EXPLORING GEOGRAPHIC DISPARITIES IN COMMUNITY-BASED PHARMACY RESIDENCY PROGRAM SITES AFFILIATED WITH SCHOOLS AND COLLEGES OF PHARMACY

BACKGROUND

Community-based pharmacy residency programs equip pharmacists with advanced skills to serve patients in various settings. These programs can play a crucial role in reducing healthcare disparities in underserved areas. This study aims to assess the current distribution of communitybased pharmacy residency program sites affiliated with schools and colleges of pharmacy across the United States and identify potential gaps in access, particularly in medically underserved areas and areas with a primary care physician healthcare shortage.

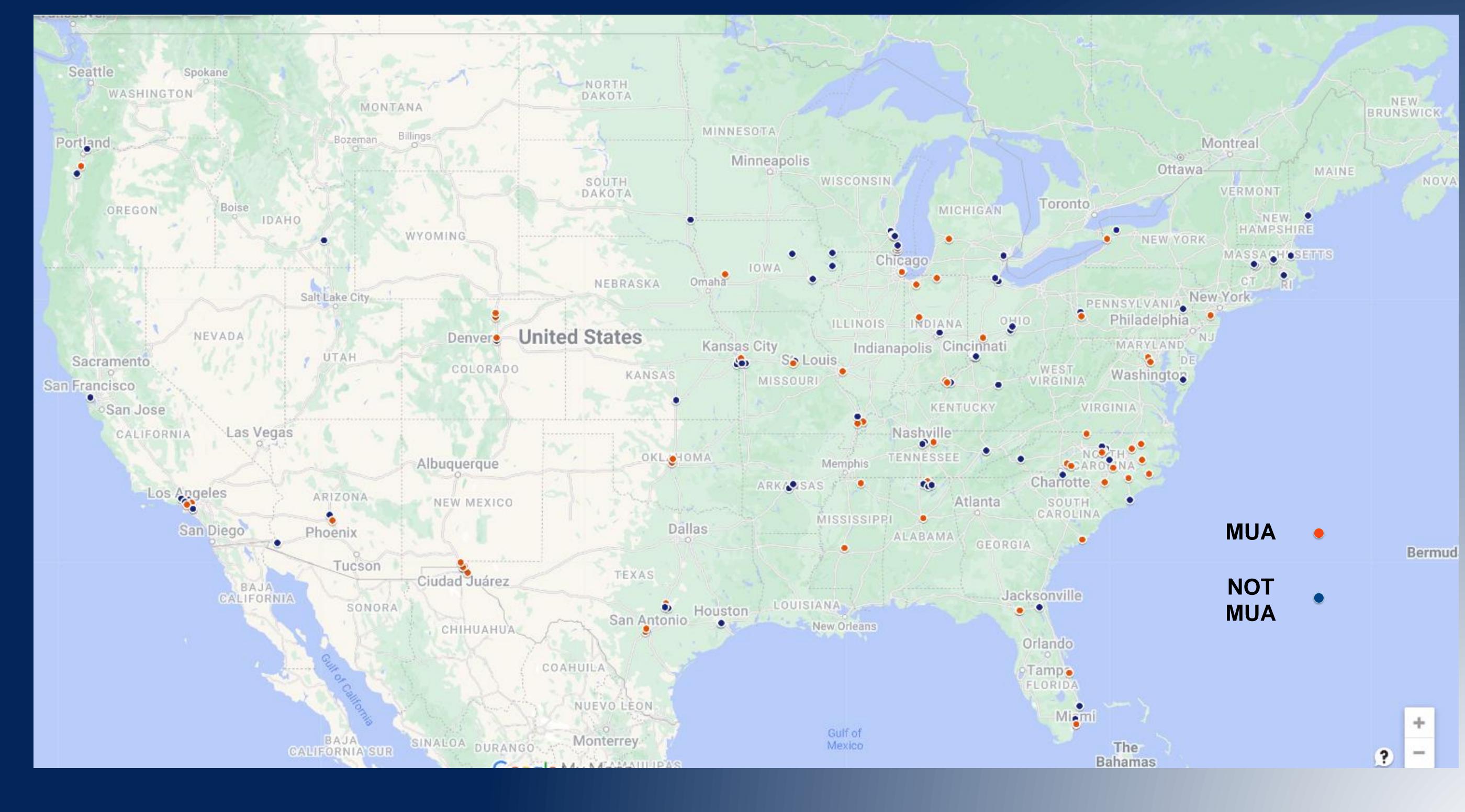
METHODS

- A nationwide survey was conducted, inviting pharmacy residency program directors to provide information on the locations of their community pharmacy program sites that are affiliated with schools and colleges of pharmacy.
- Addresses were obtained through research on program websites.
- Tools utilizing the Medically Underserved Area/Population (MUA/MUP) and Primary Care Health Professional Shortage Area (HPSA) designations were employed to determine if programs were located in areas with limited access to primary care services and healthcare resources.
- Data collected was analyzed using these designations to discern geographic patterns and potential disparities.

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Of the 90 community-based pharmacy residency program sites affiliated with schools and colleges of pharmacy, <u>43% are in medically</u> <u>underserved areas and 53% are in health</u> professional shortage areas, leaving many communities <u>without access</u> to vital healthcare services provided by these programs.



RESULTS

- 90 community-based pharmacy residency programs exist within schools and colleges of pharmacy. 76.67% (152 geographical locations) were identified through the survey and website research.
- 43.42% (66) were situated within MUAs, while 55.26% (84) of the programs were located outside of MUAs.
- 53.29% (81) of the programs were found to be located within a HPSAs, while 46.71% (71) were located outside of a HPSAs.

CONCLUSIONS

Collaborative efforts between schools and colleges of pharmacy and pharmacy partners are essential for developing community-based pharmacy residency programs that address disparities related to geographic location. These programs offer vital services to patients with limited healthcare resources. By fostering partnerships and strategic program placement, we can work towards ensuring all individuals have access to quality healthcare, regardless of their geographic location or socioeconomic status.

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