REDEFINING ACCESS TO CARE
A DENSITY ANALYSIS OF HEALTHCARE AVAILABILITY IN FLORIDA

BACKGROUND

The purpose of this analysis is to produce a foundational understanding and begin to shed light on differential access to care based on insurance coverage, facility density, proximity to transit, and socio-demographic variables.

METHODS

Access to care was operationalized by creating a kernel density for concentration of short term, primary healthcare facilities. This data set was then joined with Florida census tracts to create a density of facilities by census tract. Three matrices were made to analyze the efficacy of Floridian residents’ access to care. The first matrix was population distribution, which was coded into three categories: rural, peri-urban, and urban. The other two matrices investigated access as it related to insurance coverage, specifically populations on Medicaid and those insured by their respective employer.

RESULTS & DISCUSSION

The highest density of facilities correlates with location of major urban centers in Florida, especially in Southeast Florida in Palm Beach County, Broward County, Miami-Dade County. This is contrasted with over eight million people living in rural areas with limited access to care—many of these people have appropriate access to at most one facility without having to travel longer distances. For populations that rely on Medicaid coverage, access to facilities is also limited. The highest Medicaid populations correspond with a lower density of facilities per tract. In contrast, populations that are provided coverage by their employer have relatively greater access to care.

This analysis demonstrates that there are both physical and social limitations to access to healthcare in Florida. These inequalities are limited in the currency of the data used—most of the data was collected in 2015 or earlier, prior to some policy implementations from the ACA and other legislative changes related to healthcare. However, this study indicates a need for further research into differential access and availability to care on both a state level and municipal level. More attention needs to be paid to rural areas and to populations that depend on public health insurance for coverage.

Cartography: Aaron Pomerance May 2017 UEP232
Projection: Albers Conic Equal Area
Data Sources: Florida Geographic Data Library, Florida DOT, ACS 2015 Tract Level Data, Center for Disease Control and Prevention (CDC)
Additional Sources: Urban Institute1, Miami Herald2

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2Miami Herald

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