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between 2007 and 2008. This differed from other regions where there was no change or a decrease in EAC was observed. For example, in Alaska the lowest EAC were from other regions where there was no change or a decrease in 2007 (both unadjusted and inflation-adjusted). This differed from regions where there was a significant decrease only when 2007 EAC were inflation-adjusted, while highest 2007 EAC values (both unadjusted and inflation-adjusted) were significantly greater than the highest 2008 EAC.

CONCLUSION: The privatization of MPD plans was intended to decrease drug acquisition costs and theoretically these savings would decrease drug costs for Medicare-eligible patients. However, based on the variable trends between MPD regions, and in some instances the increase in EAC from 2007 to 2008, drug costs incurred by patients do not appear to be decreasing between 2007 and 2008.

THE STATE OF HEALTH ECONOMICS AND PHARMAEOECONOMICS EVALUATION RESEARCH IN ZIMBABWE

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OBJECTIVE: The study objectives were to describe the characteristics and quality of health economics (including pharmacoeconomics) evaluation research studies related to Zimbabwe. METHODS: A literature review was conducted to identify health economic evaluation articles. Health economics evaluation, PUBLMED, MEDLINE, HealthSTAR, EconLit, and PsychInfo databases and sociological and dissertation abstracts were used to search economic analyses. Only original applied economic evaluations addressing a health-related topic related to Zimbabwe were included. Two reviewers independently evaluated and scored each article in the final sample. RESULTS: The 25 identified articles, published between 1987 and 2005, appeared in 13 different journals (based mostly outside of Zimbabwe). On average, each article was written by three authors, who had mostly medical/clinical training. The number of authors peaked between 1993 and 1997. Based on a 1 to 10 scale, with 10 indicating the highest quality, the mean quality score for all studies was 5.36 (SD = 1.57) and about one-third of the articles were of poor quality (score < 4). The quality of articles was statistically significantly related (p < 0.10) to the country of journal (non-Zimbabwe = higher), type of publication (non-medical = higher), number of authors (more = higher), years of publication (more recent = higher), and primary health intervention (services higher than pharmaceutical interventions). The quality of the articles was not significantly related to the country of current residence of the primary authors, sample size, primary training of the first author, main objective of the study, and type of data (primary vs secondary). CONCLUSION: The results of the study indicated that the use of health economics (including pharmacoeconomics) evaluation research in Zimbabwe is limited and about one-third of published articles were of poor quality. More and better quality health economics research in Zimbabwe is warranted.

A TYPOLOGY OF AFRICAN AMERICAN COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) USE AND ITS CORRELATES FROM THE ANDERSEN HEALTH CARE UTILIZATION MODEL

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OBJECTIVE: 1) To identify clusters of African-American (AA) CAM users based on their past 12 month usage of 17 CAM...