

Almost One Third of U.S. Pharmacies Have Closed Since 2010

Predominantly Latino and Black neighborhoods experienced the highest rate of pharmacy closures between 2010 and 2021

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About one in three retail [pharmacies](#) in the United States have closed since 2010, leaving many people [without access to](#) prescriptions and other essential health services, according to a news study published in the journal [Health Affairs](#).

For the study, researchers from the University of Southern California (USC) and the University of California, Berkely (UC Berkely) analyzed pharmacy closures between 2010 and 2021, according to a [UC Berkely news release](#).

For the majority of the 2010s, U.S. pharmacy openings outpaced closures. In fact, just one in eight pharmacies closed between 2009 and 2015.

Starting in 2018, researchers saw a significant decline in the number of U.S. pharmacies. Indeed, between 2018 and 2021, the number of pharmacies decreased in 41 states, largely due to the merging of large pharmacy chains, according to researchers.

“At the same time many states are making efforts to expand the scope of pharmacy services beyond dispensing drugs to include the provision of preventive and emergency care, we found that there are—for the first time for at least a decade—fewer pharmacies available to provide them,” said senior author Dima Mazen Qato, PharmD, MPH, PhD, a senior scholar at the USC Schaeffer Center for Health Policy & Economics and an associate professor at the USC Mann School of Pharmacy and Pharmaceutical Sciences.

From 2010 to 2021, almost one third of U.S. counties had a net decline in pharmacies, impacting approximately 91.6 million people. In Illinois, Maine, Mississippi, New York, Pennsylvania, Rhode Island and Vermont, more than half of counties experienced a net decline in pharmacies.

What's more, about 37.5% of pharmacies in predominantly Black neighborhoods and 35.6% of pharmacies in predominantly Latino neighborhoods closed between 2010 and 2021. These closure rates were significantly higher than in majority white neighborhoods, where only 27.7% of pharmacies closed during the same period.

"Our findings suggest that closures may widen health disparities in access to prescription and other essential pharmacy services, such as vaccinations and pharmacist-prescribed regimens, including contraceptives, medications for HIV prevention and treatments for opioid use disorder," said first author Jenny Guadamuz, PhD, MSPH, an assistant professor at the UC Berkeley School of Public Health and the Health Equity program director for the UC Berkeley Center for Health Management & Policy Research.

These closures put more pressure on working pharmacies to provide equitable care to thousands of residents. Not only that, pharmacists also play an important role in helping customers understand and adhere to their medication.

Additionally, pharmacists support customers in managing [chronic illnesses](#), such as [diabetes](#) and [heart](#)-related conditions, which disproportionately affect people of color.

In fact, a [recent study showed](#) that pharmacist-provided care and intervention helped Latino patients lower their A1C, elevated levels of which are associated with diabetes risk. Research showed that having at least one pharmacist visit was associated with a significant reduction in a customer's A1C.

Researchers anticipate thousands of more pharmacy closures in the coming years and hope these findings can be used as a road map for identifying communities that are most at risk of losing pharmacies and developing policies that may prevent closures.

"Without safeguarding pharmacies in marginalized neighborhoods, expanding health care services at pharmacies may enhance convenience for more affluent populations while failing to address the health needs of communities disproportionately affected by pharmacy closures, particularly Black and Brown populations in low-income urban areas," Guadamuz said.

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