses their unmet drug needs. "Stores like Kroger, Randall's, Target, Wal-Mart, HEB, Walgreen's and CVS are charging \$4 for a 30-day supply or \$10 for a 90-day supply of specified generics, including many used to treat chronic conditions," he explains. "If these programs are being used, they may have good potential for reducing health disparities."

Policy Implications

If existing discount prescription programs are found to be effective, incentives to replicate them may be recommended. And to the extent that such programs are not fully utilized, education to inform low-income consumers may be needed.

However, other issues also affect availability of needed medications. Omojasola has already found that there is a scarcity of retail pharmacies in Houston's minority neighborhoods. Thus incentives for new pharmacy outlets to locate in underserved

communities may also help reduce avoidable hospitalizations and use of emergency room services.

Where less expensive generic alternatives are available, greater incentives to utilize them may be in order. Educational interventions can enhance the frequency with which patients talk with their physicians and pharmacists to assist them in making informed decisions about generic medications and the appropriateness of a generic for their particular illness or health condition. “On a national basis,” Omojasola notes, “it has been estimated that every one percent increase in the use of generics reduces annual spending on prescription drugs by \$4 billion.”

There are also many situations where more expensive brand name products are the only indicated therapy. Drug manufacturers do offer brand name prescription assistance to low-income patients, although varying requirements and multiple application processes are cumbersome. Standardizing application requirements could help make such programs easier to use. Ultimately, some believe the answer lies in changes to existing patent policies that prolong brand-name monopolies in the U.S.

To learn more about
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To learn more about the Kellogg Health Scholars Program, contact Barbara Krimgold of the Center for Advancing Health at bkrimgold@cfah.org or visit www.kellogghealthscholars.org.