



Toolkit for a Community-Led Response to Pharmacy Closures in Chicago

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill. Learn more about RWJF's Leadership for Better Health programs by visiting: rwjf.org/leadershipforbetterhealth

ABOUT THE TOOLKIT

This document can be used to guide the development and planning of future efforts aimed at engaging the community and public officials in addressing pharmacy access barriers in Black and Hispanic/Latino neighborhoods. We also expect this tool to emphasize the importance of awareness and building the evidence base to promote equitable policies. For more information contact: qato@usc.edu

Toolkit for a Community-Led Response to Pharmacy Closures in Chicago

Disparities in the use of prescription medications is an important, yet often overlooked, public health problem that may contribute to persistent health disparities across communities in the United States. Over the past decade, federal policy efforts attempting to address this problem have focused on ensuring prescription medications are affordable. While important, some communities do not even have a pharmacy. A recent study found that residents of minority neighborhoods on Chicago's West and South Sides are more likely to live in pharmacy deserts than those living in white neighborhoods. In recent years, the gap in pharmacy access in Chicago has worsened amid the unprecedented rise in pharmacy closures.

Ensuring access to pharmacies is a public health imperative. If we continue to ignore the role of pharmacies and pharmacy closures, more and more people living in predominately minority neighborhoods will continue to encounter barriers in accessing medications. This wicked problem is particularly important considering the scope of pharmacy services, particularly chains, continues to expand beyond the provision of prescription medications to include preventative and emergency care including contraceptives and naloxone. In March 2017, state and local officials including U.S. Representative Danny Davis and Senator Patricia Van Pelt, voiced concerns alongside community residents about the alarming and "unacceptable" increase in pharmacy closures affecting Chicago's West and South Sides.

Action-oriented strategy to address pharmacy deserts and closures at the patient and population levels

- Patient level: In partnership with local pharmacies and community health centers (CHCs), we explored feasible solutions to ensure patients get the prescriptions they need to stay healthy. Specifically, we looked into provision of transportation vouchers for CHC patients and are working on development of on-site telepharmacies at CHCs that had experienced a pharmacy closure.
- Population-level: We worked to address pharmacy closures by advocating for legislative and regulatory changes that prevent closures from occurring in the first place. Based on a stakeholder analysis, our team researched potential policy options such as increased pharmacy reimbursement, pharmacy location regulations, public financing of pharmacies at-risk for closure, and redlining.
- Meetings with key stakeholders including local health department officials, pharmacy organizations, CHCs, local pharmacists, and payers, helped us gauge the feasibility of our potential solutions and to identify additional partners.
- Town halls with community residents helped us ensure our solutions are responsive to community needs.



"I used to walk to the pharmacy. I am in the middle of two that closed. Walking would be our exercise. We would also utilize the minute clinics. I used to walk and I don't anymore... These closures have changed my life."

– Town Hall Attendee



Planning

We concurrently planned several pilot initiatives and advocacy strategies. We initiated several meetings and established relationship with the key pharmacy organizations (Walgreens, Cardinal Health), public health (Chicago Department of Public Health and the Illinois Department of Public Health) and policy officials at the state and federal level.

COMMUNITY PARTNERSHIPS

For this work, we partnered with Esther Sciamarella, Executive Director of the Chicago Hispanic Health Coalition and Melvin Thompson, Executive Director of Endeole Institute, a faith-based community organization that serves the South Side communities in Chicago. Stakeholders include Walgreens, the Chicago Department of Public Health (CDPH), local independent pharmacies, a federally-qualified health center (FQHC), and Cardinal Health's Telepharmacy division.

