

Community-Led Response to Pharmacy Closures and Access to Medicines in Chicago



Cohort:
2017-2020

Team Members:
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Location:
Chicago, Illinois

Focus Areas:
Business/Private Sector
Medication Access
Public, Population & Community Health

Background

Disparity 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 in Chicago do not even have a local pharmacy. For example, a recent study found that more than 1 million residents of Chicago's predominately minority West and South Side neighborhoods live in pharmacy deserts. In the past year, this gap in pharmacy access in Chicago has worsened amid the unprecedented rise in pharmacy closures.

Wicked Problem Description

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 care and, in some, may

emergency care, including contraceptives and naloxone. In March 2017, state and local officials, including U.S. Representative Danny Davis and State Senator Patricia Van Pelt, voiced concerns and protested alongside community residents the alarming and “unacceptable” increase in pharmacy closures affecting Chicago’s West and South Sides.

Project Strategies

Our proposed project will use a community-led, action-oriented strategy to improve access to prescription medications on Chicago’s West and South Sides by addressing the wicked problem of pharmacy closures at the patient and population levels.

Patient level

In partnership with local pharmacies and community health centers and through the support of Community Health Liaisons we will establish a “pharmacy referral” service where prescriptions are filled at local pharmacies and delivered through a transportation service (either to home or clinic) for patients in need. Each year of the three-year project, we will target two additional CHC partners.

Population level

In collaboration with local public health and policy officials as well as pharmacy organizations, we will address the problem of pharmacy closures by advocating for legislative changes that prevent closures from occurring in the first place and for an initiative to strengthen the capacity of existing community health centers located in pharmacy deserts to expand their services to include an on-site pharmacy.

Our team will assemble a cross-sectoral *Access to Medicines Advisory and Advocacy Committee (AMAC)* that includes stakeholders from the public and private sectors in order to strengthen our capacity to influence policy.

Biannual meetings with the AMAC and town hall meetings with the community will help to ensure our project is responsive to community needs and priorities.

Outcomes

Our primary goal is to improve access to pharmacies, and in turn, prescription medications for residents living in pharmacy desert communities on Chicago’s West and South Sides that have been affected by pharmacy closures. Our secondary goal is to reduce the burden of pharmacy closures. Therefore, our short-term outcomes are to increase access to prescription medications in patients affected by pharmacy closures and increase awareness of this problem among various stakeholders, including pharmacy organizations and local policy officials. Our long-term outcome includes strengthening local policies to prevent pharmacy closures in at-risk

communities and promoting insurance policies that provide coverage for transportation costs for patients living in pharmacy deserts.

Timeline

September 2017 through August 2020.

Partnerships

For this work, we are partnering with FQHCs that serve the West and South Side communities. We will work with Melvin Thompson, Executive Director of Endeleo Institute, a faith-based community organization that serves the South Side communities in Chicago. We will also partner with pharmacy retailers and local public health organizations.

Evaluation Strategies

Our evaluation strategy uses both a quantitative and qualitative approach and will be discussed and finalized with relevant partners prior to implementation. To evaluate and monitor the effectiveness of our process and outcomes, we will collect data for a series of indicators every 3 or 6 months, including: (1) number of community residents attending town hall meetings and (2) "pharmacy referral" service utilization rate. In collaboration with the AMAC, we will also prepare an annual progress report that will be shared with all partners and community members.