



"TELLING THEIR STORIES": DOCUMENTING THE TRUE IMPACT OF TRANSPORTATION BARRIERS ON HEALTH

Transportation is a crucial part of daily life. Access to transportation impacts people's ability to go to work, attend school, spend time with family and friends, and access health care and other services. Therefore, transportation is one of the most impactful social determinants of health,¹ referred to as a "mega determinant."² Consequently, health centers and their patients have reported transportation as a significant barrier to care. Transportation barriers can result in missed appointments, delayed medical care, and increased stress levels. Notably, 5.8 million Americans delayed medical care because they did not have transportation, underscoring the pressing need to address transportation barriers.³

For a decade, Health Outreach Partners (HOP) has been highlighting the intersection of health and transportation by documenting innovative transportation solutions, researching the impact of transportation barriers and missed appointments, providing resources including a Transportation QI toolkit, and presenting workshops and webinars with subject matter experts. While HOP's efforts have focused primarily on the broader impact of transportation, an essential piece has been missing from these conversations: the voices of patients, their families and caregivers, and transportation coordinators and advocates. In order to solve transportation barriers and advance health equity, the voices and perspectives of those most impacted by transportation barriers need to be heard. Their experiences and input will help those who provide care better understand the extent of challenges faced by their patients and families. By hearing their voices, health centers can provide care that is responsive and empathetic to the needs of their patients and communities.

[1] Definition of Social Determinants of Health from the World Health Organization: The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health.

[2] "Why Transportation Equity is Health Equity." Healthy King County Coalition. 16 February 2023. <https://youtu.be/OzLuCi-r9dg>

[3] Wolfe MK, McDonald NC, Holmes GM. Transportation Barriers to Health Care in the United States: Findings From the National Health Interview Survey, 1997-2017. *Am J Public Health.* 2020 Jun;110(6):815-822. doi: 10.2105/AJPH.2020.305579. Epub 2020 Apr 16. PMID: 32298170; PMCID: PMC7204444.

Who are "Telling Their Stories"

The purpose of this resource is to highlight the stories of those who experience transportation barriers when seeking care. Rather than solely focusing on data or reports, HOP hopes to increase awareness of the real life effects that transportation barriers can have on patients' quality of life and health outcomes.

However, when HOP first planned to tell the stories of patients' transportation barriers, we originally were focused on the rider. Through our interviews, we realized that there are many more people involved than just the rider. This includes family members, caregivers, transportation coordinators, drivers/transit operators, advocates, and many more. Therefore, we wanted to highlight their stories to give a fuller picture of the true impact of transportation barriers when seeking care. Acknowledging and incorporating each of these perspectives can prove to be pivotal in identifying effective transportation solutions. For this reason, HOP has not only looked to share experiences from the patient riders themselves, but others involved in connecting individuals to care along the way.



About the Interviews

Starting in June 2022, HOP recruited participants for this resource by reaching out to health centers, HOP staff and Board of Directors, and marketing on various platforms. HOP conducted 1-hour interviews in either English or Spanish via phone calls, Zoom, or WhatsApp. Questions asked consisted of the process and perceived difficulty of getting to their medical appointments, what resources and strategies they used, and what they needed and would like to see change in the future. The majority of those interviewed are either current health center patients or have a relationship with a health center through employment or family. They represent a diverse array of backgrounds and identities, including those living with a disability, older adults, immigrants, and come from different geographic contexts.

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BETH

Age: 49 years | Rider

Area of Residence: Vancouver, Washington

Beth has been able to access transportation services easily, due to the excellent bus system in Vancouver, Washington.

During the COVID-19 pandemic, passengers sat in the back of the bus to avoid contact with the driver. With Beth's visual condition, this was an added barrier as she normally sits close to the driver for help with indicating her stop and other important information.

Beth wishes Medicare would provide a form of transportation for visually impaired folks.

Beth is visually impaired and relies heavily on public transportation for access to healthcare and other basic needs. However, she does not qualify for Paratransit as she is able-bodied. She faces challenges in planning transportation routes, especially when her eye doctor is across state lines in Portland, Oregon.