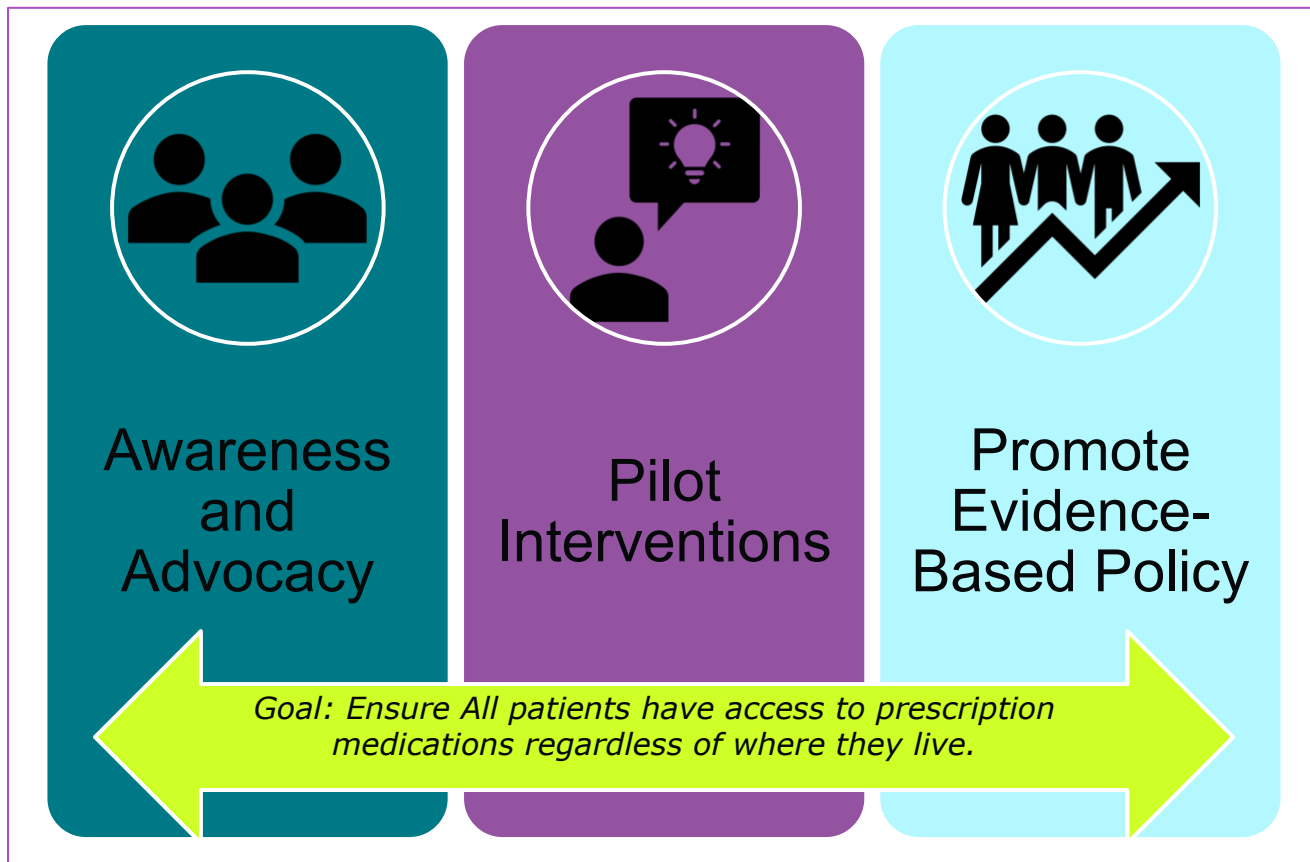
Project work

The project had three key components:




TEAM COMPOSITION

- Dima M. Qato, PharmD, MPH, PhD
- Shannon Zenk, RN, PhD




AWARENESS AND ADVOCACY

- **Media Coverage:** In collaboration with our community partners and other collaborators, our project and research received widespread news coverage that empowered the community and encouraged local policy makers to address the problem of pharmacy closures affecting black and Hispanic communities.




