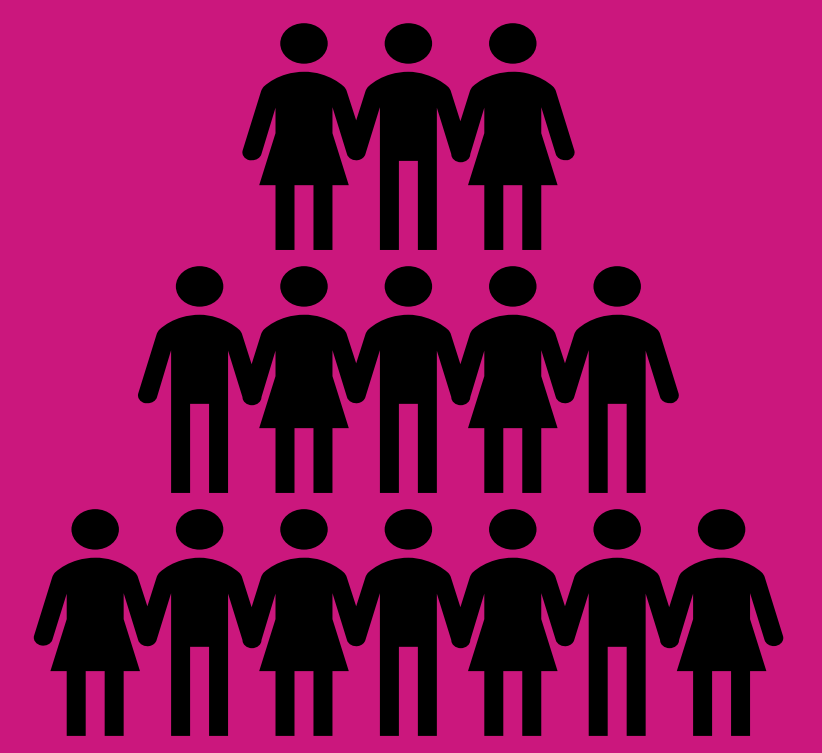


ADDRESSING DISPARITIES FOR MEDICATION ADHERENCE AMONG ADULT MEMBERS DIAGNOSED WITH DEPRESSION



What is the problem?

Members are not adherent to antidepressant medication for depression.

