

Project: [Improving Transportation Access to Healthcare Services](#)

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Summary

Limited access to health care affects tens of millions of Americans daily. Most of the affected populations are identified as transportation disadvantages, meaning persons who are unable to transport themselves or purchase transportation due to one or multiple mental or physical disabilities, income status, or age. Unmet health-related needs for these vulnerable populations include lack of transportation to and from health education, mental health and substance abuse programs, dialysis centers, follow-up visits, medical testing, and other health care services.

Primary reasons for lack of healthcare access have been described as: limited availability of public transportation, lack of transportation options serving late-night or weekend needs, payment processing difficulties, high out-of-pocket costs for transportation, limited capacity of transit systems to handle wheelchairs and scooters, and inadequate pedestrian facilities and safety. A lack of transportation options, especially among elderly persons, also leads to social isolation and worsening health.

This study identifies national best practices in addressing health care access issues through mobility management, service coordination, and interagency partnerships. It introduces the topic of transportation access to healthcare and outlines academic literature and national studies that address gaps and barriers to access. Insights found include strategies for enhancing non-emergency medical transportation and the types of gaps that are experienced by transportation disadvantaged persons. These gaps include lack of knowledge on available resources and institutional issues like lack of transit connectivity and interagency cooperation. This research effort also involved review of transportation disadvantaged plans for Hillsborough County, the broader tri-county region, and the State of Florida, as well as local health care plans. The analysis found that fragmentation and redundancy of services as well as coordination or lack thereof were key themes throughout both national and local studies. Furthermore, the research effort evaluated case studies from around the United States to find which strategies were used, what populations were reached, and -where available- what the cost savings to service providers would be under each program. The analysis found that traditional strategies, like volunteer drivers and flex routes on public transportation, as well as more innovative strategies, such as transportation network companies (e.g. Uber and Lyft), smart cities, and mobile health units were some of the more successful efforts.

The research continued by presenting a strategic framework for applying these findings to the Hillsborough County Context and is explained in Figure 1.

Objective	Policies
Improve fixed-route transit service delivery	<ul style="list-style-type: none"> • Expand fixed-route services • Improve access to nearby stops • Enhance first/last mile connections
Provide seamless connections for patients following major medical treatments	<ul style="list-style-type: none"> • Partner with TNCs to increase service options • Coordinate volunteer drivers • Co-locate health care and social service facilities
Provide options for receiving health care in place	<ul style="list-style-type: none"> • Promote telehealth • Equip mobile care units • Implement community health worker programs
Enable riders to navigate non-emergency medical transportation systems	<ul style="list-style-type: none"> • Maintain one-stop centers for ride planning across services • Employ transportation navigators to guide all TD riders
Decrease costs to providers and the public by reducing missed appointments	<ul style="list-style-type: none"> • Implement voucher and reimbursement programs • Institute travel rewards and incentives programs
Develop and coordinate a regional Non-Emergency Medical Transport (NEMT) network	<ul style="list-style-type: none"> • Establish regional network for NEMT • Establish mobility manager positions for the tri-county region • Use technology to determine specific gaps in service and identify at-risk populations

Since Florida is already using a mix of private, nonprofit, and public models for transportation service delivery, Florida is suited to implement many of the strategies and innovative technology described. Ultimately, continuing increases in income inequality and chronic disease rates in the United States are likely to put a strain on existing NEMT or patient-centered transportation programs. Costs of health care will only exacerbate the challenges facing transportation disadvantaged population in the U.S. Adapting to the existing and future need for TD access to health care will require attention to many alternatives, especially coordination and community level-support.

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