A Wave of Closures Has Left Some Neighborhoods in a “Pharmacy Desert”

Researchers point to a growing trend: fewer pharmacies in black and Latino communities, which could lead to a wider public health crisis.



'Pharmacy deserts' a growing health concern in Chicago, experts, residents say

Where are Chicago pharmacy deserts?



CHICAGO'S **npr** NEWS SOURCE

Where Did All The Corner Drug Stores Go? Areas Lose Easy Access To Medicine

By [Meha Ahmad](#)
Jan. 24, 2018, 8:30 a.m. CT

[▶ LISTEN 20:51](#)

✉ [f](#) [t](#)


Chicago CVS Closures Cause Major Headaches For Low-Income Seniors

By [Daniel Tucker](#)
May 6, 2019, 2:17 p.m. CT

[▶ LISTEN 18:13](#)

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- **Website:** We create a website to compile news items, policy updates and allow for community members to ask our team questions.



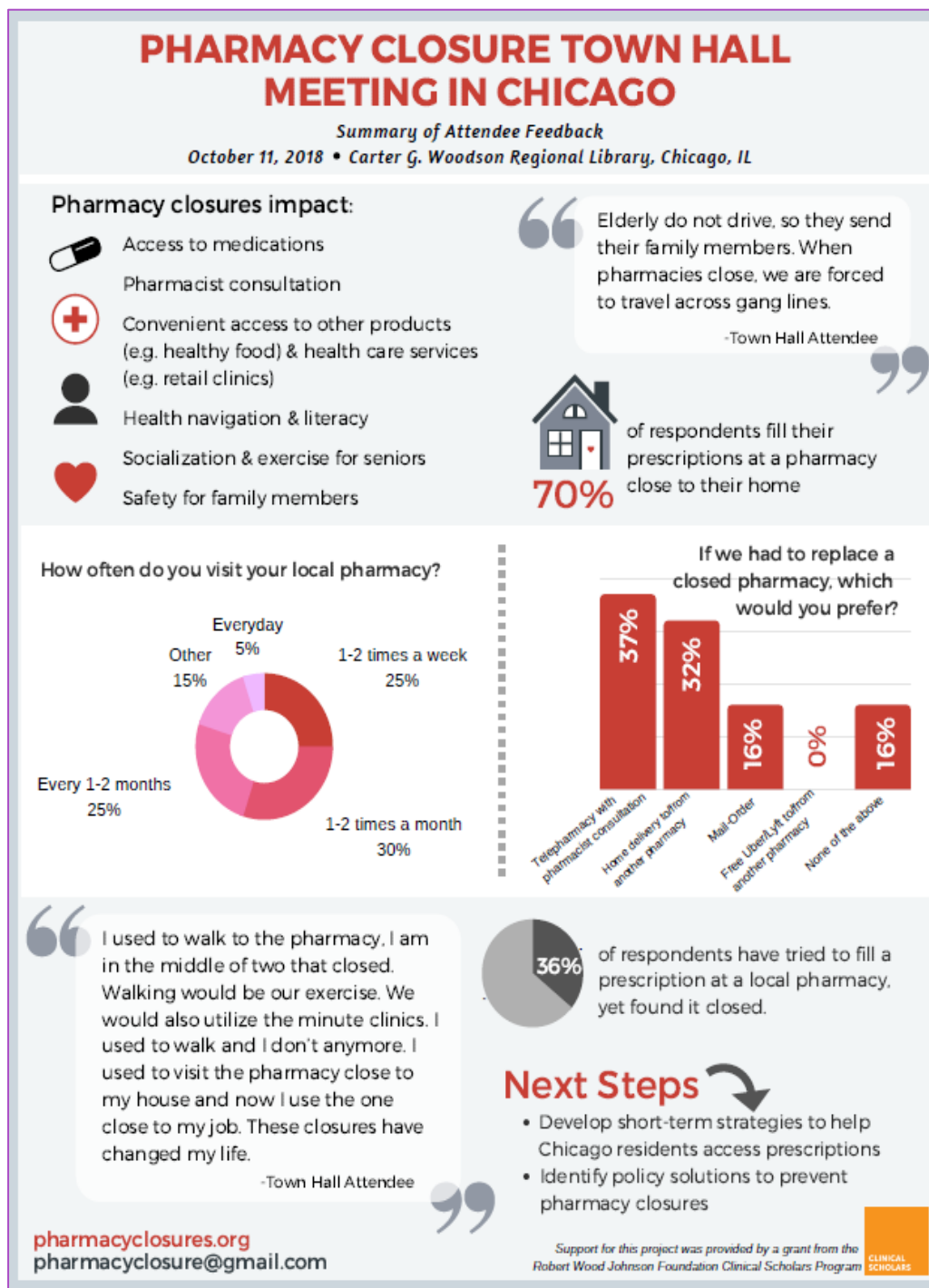
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PHARMACY CLOSURES

