

TRANSPORTATION & HEALTH

Addressing the Health Inequities in Transportation

TRANSPORTATION & HEALTH

Access to transportation is a major social driver of health. How people move from place to place dictates their access to:

- 📍 **Jobs & employment**
- 📍 **Childcare**
- 📍 **Healthcare services**
- 📍 **Medication & pharmacy services**
- 📍 **Recreation**
- 📍 **Food sources**

These services and activities are key in promoting a person, family or community's health and well-being.

5.8 MILLION PEOPLE
IN THE U.S. DELAY MEDICAL CARE
DUE TO LACK OF TRANSPORTATION

Transportation infrastructure where people work, play, and live can impact a community's health in a number of ways. Transportation infrastructure involves street design like sidewalks and traffic signs as well as structures such as bridges, tunnels, and roads. The quality of transportation infrastructure determines:

1 IN 5 ADULTS
SKIP MEDICAL VISITS DUE TO
TRANSPORTATION ISSUES

- 🚶 **Neighborhood safety & walkability** for pedestrians, bikers & others.
- 🚇 **Access to public transit services** like buses, subways, & railway trains.
- 🚗 **Rate of traffic & road accidents** which can affect walkability & air pollution.
- 🌱 **Availability of clean & green spaces** that promote physical activity & mental health.

TRANSPORTATION IS A HEALTH EQUITY ISSUE

Transportation does not look the same to everyone.

Some groups are more likely to lack transportation and experience less ideal transportation infrastructure, which puts them at risk of poor health outcomes. This makes it a health equity issue.



THE ELDERLY

- **2 million people** aged 65 years and older are homebound.
- Some policies make it difficult for older people to keep their driving rights even when they are still capable. In fact, crash rates for people aged 70 and over are the same as those aged 35–54, and rates for those aged 80 and over are lower than those under 30.
- There is a lack of alternative transportation that the elderly consider affordable, safe, and technologically simple to use.

- Migrant and seasonal agricultural workers (MSAWs) have a disproportionately high risk of developing illnesses and require more medical care than other groups.
- MSAWs struggle to find appropriate transportation to access health care and other life-sustaining services. They are also more likely to live in rural areas.
- In one study, **80% of migrant farmworkers** stated a lack of transportation was the reason a family member was not able to get needed medical care.



MIGRANT FARMWORKERS



CHILDREN

- Children from low-income or marginalized communities are less likely to receive care due to transportation barriers.
- As per a study of inner-city families who skip pediatric care appointments, **62% cited a lack of a personal vehicle as the main barrier.**
- Some parents cannot afford to take time off work to take their children to medical visits.

- **15% of the U.S. population** lives in rural areas and are more likely to be older, have more medical needs, and experience higher rates of poverty than the rest of the country.
- There is a lack of primary and specialty care doctors in rural areas compared to urban.
- People living in rural communities are forced to travel long distances to find a provider. This results in missed medical appointments and an increase in emergency room use.



RURAL COMMUNITIES



BIPOC & LOW INCOME COMMUNITIES

- Those with income less than \$26,000 spend 30% of their income on transportation while those with income over \$140,000 spend 11.6%.
- Black, Indigenous and People of Color (BIPOC) are more likely to use public transit, walk, and bike instead of owning a vehicle. They are also more likely to live in low income areas.
- In low socioeconomic areas, public transit in the U.S. is underdeveloped and active transportation (like walking and biking) is limited by poorly maintained and unsafe transportation infrastructure.

- **5 million people** living with medical issues & disabilities are homebound.
- The transportation infrastructure may exclude people with disabilities and special needs by not catering to them sufficiently. This hinders people with disabilities from accessing necessary medical and social services.



PEOPLE WITH DISABILITIES

GAPS & UNMET NEEDS

LACK OF NATIONAL TRANSPORTATION FUNDS & SUPPORT

- The public transportation system has historically marginalized groups like BIPOC & low income neighborhoods.
- 80% of federal funds are put into highways, roads & bridges (used by affluent communities), while only 20% are put into improving public transit (used by underserved populations).
- The Bipartisan Infrastructure Law provided \$284 billion to transportation. \$110 billion are put into highways, while \$39 billion is put into public transit, and only \$1 billion will reconnect impacted communities.

REDUCED HEALTH CENTER FUNDS & RESOURCES

- Health centers face difficulty providing transportation due to budgetary & operational cutbacks.
- Lack of continuous patient needs assessment & transportation quality improvement processes.
- Health centers need to estimate costs incurred from transportation barriers to boost leadership buy-in.

UNCLEAR VOLUNTEER INSURANCE POLICIES

- Health centers worry about liability issues when recruiting volunteers using their personal vehicles.
- The Federal Volunteer Protection Act does not protect volunteer drivers.
- Insurance agents mistakenly charge volunteer drivers similarly to for-profit drivers.

National, organizational, & community-level factors influence people's access to transportation. To ensure positive patient outcomes, each sector's gaps & needs must be addressed in an upstream fashion.

POORER PATIENT OUTCOMES

- Reduced transportation options lead to missed visits & medical noncompliance

RECOMMENDATIONS

Health centers play a critical role in helping communities overcome transportation inequity. Here are some evidence-based recommendations:

EXAMINE YOUR HEALTH CENTER'S UNIQUE TRANSPORTATION ISSUES



- To specify the barriers experienced in your health center, conduct a needs assessment including patient input & an evaluation of current strategies.
- Estimate financial losses from no-shows, late arrivals, missed visits, & long wait-times caused by transportation issues to determine return of investing in solutions. Research shows that it can cost health centers up to \$274 per missed visit!

IDENTIFY WAYS TO FUND OR OBTAIN TRANSPORTATION SERVICES



- Enroll patients into insurance programs, like Medicaid, that fund non-emergency medical transportation (NEMT).
- To support your transportation solutions, continuously search for funding (preferably from multiple sources) or shift your health center's funding priorities.

ESTABLISH PARTNERSHIPS WITH OTHER ORGANIZATIONS



- Leverage already existing assets. For example, a health center borrows or rents a van from another.
- Connect with organizations who serve the same priority population.
- Collaborate with transit/ride-sharing agencies, government agencies, hospitals, & schools. These partnerships can be key in supporting transportation solutions at your health center.

EMPOWER YOUR COMMUNITY TO ACHIEVE STRUCTURAL CHANGE



- Empower patients, staff, & providers to participate in community organizing activities such as walk & roll audits. This can help them identify areas in their neighborhoods that could be improved to provide easier access to transportation.
- Connect with local metropolitan planning organizations (MPO) who influence infrastructure planning.

BRING PATIENTS CLOSER TO HEALTH & SOCIAL SERVICES



- Educate patients, staff, & providers about local transportation options.
- Provide mobile clinics or Telehealth services whenever possible.
- Establish volunteer driver programs that provide door-to-door or fixed-route transit services, especially in rural areas.
- Provide clinic services at locations most frequented by the community.

ADOPT COST-EFFECTIVE & EFFICIENT ADMINISTRATIVE STRATEGIES



- Dedicate staff & resources to focus mostly on transportation solutions.
- Use information technology to book visits and transport at the same time.
- Extend/shift hours to suit the patients' needs (eg., untraditional work schedules).
- Provide volunteer drivers with non-owned auto insurance if they use their personal vehicles instead of health center-owned vehicles.
- Establish mileage reimbursement programs for patients' family & friends who drive them to their appointments.

Remember, there is no one-size-fits-all approach and always diversify your health center's strategies.

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