

## Editorial Letter

### Access to community pharmacy services for people with disabilities: barriers, challenges, and opportunities

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## Introduction

Health care is a basic human right; however, people with disabilities continue to encounter barriers that prevent them from accessing the care they need [1]. The negative features of the relationship between a patient with a health condition and their contextual circumstances (personal and environmental variables) are referred to as disability. Disability is an overarching word encompassing difficulties such as activity limits and participation restrictions [2]. Recent research revealed that a billion individuals (15 percent of the world population) are believed to live with disabilities. Between 110 (2.2 percent) and 190 million (3.8 percent) of these people have substantial difficulty in functioning [2].

People with disabilities experience varying access to health care in different nations and societies across the world [3]. They encounter impediments to health-care access, especially in poor and middle-income nations, which widen the gap in access for people with disabilities between the developing and developed world [4]. According to studies, health disparities occur as a result of disability, including unmet clinical requirements, a lack of emphasis on health promotion, and insufficient access to quality health care and preventative services [5]. According to a survey of persons with major mental problems, 35 to 50 percent of people in industrialized nations and 76 to 85 percent of those in developing countries received no mental health-care intervention in the year preceding the research [2]. Inadequate policies and standards,

unfavorable attitudes, a lack of service supply, insufficient money, and inadequate access and communication were the key impediments to health-care access [2].

Institutions that provide health-care services should be easily accessible to anyone in need of such services. Because of their longer hours, accessibility, price, and lack of requirement for an appointment, community pharmacists are often the first point of contact for most people seeking health-care assistance [6, 7]. As a result, pharmacies represent an important source of primary health care. However, despite some encouraging advancements, community pharmacies are still not accessible to disabled people. As a result, recognizing the barriers to access to community pharmacy services faced by people with disabilities is critical and will help to enhance health-care provision in the future.

### **Barriers to access to community pharmacy services**

Research has revealed that the most significant impediments to access to community pharmacy services for people with disabilities were physical layout, transportation, communication, and prescription costs. The most frequently reported barriers to health-care services for persons with disabilities identified in multiple studies were transportation, financial challenges, and staff attitudes, according to a systematic evaluation of access to health-care services for individuals with disabilities in low- and middle-income nations [8].

Individuals with disabilities suffered at least one obstacle to access to health treatment, according to research conducted in Ghana's Kumasi Metropolis. These obstacles included a lack of medical equipment, communication barriers, and physical barriers [1]. According to one Ethiopian survey, most people with disabilities experienced transportation issues while traveling from their homes to get their prescriptions filled. Both those with physical disabilities and the majority of respondents with visual disabilities—reported that transport service providers did not welcome wheelchair users and did not provide notifications of their arrival and forthcoming destination [9]. Mobility from their houses to health-care facilities to receive health-care services was also a major barrier, according to research carried out in Ghana. The majority of people with visual and physical disabilities stated that receiving health-care services generally necessitates traveling great distances [10].

According to a study carried out by the American National Council on Disability (NCD), people with disabilities face severe health inequities and challenges in access to health care due to considerable architectural and programmatic access barriers [11]. Moreover, research conducted in Istanbul, Turkey, showed that more than half of community pharmacists indicated that their pharmacies were not acceptable or accessible for individuals with disabilities because of a variety of architectural issues [12].

In another study, all participants, excluding those with hearing problems, believed that community pharmacies were similar to other business enterprises in terms of accessibility. The participants were of the opinion that community pharmacies were inaccessible and problematic for wheelchair and crutch users due to their location, entrances, staircases, ceramic floors, and limited waiting spaces. They also stated that the highways leading to the pharmacies were dangerous, with several automobiles stopping in front of them, ditches left open without notice, and rough and excavated roadways [9].

Individuals with hearing issues, as well as those with visual and physical disabilities, faced communication challenges in accessing community pharmacy services. Communication difficulties were more commonly faced by people with hearing disabilities than by those with other disabilities, according to Badu et al. [1]. Similarly, a research study performed in South Africa found that a shortage of sign-language interpreters was a significant hurdle that often prevented those with hearing disabilities from receiving appropriate health care [13]. Furthermore, community pharmacies did not offer any booklets or posters to assist those unable to communicate verbally [9].

In parallel, when more than two medicines with comparable dose forms, packaging, or liquid dosage forms were provided, all informants with visual disabilities claimed that they needed assistance to take their pills [9]. Research in Subang Jaya, Malaysia, found that liquid preparations and eye/ear drops were the most difficult dose forms to administer [14]. The most prevalent issues faced by these persons in Saudi Arabia were medicine identification and dose recognition, which require the help of people with healthy eyesight to deliver the prescriptions [15].

An additional study performed in the United States examined pharmacy practice in a community with a substantial deaf population and found that 70 percent of pharmacists felt uncomfortable engaging with deaf patients [16]. Because pharmacists are unfamiliar with Deaf culture, they may make inferences about the requirements and preferences of deaf patients and those who are hard of hearing.

Obtaining access to health-care services and talking with health-care experts can be exceedingly difficult for certain individuals, particularly those with impairments. Poor patient comprehension of their health and current/potential therapies, low quality of life, and unfavorable health-related outcomes may result from a lack of sufficient access to health-care services and/or improper communication.

### **Conclusion and recommendations**

The greatest impediments to access to community pharmacy services for people with disabilities spanning physical, visual, and hearing impairments were physical layout, transportation, communication, and medicine cost. This begs the question of how community pharmacists can be better equipped to provide increased access to people with disabilities. Incorporating cultural competence training into pharmacy practice is one way to address this issue. While nations such as the United States, Australia, and New Zealand have long been aware of cultural competence, curricular initiatives were not taken seriously until the notion was ultimately integrated into accrediting criteria. Pharmacists will be better educated and equipped to deliver pharmaceutical treatment to the disabled community if cultural competence is added to the GCC standards of pharmacy education. They will also develop skills that are transferable to other linguistically and culturally diverse groups. In an extremely competitive world, culturally competent pharmacists may acquire an edge by providing care to a wider range of clients, resulting in higher loyalty and customer satisfaction.

Individuals with impairments, regardless of their nature, may face their own set of obstacles restricting access to health care. It is critical to treat each patient as an individual, tailoring treatment to their unique preferences and requirements. Health-care providers must gain the necessary education and expertise to deliver adequate health-care services to people with impairments. Enhancing pharmacists' competency and skills in delivering care to and communicating with patients with disabilities would improve patients' understanding of their care and pharmaceutical options, guarantee safer drug usage, and improve health-related consequences for patients. Further research is needed to identify the number of people with various disabilities who are affected, additional community pharmacy service inequities and access hurdles, and available solutions to increase access to reliable, high-quality, and inexpensive community pharmacy services.

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