The Problem of Pharmacy Closures and Access to Medicines on Chicago's West and South Side: A Community-Led Response

[Learn More](#)

- **Town Hall Meetings:** In partnership with The Endealeo Institute and the Hispanic Health Coalition of Chicago, we held Town Hall meetings in neighborhoods recently affected by pharmacy closures.
- **Focus Groups:** The feedback from the Pilsen Clinic Focus Group informed our pitch to University of Illinois (UI) Health Leadership to fund telepharmacy pilot.



PILOT INTERVENTIONS

We also attempted to pilot a few patient-level interventions to directly address barriers in access to medications for residents affected by pharmacy closures. We initially planned on creating a transportation voucher program for patients visiting a local FQHC that had experienced a recent pharmacy closure. The resource constraints at the FQHC did not allow us to implement this program, although it was needed. We also attempted the development of a telepharmacy, but institutional barriers curtailed their success.

INFORMING EVIDENCE-BASED POLICY

- **Evidence-Based Research:** In order to improve equity in access to pharmacies, we conducted a series of analyses to inform national, state and local policy and programming efforts.
- **Illinois:**
 - Governor Signs Bill Creating Regulatory Framework for PBMs to Lower Prescription Drug Costs (HB 465)
 - Section 140.439 Critical Access Care Pharmacy Payment
 - Rural pharmacies to get state financial help State begins implementing \$10 million Critical Access Care Pharmacy program
- **Federal:** At the national level, our research was used to inform the development of legislation that would reform pharmacy benefit managers (PBM) reimbursement practices so they are more equitable and transparent.
- **Chicago:** In collaboration with CDPH, we discussed potential policy solutions. In order to do this, we conducted and updated our analyses of pharmacy deserts in Chicago and overlaid them with the City of Chicago “Opportunity Zones” in order to identify neighborhoods most affected by pharmacy closures and most in need of funding.
- **Additional Options:** Tiered dispensing fees, tiered licensing fees, HRSA “pharmacy shortage area” designation, and pharmacy location regulations

