

INTRODUCTION

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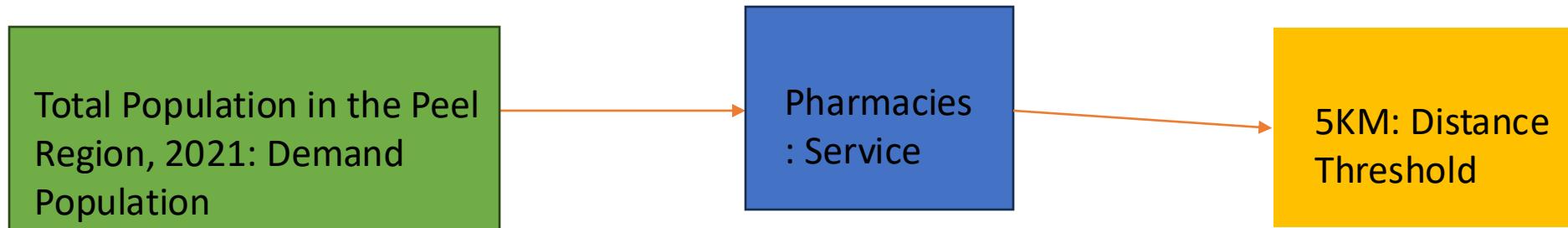
Course: GGR 322

Institution: University of Toronto, Mississauga

Project Title: Assessing Pharmacy Accessibility in the Peel Region Using
the 2SFCA Method

Purpose and Elements

Pharmacies provide essential health services (supplies, checkups, lab tests), however there is uneven distribution of the facility in the peel region. Low- income population require shorter travel distance to reach the facilities



Data	Count Information	Data Source
Study Area	Peel Region (Dissemination Areas)	Peel Dissemination Areas and Peel Boundary Data Source: Statistics Canada, 2021
Demand Population (Total Population)	1451022	Total Population (Demand Population) Data Source: Statistics Canada, Census 2021 Accessed Through: CHASS Data Centre (University of Toronto)
Supply data (Pharmacies)	673	Pharmacies Data Source: North American Industry Classification System (NAICS), 2022 Accessed Through: SimplyAnalytics
Aspatial Group (Low-income population)	11380	Percentage and Total Low Income population (Aspatial Group) Data Source: Statistics Canada, Census 2021 Accessed Through: CHASS Data Centre (University of Toronto)

Methods

The spatial accessibility method used is: Two-Step Floating Catchment Area (2SFCA) method

Step 1 Equation:

$$R_j = S_j / P_k,$$

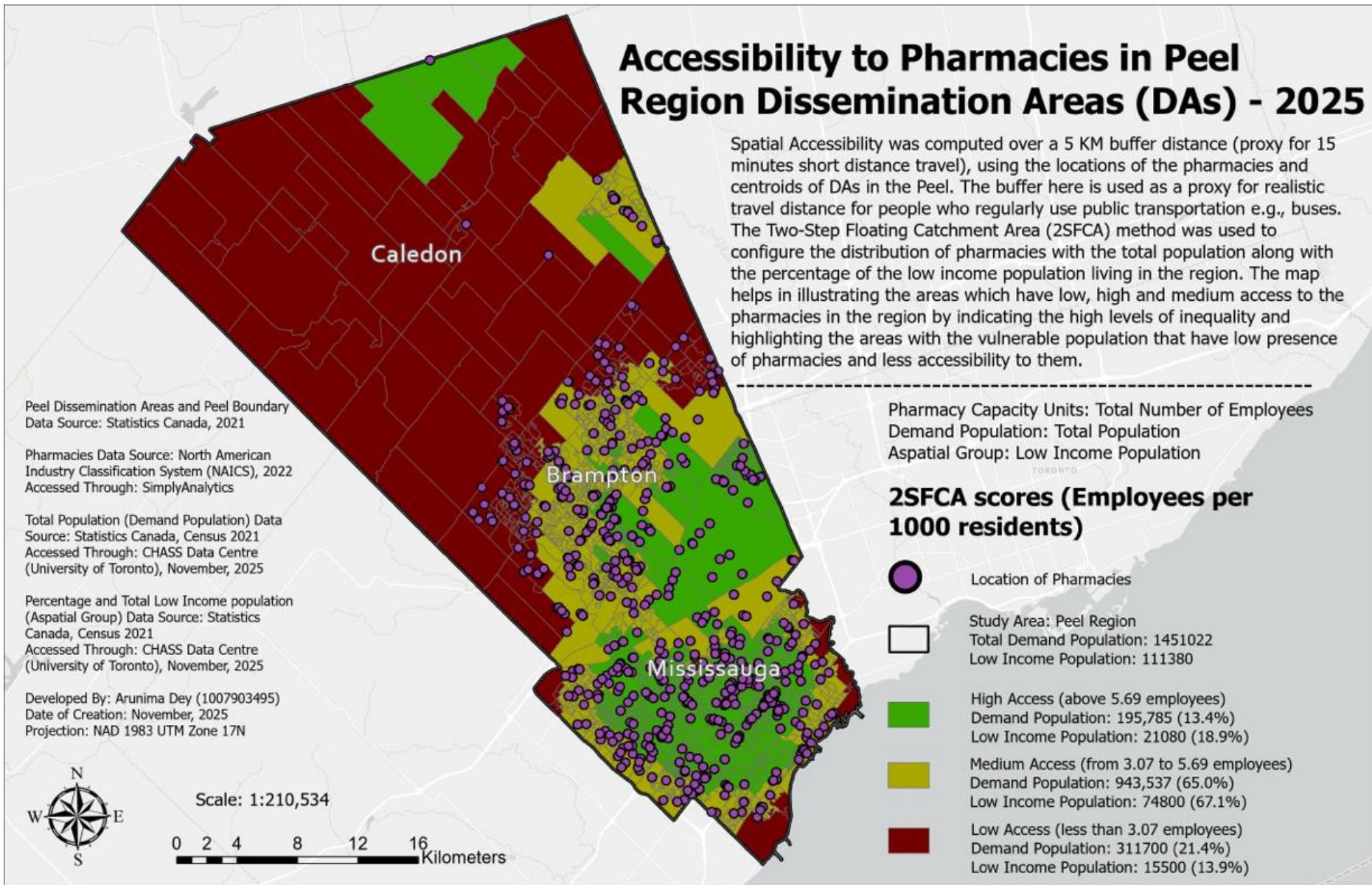
Where R_j is the supply to demand ratio for facility j (pharmacies), S_j is the supply capacity at facility (total employment at each pharmacy), P_k is the population in that Dissemination Area of the Peel Region

Step 2 Equation:

$$A_i = \text{summation of } R_j$$

Where A_i is the spatial index at residential area i

Results



Limitations and Interventions

Limitations:

- The method uses centroids which can further lead to distortion of real travel distances.
- The problem with the pharmacy data is that it only consists of information about the total number of employees and nothing about the working hours, service load etc.

Interventions:

- Caledon and North Brampton need intervention as they have low accessibility index and has around 13.9% of low-income population by expanding more pharmacy services, increasing operational hours and improving the transit system.