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Overcoming Transportation Barriers to Health Care Access During the COVID-19 Pandemic

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Issue

Delaying or forgoing health care can lead to serious health consequences. Since the onset of the COVID-19 pandemic, American health care utilization has dramatically shifted, and many aspects of transportation systems have been disrupted. In response to new and emerging health risks, economic hardship, and access challenges related to COVID-19, at least two in five adults had delayed health care by July 2020.¹

Both directly and indirectly, the pandemic has amplified transportation challenges, which are a well-documented barrier to health care access. Public transit service schedules have been cut, reduced-cost shared-ride programs have been disrupted, and new concerns have arisen about the safety of relying on rides from people outside one's household. Job loss, health insurance interruption, residential moves, and changes in how and where health care is offered have also influenced how people travel to care.

COVID-19's effects on transportation to health care are likely to disproportionately impact certain groups, with important implications for health equity. To understand the transportation needs of different populations during the pandemic, this report reviewed the literature across seven health care needs that are overrepresented among people with transportation challenges and/or amenable to transportation interventions. This included: (1) dialysis for end-stage kidney disease, (2) prenatal care, (3) cancer care, (4) mental health care and substance use treatment, (5) health care for people living with disabilities, (6) health care for people with multiple chronic conditions, and (7) preventive care.

Key Research Findings

Compounding Inequality

The same marginalized groups (especially Black, Indigenous and people/communities of color, and low-income people) who face elevated risks for many health conditions are also more likely to experience transportation barriers to accessing health care. They are also most threatened by the health and economic impacts of COVID-19. Improving transportation access for these groups can improve population health equity during the current pandemic and in the long term.

Promise of transportation interventions

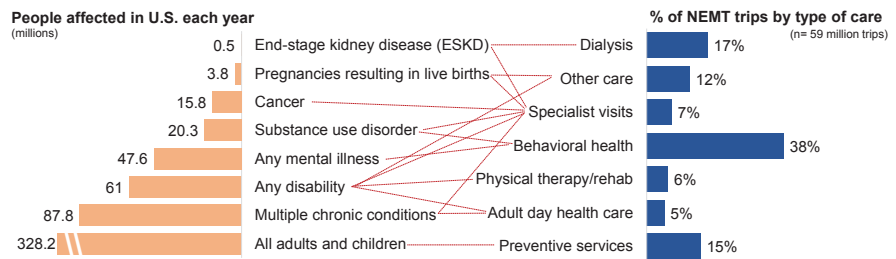
People with certain health conditions have high rates of need for transportation assistance to access health care (Figure 1). Transportation interventions that overcome these barriers can be cost-effective and even cost-saving in some cases. Health system innovations such as telemedicine are useful during the pandemic but cannot replace all in-person services nor reach all patients.

Importance of services beyond fixed-route public transit

Non-emergency medical transportation (NEMT) and paratransit are safe and feasible ways to transport people who are unable to drive themselves to health care, especially during the pandemic. While the current tenuous transportation funding environment presents challenges, it is critical to ensure that these services remain viable or even grow in response to projected increases in demand. NEMT and paratransit may also be important substitutes for people who typically rely on rides from others for transportation to health care.

Figure 1. Prevalence of selected health conditions and types of health care trips made by Non-Emergency Medical Transportation (NEMT) operator LogistiCare Solutions in 2015.

Sources referenced in full report.



Risk/benefit trade-offs

All trips to health care during the pandemic involve risks and benefits. For individuals, contracting COVID-19 can be devastating, but missing or delaying some types of health care can lead to life-threatening outcomes. For communities, more trips to care can result in both health hazards (e.g., COVID-19 transmission and vehicle emissions) and benefits (e.g., funding for transportation services and community clinics). Health care providers have used risk/benefit tools to guide decisions about whether patients should delay or continue health care trips during COVID-19, especially for services such as cancer care and preventive care.

Conclusion

Leaders in transportation, public health, and health care should consider the following strategies to improve access to health care during and after the COVID-19 pandemic:

- Enhance access to transportation services, especially NEMT and paratransit, through increased screening for transportation needs, expanded eligibility for services, streamlined enrollment processes, novel funding mechanisms, and flexible and creative service delivery solutions. (Example: San Francisco has moved from in-person to phone-based interviews for determining paratransit eligibility.²)

- Increase development and use of decision tools to help individuals, transportation agencies, health systems, and policymakers weigh risks and benefits related to health and transportation and ensure equity in priority-setting. (Example: LA Metro’s Rapid Equity Assessment Tool for its COVID-19 recovery effort includes questions about who will be harmed and who will benefit from key decisions.³)
- Work to combat structural racism through policy, systems change, and collaboration to address the crosscutting social challenges that intersect with transportation disparities. (Example: The Accountable Health Communities Model funds organizations that link patients with services that address health-related social needs, such as transportation and housing.⁴)

More Information

This brief is drawn from the “Transportation Access to Health Care During the COVID-19 Pandemic: Trends and Implications for Significant Patient Populations and Health Care Needs” white paper authored by Katherine L. Chen, Madeline Brozen, Jeffrey E. Rollman, Tayler Ward, Keith Norris, Kimberly D. Gregory, Frederick J. Zimmerman. The full report can be found at www.ucits.org/research-project/2021-11. For more information, contact Katherine L. Chen at klchen@mednet.ucla.edu.

¹U.S. Census Bureau. Household Pulse Survey. July 2020. Accessed June 17, 2020. <https://www.census.gov/householdpulsedata>

²San Francisco Municipal Transportation Authority. Contact The Mobility Management Center. May 15, 2019. Accessed July 31, 2020. <https://www.sfmata.com/getting-around/accessibility/contact-mobility-management-center>

³Los Angeles County Metropolitan Transportation Authority. A Path Forward: Metro’s Recovery Task Force Progress Report. 2020. Accessed July 30, 2020. <http://media.metro.net/2020/Recovery-Progress-+Report-2.pdf>

⁴Centers for Medicare & Medicaid Services. Accountable Health Communities Model. May 19, 2020. Accessed August 7, 2020. <https://innovation.cms.gov/innovation-models/ahcm>

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