

Analysis of the spatial distribution pattern and service coverage of pharmacies in the areas of Rasht using spatial analysis and spatial statistics capabilities in the ArcGIS environment

Seyed Aliasghar Tahami¹, Ata Ghafari Gilandeh^{*2}, Abolfazl Kouhi Heris³, Mohammad Hasan Yazdani⁴

1. MSc of Geography and Urban Planning, Faculty of Social Sciences, University of Mohaghegh Ardabili, Ardabil

2. Professor, Department of Geography and Urban and Rural Planning, Faculty of Social Sciences, University of Mohaghegh Ardabili, Ardabil

3. MSc of Geography and Urban Planning, Faculty of Social Sciences, University of Mohaghegh Ardabili, Ardabil

4. Professor, Department of Geography and Urban and Rural Planning, Faculty of Social Sciences, University of Mohaghegh Ardabili, Ardabil

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Abstract

Background and Objective: Optimal land use and physical organization of cities based on efficiency, environmental protection, social justice, and equitable access to services are among the primary goals of urban planning. Therefore, the location and spatial distribution pattern of urban land uses should be aligned with meeting the needs of all social groups, aiming to improve the welfare and comfort of citizens. In this context, qualitative and quantitative evaluation of land uses in the spatial structure of the city and examining their locational suitability across defined zones are of particular importance. Pharmacies are among the units that play a significant role in meeting the diverse needs of citizens in the fields of health, treatment, and wellness. Due to this role, their spatial distribution pattern greatly impacts the level of pharmaceutical service coverage. Given the inter-neighborhood nature of pharmacies, this study investigates their spatial distribution at the level of the municipal areas of Rasht city.

Methodology: To achieve the research objectives, various spatial analysis models within the ArcGIS environment were used, including hot spot analysis, frequency weighting, spatial autocorrelation analysis, population density in relation to the number of pharmacies, and Thiessen polygon analysis.

Findings and Conclusion: The results indicate a high frequency weight of pharmacies in areas 1-3, 3-2, and 2-2; a statistically significant condition in district 2-1 based on high Z-scores in hot spot analysis; a rate of 7.27 pharmacy units per 10,000 people in district 2-2; the representation of proximity-based pharmacy access through Thiessen polygon analysis; and finally, the outcome of spatial autocorrelation analysis showing a random distribution pattern of pharmacies across the areas of Rasht. Each of these findings reveals aspects of spatial distribution patterns across the city, which are discussed further in the full article.

Keywords: Spatial Analysis, Rasht City, Geographic Information System, pharmacy.

* Corresponding Author Email: a_ghafarigilandeh@uma.ac.ir

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Extended Abstract

Introduction:

Given the crucial role of pharmacies in providing public health services and ensuring citizens' access to medical care, the spatial distribution of these centers is a key indicator of spatial justice and urban quality of life. This study aims to analyze the distribution pattern and service coverage of pharmacies across the districts of Rasht using Geographic Information System (GIS) tools and spatial statistical methods.

Methodology:

In this study, a descriptive–analytical research method was employed, and data collection was carried out through both documentary and field-based approaches. Initially, information regarding active pharmacies in the city of Rasht was obtained from the Food and Drug Administration of Guilan University of Medical Sciences. To verify the accuracy of the data and determine the precise geographic locations, field surveys were conducted across the city. The locations of pharmacies were marked using Google Maps, then transferred to Google Earth and saved in KML format. Subsequently, the file was imported into ArcGIS software and converted into Shapefile (SHP) format for spatial analysis. The statistical population of the study consisted of all active pharmacies within the legal boundaries of Rasht. After final validation and filtering, a total of 176 pharmacy units were identified and included in the analysis. Considering the inter-district nature of pharmacy services and their role in public health provision, the analysis was conducted at the district level based on the municipal zoning of Rasht. Furthermore, given the focus of the research on the distribution, spatial dispersion, and locational suitability of pharmacies, various spatial analysis tools were used, including: Spatial Autocorrelation (Moran's I) to examine the overall distribution pattern (clustered, random, or dispersed); Hot Spot Analysis to identify districts with high concentrations of pharmacies using Z-Score and Gi_Bin; Pharmacy-to-population ratio analysis to calculate the number of pharmacies per 10,000 residents in each district; Thiessen Polygon Analysis to determine each pharmacy's spatial influence zone and assess accessibility; Frequency Weighting Analysis to evaluate the relative density of pharmacies in different districts of the city.

Results and Discussion:

In terms of the number of pharmacy units, District 1-3, with 44 pharmacies, is considered the main concentration hub of pharmacies in Rasht. In contrast, districts 2-2 and 5-3 each have only one pharmacy unit. The results obtained from the hot spot analysis related to the spatial distribution of pharmacies in the districts of Rasht show high Z-scores in District 2-1 and low Z-scores in District 3-5. Additionally, based on the Gi_Bin index, District 1-2 is identified as a hot spot at the 99% confidence level, while the other districts do not fall within the statistical confidence ranges listed in the map legend. The result of the spatial autocorrelation analysis (Moran's I) regarding the distribution of pharmacies in the districts of Rasht indicated a value of -0.180979. Since this number is not close to +1 or -1, it suggests that the distribution pattern of pharmacies across the city's districts is random. In the present analysis, Thiessen polygons were generated in ArcGIS to assess spatial accessibility to pharmacies. These polygons divide the city in such a way that each point within a polygon is closest to the pharmacy at its center. Smaller and more compact Thiessen polygons in certain parts of the city indicate a higher density of pharmacies and better spatial accessibility. In contrast, larger and elongated polygons reflect the absence of pharmacies in those areas and suggest that residents must travel longer distances to access the nearest pharmacy. Moreover, the analysis of the pharmacy-to-population ratio by district (based on the number of pharmacies per

10,000 residents) revealed that District 2-2 has the highest ratio, with 7.27 pharmacies per 10,000 people, followed by District 2-3 with a ratio of 6.31. The lowest ratio belongs to District 2-4 with just 0.41 pharmacies per 10,000 people. The remaining districts fall within this range.

Conclusion:

The current distribution pattern of pharmacies in Rasht reveals high service concentration in some districts and relative deprivation in others. This spatial imbalance reduces spatial equity, places pressure on high-density service areas, and limits access in underserved districts. The results highlight the urgent need for targeted urban planning interventions to redistribute pharmacy services and ensure equitable access throughout the city.

Declarations

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- Conflict of Interest:** The authors declare no conflict of interest.
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