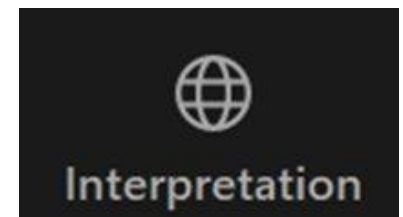


Partnering for **Vaccine Equity**



Learning Community [SDOH Series – Transportation Access]
10.17.2023



Zoom Webinar Features

- Participants will **remain muted** during this webinar, but you can use the **raised hand feature** to be unmuted to ask a question, OR
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Today's Speaker



Laura B. Smith (PhD)
Research Associate, Urban Institute



Transportation and Access to Health Care Before and During the COVID-19 Pandemic

P4VE Learning Community
October 18, 2023

Laura Barrie Smith



How does the CDC define social determinants of health?

- Nonmedical factors that influence health outcomes
- Conditions in which people are born, grow, work, live, age
- Wider set of forces and systems shaping the conditions of daily life
 - Economic policies & systems, development agendas, social norms, social policies, racism, climate change, political systems
- Examples:
 - housing, food security, immigration status, **transportation**

In what ways is transportation a SDOH?

1. Access to transportation can help us get to work, school, grocery stores all of which can help us stay healthy
2. Living in walkable or bikeable neighborhoods can improve our health by making it easier to exercise
3. Safe transportation protects our health, as traffic accidents are a leading cause of injury/death
4. Air pollution from transportation contributes to poor air quality which affects our health
5. Transportation helps us get the doctor

My research: transportation and access to health care

1. How often are people unable to get to the doctor because of transportation problems?
 - Are there inequities in this experience?
2. How important is public transit (busses, subways, light rails, etc.) in helping people get to the doctor?
 - Does expanding public transit systems help people reach the doctor?
3. Can phone and video visits (aka telehealth) help people get health care without needing to use transportation?

Types of transportation in the U.S.

- Vehicles are by far the most common type of transportation in the U.S.
- Our research finds that over 90% of U.S. adults own or have access to a private vehicle
 - This is not equally true for all: Black and Hispanic/Latinx adults, adults with low incomes, and adults with disabilities are much less likely to own a vehicle.
- Public transit (buses, subways, etc.) is available in most major cities, but may not be reachable or affordable for all

Access to public transit

- Our research shows that for people who do not have cars:
 - 32% do not have good access to public transit
 - 32% do not have ability to get around without driving
 - more common for adults with low incomes and adults with disabilities
- Our research also showed the importance of asking people what their access to public transit is like, rather than relying on “objective” measures based on distance to or frequency of transit stops in their neighborhood

How many people miss doctor's visits because of transportation barriers?

- We surveyed over 9,000 adults and found that 5% of them missed a doctor's visit because of transportation barriers
 - Among people who do not own a car, 13% missed a visit
- Transportation barriers were even more common for:
 - Black adults
 - Hispanic/Latinx adults
 - Adults with lower incomes
 - Adults with disabilities

**More than 1 in 5 adults who do not own a vehicle and have
poor access to public transportation miss doctor's visits
because of difficulty finding transportation**

What happens when public transit systems expand?

- In another study, we wanted to see if improvements to a public transportation system helped people reach the doctor
- We looked at how often people had to miss their doctor's visits before and after a new light rail line opened
- We analyzed data on over 3 million people across 4 years



Our study findings

- We found fewer people missed their doctor's visits after the light rail line opened
- The effects were greatest for people with Medicaid health insurance coverage
 - For people with Medicaid, missed visits dropped by 8.6%

Interpretation and limitations of this study

- We observed a drop in missed visits when public transit expanded, suggesting public transit can help people reach the doctor
- However, many people are still missing visits even with the expanded light rail system
- We were not able to talk to people about their experiences or to learn what barriers they face related to transportation
- The study took place in Minneapolis/St. Paul and the results may not be the same in other parts of the country

Transportation, health care, and the pandemic

- How did the role of transportation as a SDOH change during the COVID-19 pandemic?
 1. Financial hardships made car ownership less feasible for many families
 2. Availability of public transit was limited, especially during early days of the pandemic
 3. Risk of contracting the virus on public transit may have discouraged some people from using it
 4. **Telehealth** grew in popularity as a way to see your doctor without leaving home

What is telehealth?

- Telehealth, aka telemedicine = any use of technology or electronic communication to receive health care
- Often, telehealth involves a phone call or video call between a patient and their doctor
- Doctors can diagnose illness, recommend patients for follow up care, and even prescribe medicine using telehealth
- There are many things that can NOT be done by your doctor using telehealth (example: vaccines, cancer screenings)

Telehealth before the COVID-19 pandemic

- Before the pandemic, only about 1% of people used telehealth
- The majority of telehealth visits were for mental health
- There were many laws and regulations in place that made telehealth visits less a less popular option than in-person visits for both patients and doctors

Telehealth during the COVID-19 pandemic

- When the pandemic started, laws and regulations changed to make it easier for telehealth to be used instead of in-person visits
- This was done to avoid spread of the virus (many doctor's offices actually closed)
- Telehealth remained popular even after doctor offices re-opened
- We surveyed over 9,000 U.S. adults to learn about their experiences with telehealth during the first year of the pandemic

Results from our study on telehealth during the COVID-19 pandemic

- 38% of adults had a telehealth (phone or video) visit
 - Most of these visits were for general/routine health care issues
 - Most people found telehealth to be convenient and low-cost
- However, there were disparities in who was able to use telehealth
 - It was much less common among for:
 - adults with low incomes
 - adults without health insurance
 - adults living in rural areas

Telehealth, transportation, and equity

- A great thing about telehealth is that it does not require you to leave your home
- Therefore, telehealth can be a good option for people who do not have access to transportation
- On the other hand, telehealth cannot handle all types of health care needs
- Also, telehealth requires phone or internet which is not available to all
- Not all types of health insurance will pay for telehealth visits

Key takeaways from this presentation

1. Transportation is an important social determinant of health
2. Many people have to miss doctor's visits because of transportation barriers
3. Expansions to public transit systems can help people get to the doctor
4. Telehealth can improve access to health care and can avoid the need for transportation
5. Telehealth is not equitably available for everyone and cannot cover all health care needs

Thank you!

You can find links to the research discussed in this presentation on my Urban Institute webpage:

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Upcoming P4VE Events

- **October Joint-COP Meeting** | Oct. 19th from 1:30 pm – 2:30 pm
- **What to Expect at the 2023 American Public Health Association (APHA) Meeting** | Oct. 23th from 1 pm – 2 pm
- **Storytelling in the Palm of Your Hand (Two-Part Smartphone Training Series)** | Oct. 26th from 1 pm – 2:30 pm

Event Satisfaction Poll