

Abstract

Healthcare accessibility for veterans are services that are physically accessible, available, and acceptable to the eligible population. This research study examines spatial and non-spatial relationships to assess accessibility of primary care for military veterans. Centered on a Veterans Integrated Service Network, the study begins by developing catchment areas for Veterans Healthcare Administration facilities and using a two-step floating catchment area (2SFCA) model widely adopted in healthcare studies, scores accessibility for populations by census tract. It expands on previous research by focusing on veteran care and modifying the Enhanced 2SFCA (E2SFCA) methodology through the application of impedance factors based on non-spatial measurements, including appointment wait-times and patient satisfaction. These modifications address the requirements of the Veterans Access, Choice, and Accountability Act of 2014 as well as explore analysis based on concepts of acceptability of care. The result is the designation of areas that fall short of delivering primary care services within the context of federal legislation and also a relative scoring of the degree of accessibility to care in areas that meet the federal requirements. The methodology in this paper provides the flexibility for application in different studies and geographic regions, and the results provide information that may prove useful to policy-makers.