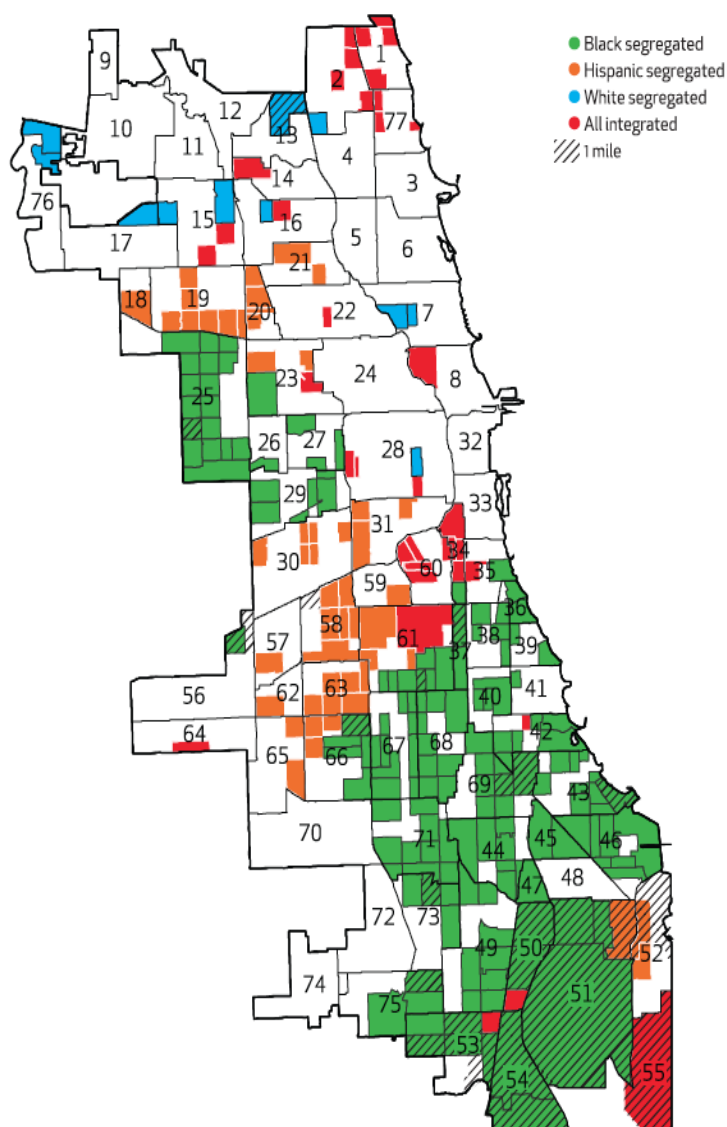
MEASURING COMMUNITY HEALTH

By Dima M. Qato, Martha L. Daviglus, Jocelyn Wilder, Todd Lee, Danya Qato, and Bruce Lambert

‘Pharmacy Deserts’ Are Prevalent In Chicago’s Predominantly Minority Communities, Raising Medication Access Concerns

EXHIBIT 3

Pharmacy Deserts In Chicago, By Community Type, 2012



JAMA
Network

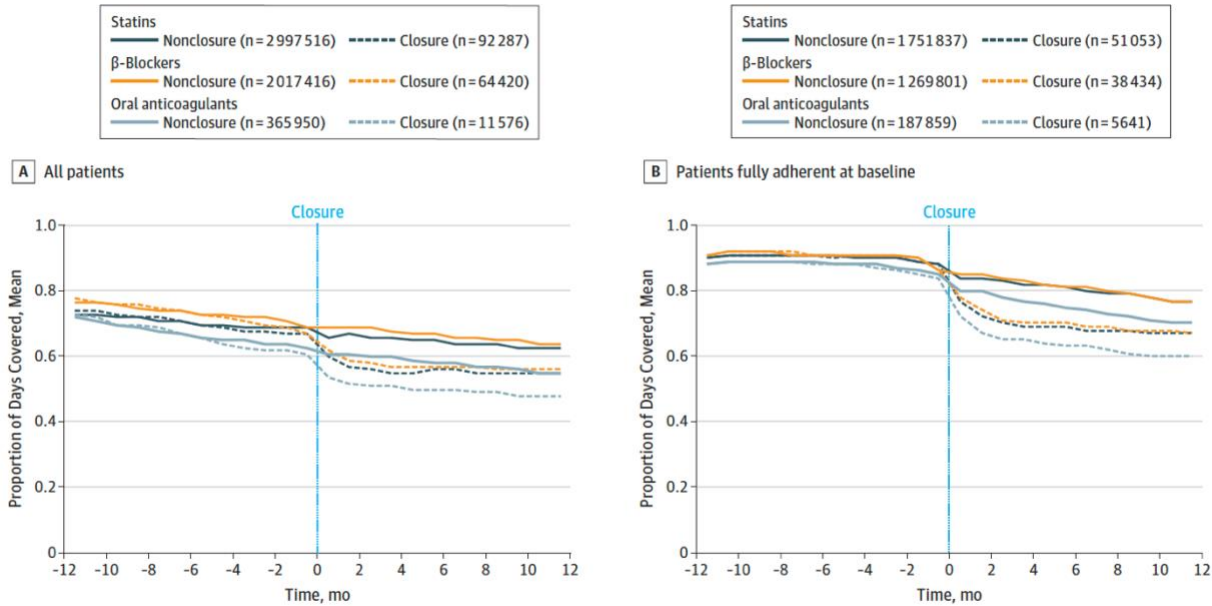
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Original Investigation | Public Health

