



HEALTH POLICY ISSUE BRIEF

Transportation

This health policy issue brief helps family physicians and their care teams address health disparities related to transportation among their patient populations and communities. It is an American Academy of Family Physicians policy priority to address the social determinants of health, one of which is the adverse health effects of transportation. The Academy recognizes that transportation can impact patients' health beyond human transportation and their built environments and that some patients face barriers to accessing affordable and adequate transportation

Key Messages

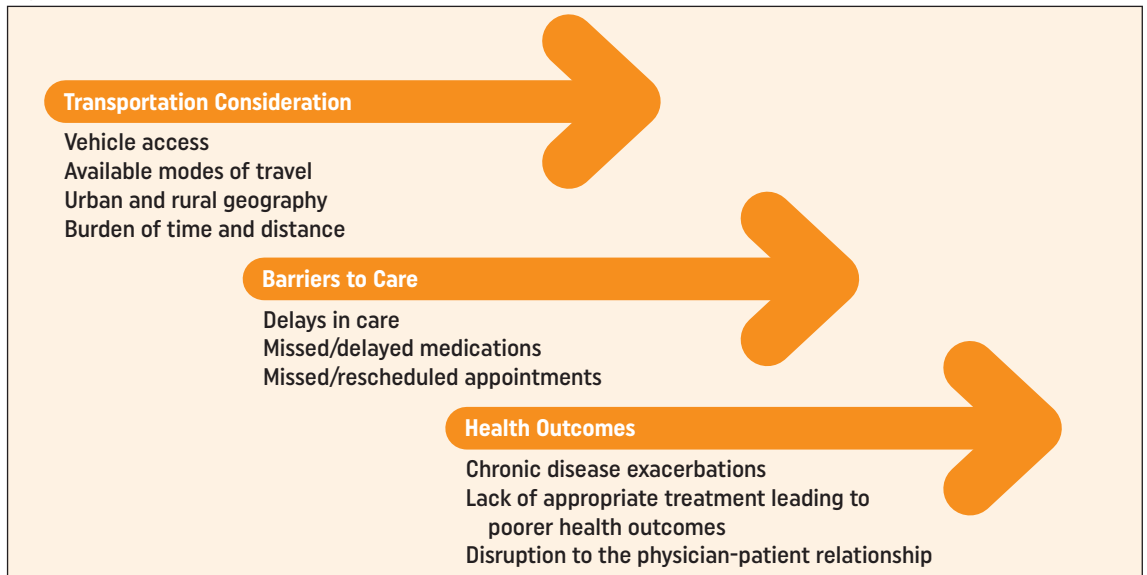
- Transportation is a broad policy issue impacting individuals' access to care, environmental conditions and international supply chains for necessary medical supplies.¹
- Patients with certain illness burdens, such as a disability, are more likely to have transportation barriers.
- Medicaid patients may be eligible for non-emergency medical transportation, with eligibility and options often varying by state.
- Integrating telemedicine into your practice can reduce barriers to care related to transportation.
- A Health in All Policies strategy can help address health outcomes related to transportation.

TRANSPORTATION ASPECTS AND HEALTH OUTCOMES

Transportation is critical for maintaining health care infrastructure at a system level and is essential to connecting people with needed health resources. Transportation policies can positively impact the physical and mental health of individuals and families by improving their access to health care, education, employment, social connections and social services.

Figure 1 illustrates how transportation considerations can create barriers to care and negatively impact patients' health outcomes. Transportation policy can positively impact public health outcomes by prioritizing safety that reduces the incidence of motor vehicle crashes; improves air quality and reduces pollution (poor air quality and air pollution are linked to heart disease and respiratory illnesses like asthma); promotes walking and biking; and enhances health equity and connectivity to jobs, schools and parks.²

Figure 1. Lack of Transportation Can Result in Barriers to Care and Worse Health



Graphic created from information from Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. *J Community Health.* 2013;38(5):976-993.

DISPROPORTIONATE IMPACTS OF TRANSPORTATION BARRIERS

Locally, policies that fund public transportation and infrastructure projects and prioritize zoning and city planning efforts all play a role in health outcomes. The built environments that prioritize driving, parking cars and/or riding the bus disenfranchise those with limited access to these modes of transportation, especially among people with limited resources.¹ A 2023 Robert Wood Johnson Foundation study found that more than one in five adults in the United States without access to a vehicle or public transit will forgo health care because of their transportation barrier.³ This translates to worse health outcomes as patients with transportation barriers often delay care or medication use and/or miss or reschedule appointments with their physicians.⁴ Black and Hispanic populations are nearly twice as likely to skip medical treatment, and adults with lower incomes are more than three times as likely to skip medical treatment than populations with higher incomes.⁵ This suggests that

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safe and accessible transportation in all communities could improve health outcomes for these patient populations by helping them receive regular health maintenance.

