

New Study Ties Increased Community Pharmacy Access to Lower Racial and Ethnic Disparities in Medication Use

Research underscores the importance of preserving pharmacy access & introduces a “disparity index” tool to measure pharmaceutical inequity.

WASHINGTON, DC, UNITED STATES, July 8, 2026 /EINPresswire.com/ -- A [new study published in Health Affairs](#) from the National Pharmaceutical Council, the University of Washington, and the University of Southern California finds that better access to community pharmacies is associated with higher and more equitable use of prescription drugs across racial and ethnic groups.

Drawing on 14 years of pharmacy location data and a decade of medication use estimates, “Access to Community Pharmacies Associated With Reduced Racial and Ethnic Disparities in Use of Prescription Drugs, 2010–19,” is the first study to directly link community pharmacy access to racial and ethnic disparities in medication use. It builds on previous work revealing significant racial and ethnic disparities in prescription drug utilization and spending across the United States.

“We have known for a long time that these disparities persist, but we haven’t had a clear picture of the structural barriers driving them,” said Maitreyi Sahu, PhD, of the University of Washington. “Using over a decade of data, this study shows that something as ordinary as how far you live from a community pharmacy and whether you have a car to get there plays an important role in who gets the medicines they need and who gets left behind.”

To define “community pharmacy access,” the authors mapped the proportion of community members living within a 10-minute walk or drive of a community pharmacy, county by county, from 2010 to 2023. They linked those measures to medication use for 27 health conditions, adjusting for age and disease burden so that groups with greater health needs were compared fairly. The authors then built a new “disparity index” — a single measure of how evenly, or unevenly, prescription drugs are used across racial and ethnic groups.

The research found consistent patterns:

- Where community pharmacy access was greater, medication use was higher and disparities were narrower.
- A one percent increase in the share of a state’s population living within 10 minutes of a community pharmacy was associated with a 0.52 percent decrease in racial and ethnic

disparities in medication use.

- The association was strongest for Black populations, and it held even for the conditions that account for the most prescription drug use.

Eighty-two percent of people in the U.S. live within 10 minutes of a community pharmacy, but a lack of access continues to affect several socioeconomic groups — including rural residents and American Indian and Alaska Native populations.

“This is a problem that can be addressed with sound policy,” said Tyler Wagner, PharmD, PhD, of the National Pharmaceutical Council. “Pharmacies are closing across the country, and the communities that can least afford to lose them are often the ones hit first — deepening rural and socioeconomic inequities in access to medicines and preventative care. If we want to narrow these gaps and increase access, policymakers should explore policies that promote fair reimbursement, targeted investment, and support for the care community pharmacies provide beyond filling prescriptions.”

Between 2018 and 2023, the number of community pharmacies fell, with independent and rural pharmacies most affected. Today, 138 counties in the U.S. lack even one community pharmacy. Low reimbursement rates from pharmacy benefit managers (PBMs) have added to the financial pressure community pharmacies face and many of these closures. As community pharmacy access narrows, the study suggests that these disparities are likely to widen.

Racial and ethnic disparities in medication use are well documented. This study ties them to community pharmacy access and builds a measure to track the gap across states and conditions. Preserving that access, the authors conclude, is essential to more equitable use of medicines across the country.

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