The seasonal changes in weather also impact her ability to use public transportation. In these moments, Beth relies on the generosity of others - requesting rides on Facebook or asking her coworkers for a lift.

QUOTE

"I could tell the bus driver I want to get off at 164th St., [but] by the time he turns onto 164th St. he's forgotten where I wanted to get off at...They drive right by."



CARMEN

Age: 42 years | Rider

Hometown: Sinaloa, Mexico

As a seasonal crab worker, Carmen relies on a mobile unit for healthcare, because her workplace is isolated from the rest of Maryland.

If a worker tests positive for COVID, there are no transportation options available for them to go to a hospital or clinic.

Carmen's recommendation would be that her employer provides transportation for all workers to access.

QUOTE

"Most of the time there aren't any cars available, because the people that own them also have to work and don't have time to drive us."

Carmen, a Mexican citizen, travels to Maryland every year on a H2B visa to work in the crab industry for eight months. During her stay, her employer provides housing and other basic services. For a one-time fee of \$20, Carmen can access healthcare through a mobile unit that visits her workplace periodically. Although Carmen is usually in good health, her options for seeking medical attention are limited when needed.

Carmen often relies on her friends to drive her to the local community health center, but this can be challenging as her friends also work full-time. Carmen avoids taking taxis due to the high cost. During the peak of the COVID-19 pandemic, COVID tests were provided to the workers, but now they have to travel outside the factory to access them.



FANY

Age: 28 years | Rider

Hometown: San Luis Potosi, Mexico

Fany works in an isolated region of Maryland for 8 months of the year during the crab season.

In the area Fany works, there is no public transportation. If she needs care, she will use a taxi, in which a one-way trip can cost \$50.

Fany wishes that her employer supported the crab workers with transportation and increased access to outside services.

QUOTE

"Sometimes (the taxi drivers) say, 'No, that's too far', and you miss your appointment, and then you have to try to find another day for it."

Fany is a crab worker who travels from Mexico to Maryland for seasonal work. Due to the area she is in, she does not have access to consistent transportation. However, during the crab season, the local community health center brings medical professionals to the processing plant where Fany and her colleagues work and live.

In the case of more urgent medical situations, the plant does not offer any transportation options. Fany has to rely on expensive taxis or pay the gas for her friends to take her to medical appointments. Due to social distancing guidelines during the COVID-19 pandemic, it became more challenging to access transportation, especially since the mobile unit halted its services.



JUDY

Age: 70 years | Rider

Residence: Northwest Washington State

Anytime Judy has moved homes she first researches the accessibility of the area's transportation system.

Pedestrian crossings in Washington are not always accessible for blind people, so they run the risk of being hit by a biker or car.

During the COVID-19 pandemic, Judy was unable to use public transportation or access certain services.

QUOTE

"Health personnel need to be educated about what is available for residents! I shouldn't have gotten the answer 'I don't know' but I understand why they gave it. Because there isn't many people who can't drive. But they need to have an action plan in place."

Judy and her husband have been blind since their adulthood but have always lived in areas with excellent transportation services. However, they face challenges when the health service they need is in another county, requiring additional planning.

Despite this, they manage to plan and get to their health appointments on time by taking Paratransit or a fixed-route bus. When Judy became sick with COVID-19, she could not use public transportation, which was a very isolating experience, as well as access certain services such as the local drive-through testing site.

Due to her experience, Judy wants people who are visually impaired to know that there are audible COVID-19 tests. She believes these resources need to be publicly shared with everyone.



RODNEY

Age: 67 years | Coordinator and Driver
Hometown: Arrington, Virginia

Rodney runs a transport program that is available 5 days a week and primarily takes patients to their appointments or pick up their medications.

Transportation during the COVID-19 pandemic was nonexistent due to the social distancing rule that was in place.

Since the introduction of the transportation program to their patients, BRMC has dramatically reduced their no-shows across all BRMC locations.