Association Between Pharmacy Closures and Adherence to Cardiovascular Medications Among Older US Adults

Dima M. Qato, PharmD, MPH, PhD; G. Caleb Alexander, MD, MS; Apurba Chakraborty, MBBS, MPH; Jenny S. Guadamuz, MS; John W. Jackson, ScD

Figure 2. Pharmacy Closures and Medication Adherence



P < .001 for all linear trends.

JAMA Internal Medicine

Assessment of Pharmacy Closures in the United States From 2009 Through 2015

Jenny S. Guadamuz, MS¹; G. Caleb Alexander, MD, MS^{2,3}; Shannon N. Zenk, PhD⁴; et al

Table. Proportional Hazard Model of Pharmacy Closures in the United States, 2009 Through 2015^a

Characteristic	Urban (n = 23 159) ^b			Nonurban (n = 51 724) ^b		
	Cumulative Hazard Rate	Hazard Ratio (95% CI)		Cumulative Hazard Rate	Hazard Ratio (95% CI)	
		Unadjusted	Multivariate ^c		Unadjusted	Multivariate ^c
Overall	0.16	1.22 (1.17-1.28) ^d	1.10 (1.04-1.17) ^d	0.13	1 [Reference]	1 [Reference]
Pharmacy type						
Chain	0.08	1 [Reference]	1 [Reference]	0.08	1 [Reference]	1 [Reference]
Independent	0.27	3.15 (2.89-3.43) ^d	3.29 (3.01-3.59) ^d	0.23	2.90 (2.72-3.08) ^d	2.98 (2.80-3.17) ^d
Mass	0.06	0.66 (0.54-0.82) ^d	0.65 (0.53-0.81) ^d	0.06	0.77 (0.69-0.87) ^d	0.78 (0.70-0.88) ^d
Food	0.13	1.49 (1.28-1.73) ^d	1.45 (1.25-1.69) ^d	0.10	1.30 (1.18-1.44) ^d	1.30 (1.18-1.44) ^d
Clinic/government	0.32	3.80 (3.30-4.37) ^d	3.61 (3.14-4.15) ^d	0.27	3.41 (3.07-3.79) ^d	3.50 (3.14-3.89) ^d

Recommendations

We recommend that policy makers, in partnership with pharmacies and community organizations, should implement programs that target pharmacy deserts and pharmacies at risk for closures.

While we encountered challenges in the implementation of our pilot programs, these institutional barriers may be easier to overcome in the coming years as awareness of the problem of pharmacy deserts has increased.

We also recommend the ongoing evaluation of pharmacy access at the local level in minority neighborhoods in all cities across the United States.

GETTING STARTED

First, you should identify a community partner, an FQHC or primary care clinic, and an independent pharmacy, for a pharmacy desert neighborhood.

You can work together to identify priority needs and reach out to local policy and public health officials to discuss and propose several solutions.



“I think matching the evidence to what’s really on the ground is the key of a working partnership between academic researchers and community-based organizations. Because your data will say one thing, but maybe it’s not prioritized in a way it should be.”

– Melvin Thompson, Executive Director of Endealeo Institute