REDUCING ACCIDENTS AND EMISSIONS TO IMPROVE HEALTH

The Centers for Disease Control and Prevention recommend creating infrastructure and social initiatives that support biking and walking, with a particular emphasis on roadways going to and from residential areas and educational institutions to reduce obesity rates and improve health outcomes.⁶ While some municipalities do not have the infrastructure necessary to allow safe commuting by bicycling and walking, a safe, pedestrian-friendly environment can be created by installing sidewalks, crosswalks and traffic-calming features, as well as improving street and sidewalk lighting. Traffic crashes, air pollution and sedentary behavior are estimated to cost hundreds of billions of dollars annually in health care expenses.⁷

Family physicians can recommend that patients prioritize certain forms of transportation over others to improve health. Reducing the number of vehicle miles traveled can lead to fewer traffic accidents and decreased emissions, resulting in better population health. For many age groups, traffic accidents are the main factor in injury-related fatalities,⁸ and air pollution from motor vehicles contributes to many respiratory and cardiovascular effects.⁶

These health risks can be compounded for communities experiencing disinvestment in the urban core following urban sprawl in American cities. Many of these neighborhoods still lack safe outdoor spaces for play and exercise. Gentrification displaces groups already subjected to discrimination, transforming neighborhoods and affecting a community's history and culture while resulting in social capital and economic losses.⁹ Residents of lower-income neighborhoods and minority populations are disproportionately exposed

to traffic and air pollution, with many health effects from emissions due to their proximity to high-polluting roads and corridors.¹⁰ Environmental exposure to exhaust and related respiratory health outcomes result from the interstate highway system, which disproportionately divided and displaced predominately Black neighborhoods.^{11,12} Gentrification and historic disinvestment are enduring causes of structural racism contributing to health disparities.¹³

STRATEGIES FOR ADDRESSING TRANSPORTATION NEEDS

Family physicians can support their patients by incorporating team-based screening, referral for social needs and advocating for safe and accessible transportation in their communities. Family physicians have significant influence with their employers to advocate for solutions to transportation-related problems in a way that can improve the health outcomes of the communities they serve. Strategies and examples family physicians can implement to help solve transportation-related issues are shown in *Table 1*.

TELEMEDICINE AS A STRATEGY

The AAFP defines telemedicine as "the practice of medicine using technology to deliver care at a distance, over a telecommunications infrastructure, between a patient at an originating (spoke) site and a physician or other practitioner licensed to practice medicine, at a distant (hub) site."¹⁴ Utilizing this practice is one way to eliminate access to care, as physicians and patients discovered during the COVID-19 pandemic when telehealth claims surged from 0.1% in 2019 to around 5% by the end of 2021.¹⁵ However, the AAFP also recognizes that broadband access is an SDoH and not all communities have adequate access to it.¹⁴ Since telemedicine is an appropriate and efficient means to improve health, addressing policy changes to close the digital divide can help strengthen existing health services by enabling patient- and

Table 1. Strategies and Examples of Transportation-related Problems

Strategy	Examples
Learn how transportation impacts the health of your patient populations and identify opportunities for active transportation.	Examine the health impacts of transportation systems in your state or community by using the Transportation for Health Tool from the U.S. Department of Transportation and the CDC.
Screen patients for health-related social needs to identify transportation barriers and identify local resources to address those needs.	Use the AAFP's Social Needs Screening Tool to identify transportation needs and search for transportation resources by zip code using the Neighborhood Navigator .
Check your Medicaid patients' eligibility for non-emergency medical transportation.	While policies vary by state, Medicaid patients may be eligible for non-emergency medical transportation . To learn more about Medicaid service delivery models, consult the National Conference of State Legislators map .
Advocate for changes within your health care system.	The Seattle Children's Hospital Commute Program is an example of how a hospital or health system could create a program to reduce employee impact on the community and increase physicians' capacity to serve their patients.
Promote public policies and infrastructure projects that increase access to transportation, address safety issues and improve air quality.	Read the CDC Recommendations for Improving Health through Transportation Policy, Partnering with Metropolitan Planning Organizations to Advance Health Communities , and Teaming Up with Public Health: Extending the Family Physician's Impact from Clinic to Community to advance health equity and encourage a healthy lifestyle.

community-centered approaches to patients' lived experiences, including in digital form.¹⁶

The [AAFP's A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice](#) can help support and guide your practice in providing telehealth services.

EFFECTS ON FAMILY PHYSICIANS AND THEIR CARE

Transportation does not just impact people's access to health care, but it can also affect family physicians' ability to provide care. The Health Industry Distributors Association says that transportation disruptions regularly affect health care when medical supply deliveries are delayed and can be especially strained during flu season with increased demand for personal protective equipment and ancillary flu vaccine products.¹⁷ Creating a [Crisis Standards of Care](#) plan can help ease medical supply delivery barriers. These guidelines and others found in the [CDC's Community Planning Framework for Healthcare Preparedness](#) could be developed before disasters occur and help health care providers offer the best possible care when facing limited resources.

AAFP AND THE EVERYONE PROJECT RECOMMENDATIONS AND STRATEGIC PRIORITIES

The AAFP recognizes transportation as an SDoH and supports improvements to the built environment, such as walkable neighborhoods, street connectivity and mixed-use zoning to improve community health.^{16,7} As such, the AAFP and The EveryONE Project™ offer the following recommendations, strategic priorities and courses to our members:

- The AAFP and The EveryONE Project support health equity by recommending improvements to the built environment that incorporate community input to ensure residents' concerns and needs are heard and new developments do not negatively impact their neighborhoods and communities.
- The AAFP and The EveryONE Project support policy improvements to built environments and advocacy efforts for [Health in All Policies](#) at the local, state and federal levels.
- The AAFP and The EveryONE Project support expanding telehealth and telemedicine as appropriate and efficient means to improve health when conducted within the context of appropriate standards of care. A HiAP approach can assist in collaborating with intersectoral partners in transportation and urban planning.
- The AAFP and The EveryONE Project support using resources in clinical practice like screening tools, resource generators and telehealth options to identify vulnerable populations who experience SDoH more often than others.
- The AAFP offers continuing medical education courses about [health equity](#) and [anti-racism](#). These courses are designed to recognize and overcome biases and provide you with tools and resources to deliver a higher level of equitable care for your patients.

We believe incorporating these recommendations and strategies could help prevent adverse health outcomes for patients by offering complete care and closing the gaps in care caused by transportation and other SDoH factors.

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