QUOTE

"We have some regular riders... They don't have family around. I keep up with them to ensure they have transportation to get their medical needs met".

Rodney works as a coordinator and driver for the medical transport program at Blue Ridge Medical Center (BRMC) in rural Virginia. The program has serviced over 1,100 patients this year while covering 45,000 miles. The area he serves has no public transportation available and has a large Hispanic community. Most patients are uninsured, relying on a sliding fee scale.

Currently, the program can only transport patients to and from BRMC locations. However, the services continue to grow by offering transportation to the BRMC pharmacy or delivering non-scheduled medicines to their home-bound patients.



SONIA

Age: 50 | Caregiver

Hometown: Daly City, California

Since English is not his first language, Shi Woo relies on health providers who speak Korean. As his health providers began to move out of San Francisco, it became difficult to access care.

Shi Woo's loss of independence and increasing reliance on Sonia has taken a toll on both of their mental health.

Sonia wishes her dad had better tech-literacy in order to better care for him and connect him to services.

QUOTE

"What happens to those seniors who don't have a daughter? I am his (Shi Woo)'s scheduler... Because I work in this field, I can find resources easily. But what happens to those who don't?"

Sonia is the sole caregiver for her father, Shi Woo. One of her major responsibilities is scheduling appointments and arranging transportation for him, while also working full-time. Shi Woo has a number of health conditions that limit his mobility, and he had to give up driving due to his health.

Before COVID-19, Sonia found a service that provided free rides to seniors. The program then began to limit its service to a specific geographic area. Although helpful, coordinating the service took a lot of time. Due to the rise in violence against Asian Americans and Pacific Islanders, Sonia prefers that Shi Woo not use the local train (BART) to commute further for services. Therefore, Sonia has to either pay \$60 one-way for a ridesharing ride for a 10-minute appointment or drive him herself.



STEPHANIE

Age: 55 years | Rider

Hometown: Oakland, California

Stephanie uses a taxi service, but would often forget to request a specific location and would find herself with an elevated heart rate from walking a long distance.

Although Stephanie is content with the taxi service, there were times where she was worried for her safety due to how drivers drove.

Stephanie wishes all patients knew how to access transportation services through their health plan.

QUOTE

"One time they didn't provide a ride, I missed my appointment... I just hope they [the cab company] get better with the communication because I could have had a dialysis appointment."

As a person living with a disability, Stephanie has been balancing her medical and transportation needs. She relies on a taxi service, which is subsidized and coordinated through Alameda Alliance, a health plan for people with Medi-Cal. Medi-Cal is California's Medicaid program.

While she is grateful that rides are relatively easy to request, Stephanie has to put in extra time to coordinate her appointment schedules. Additionally, she has to arrange a pick-up date in advance and estimate a return time, which leads to long waits. These delays make even the simplest of appointments require several hours of planning and lots of waiting for her rides.



WILLIE

Age: 83 years | Rider

Hometown: Oakland, California

A challenge Willie faces is the reliability of the taxi drivers. He remedies this issue by using a scooter to get to his appointments.

Willie wishes his medical group had additional services for seniors.

Willie sits on an an advisory board for patient services and wants to advocate for equal access to transportation.

QUOTE

"Sometimes they come and sometimes they don't, it's not perfect... Sometimes they say 'we don't have drivers'... or a driver is hung up. So it's not so dependable, but it's there!"

Willie was a drug and alcohol counselor for 15 years and understands the challenges of accessing healthcare. Due to various health conditions, he has to see different providers from various parts of the San Francisco Bay Area. Fortunately, he was provided with taxi scrips* through the American Cancer Society, which is a subsidized taxi program offering cheaper fares.

However, accessing services and technology can be a learning curve and affordability issue. Before COVID-19, Willie could purchase taxi scrips at an office, but now he has to wait for them by mail, which may cause him to delay care while waiting for them to arrive.

*Taxi scrip is a coupon or other document for the purpose of paying for ride services.