GOAL

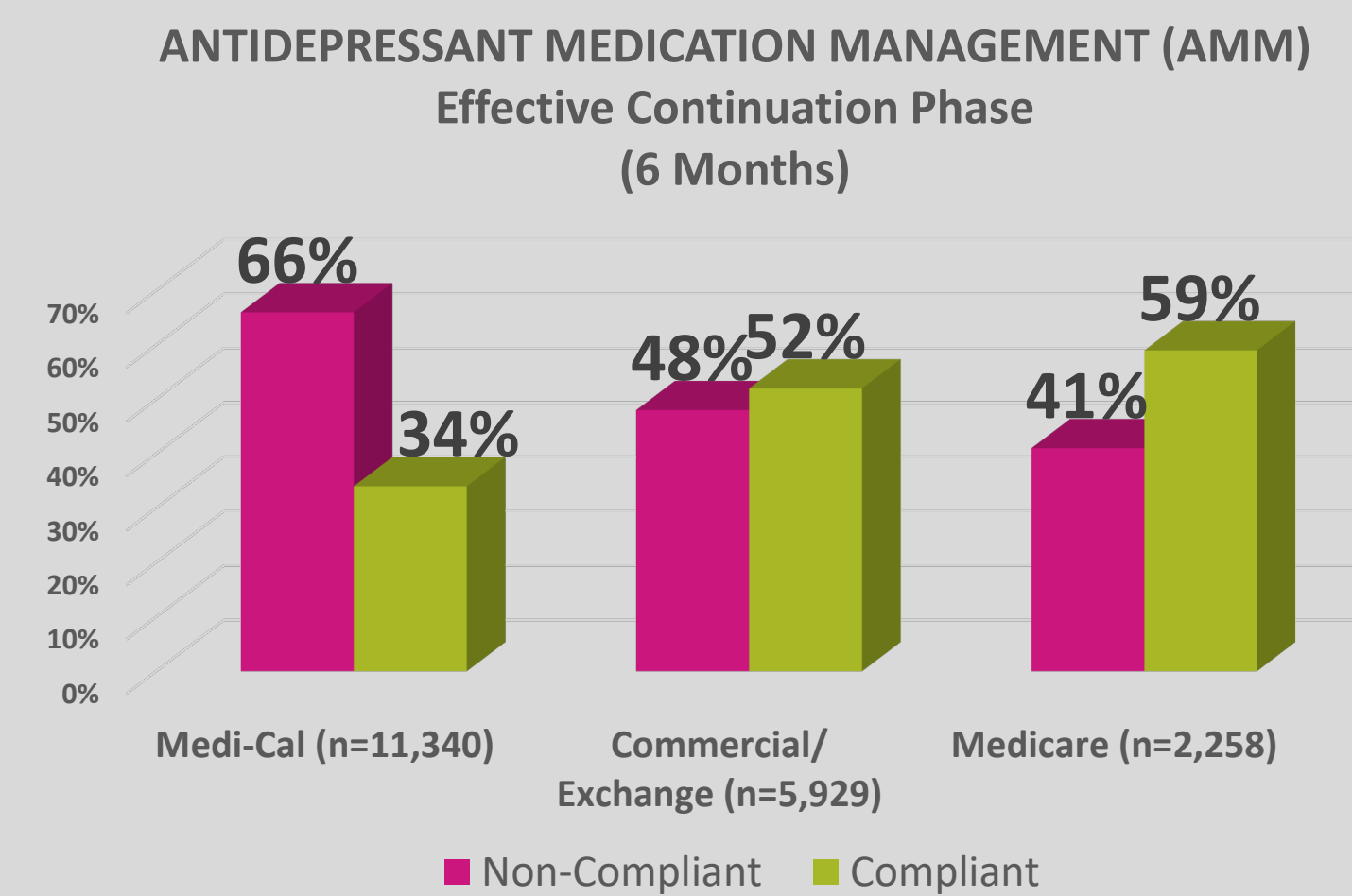
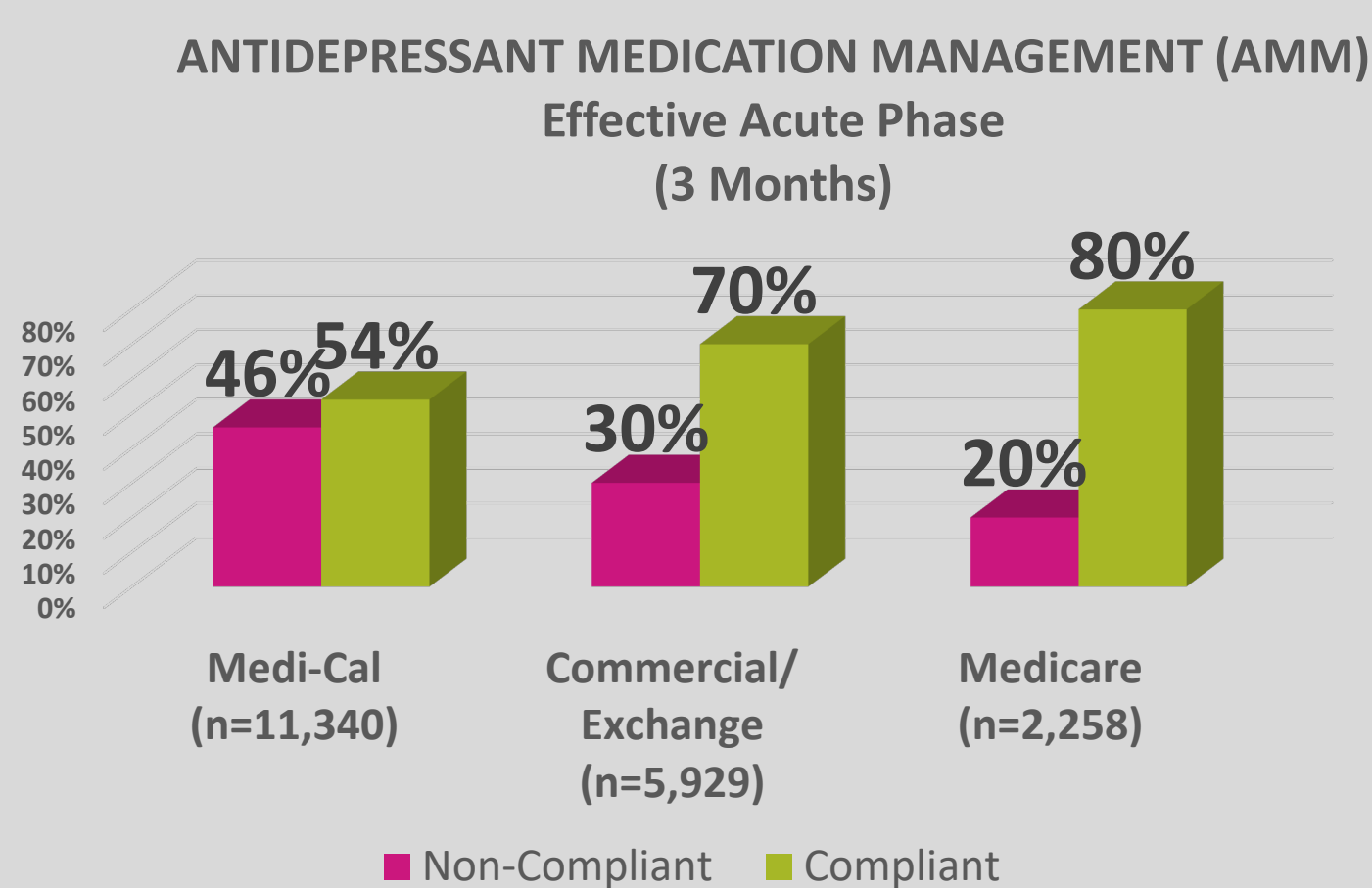
To educate Hispanic members through a cultural-sensitive approach about the importance of medication adherence.

