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Medication Adherence, Distance to Pharmacies and Quality of Life in a Low-Income Community

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Medication Adherence, Distance to Pharmacies and Quality of Life in a Low-Income Community

Background: A lack of access to neighborhood pharmacies may directly impact the quality of an entire population's health. The question becomes what are the effects of absent pharmacies or pharmacy deserts within a neighborhood on the health of its residents.

Objectives: The goal of this pilot study was to explore the relationships among distance to pharmacies, adherence to medication regimen, health behaviors in a southern low-income community.

Methods: The research design was mixed methods with a descriptive correlational and qualitative focus group methodology.

Results: The sample (N= 197) had a median age of 59. The majority of the sample were African American, female, with incomes less than \$10,000/year and had less than a high school education. All of the respondents reported not having a neighborhood pharmacy with the majority reporting using pharmacies within a 1 to 2 mile radius. Difficulties to getting medications (N=186) included system, time, travel, and financial categories. The number of difficulties obtaining medications was negatively related to driving distance (-0.24; $p = .0001$). Having more than one difficulty obtaining medications was significantly related to driving distance to pharmacies ($p < .05$).

Conclusion: Despite barriers to obtaining medications, levels of medication adherence and perceived health remained high. The number of barriers and difficulties to obtaining medications impacted driving distances to pharmacies. The number of barriers increased as the distance to the pharmacies increased. Interestingly, individuals with more difficulties obtaining medications tended to select pharmacies closer to their residences. These conclusions reflect the multidimensional complexity of obtaining medications in pharmacy deserts.