How is Antidepressant Medication Management evaluated?

This measure has 2 phases:

1 Acute Phase - The % of members who remained on the medication for at least 12 weeks.

2 Continuation Phase - The % of members who remained on medication for 6 months.



FOCUS GROUPS & SURVEY KEY DEMOGRAPHICS (N=45)

67%



of the participants are females.

60%



of the participants their primary language is English.

60%



of the participants are Hispanics.

53%



of the participants are married.

36%



of the participant's age range is from 60 to 69.

49%



of the participants have a high school graduate/GED and some college.

HIGHLIGHTS

- ❖ Surveys and focus groups confirmed findings from literature review, specifically about beliefs in attitude and perception of medications and depression diagnosis.
- ❖ The most common barriers to adherence were being afraid of side effects and worry about becoming dependent on medications.
- ❖ 41% of the surveyed members believe that their depression had improved in the past year, while 44% believe their condition has not improved (either the same or worsened).
- ❖ Members reported a disconnect between perceived adherence and objective measures of adherence, as 47% of the surveys reported that members are taking their medication for depression as prescribed, while 18% reported that they never take it.
- ❖ 68% of the surveys agreed that the medication prescribed helped them feel better.
- ❖ 50% of the surveys reported that religious beliefs do not play a role in their decision to adhere to their prescribed medication for depression.

RECOMMENDATIONS

- ❖ Educational campaigns and materials to build awareness and destigmatize depression and other behavioral health conditions.
- ❖ Refer individuals to behavioral health providers or other specialist services before prescribing psychiatric medication.
- ❖ Need more female providers of color.
- ❖ Offer gym memberships and/or meditation videos as part of the plan's benefits.
- ❖ Partner with clinics, schools, churches, community-based organizations, and streaming platforms who serve the Hispanic community to provide appropriate resources.

