

Transportation as a barrier to child health access: The scope of the problem

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Insurance is a major financial barrier to healthcare access

- 11.7% of US children < 18 years old (~9 million) are uninsured
 - 19.3% of poor children are uninsured
 - 11.3% of young children (< 6 years) are uninsured
- There are significant racial-ethnic disparities
 - 14.1% of African-American children and 22.1% of Hispanic children are uninsured, compare to 7.3% of white children
- The majority (88%) live in a household with at least one working parent
- More than three-fourths are eligible for public health insurance (Medicaid or SCHIP)

- Sources: US Census Bureau, Current Population Reports, 2006 Families USA, American Academy of Pediatrics

Insurance is not enough

- There are other, non-economic barriers:
 - Mal-distribution of health care resources
 - Rural communities have persistent health professional shortages
 - Language and cultural considerations
 - Especially affects children and families for whom English is a second language
 - Family issues
 - Family functioning and health-literacy
 - Transportation

Background: Non-emergency medical transportation

- There are a small number of studies which address transportation barriers to child health access
- In a Boston study, Hispanic parents cited transportation barriers as the most significant reason why they did not bring their child for treatment and well-child care
 - *Archives of Pediatrics and Adolescent Medicine*. 1998; 152:1119-1125.

Background, 2

- In a study of migrant agricultural workers, 80% cited transportation as a barrier to bringing their child for healthcare
 - *Pediatrics*. 2004; 113:e276-e282.
- In rural poor Health Professional Shortage Areas (HPSAs), families often had to travel 30 miles to get to the nearest physician – without a car or public transportation available
 - Children's Health Fund, *Getting There, Getting Care* (2000).
- Transportation barriers also affect urban children, even when public transportation is available
 - *Journal of Healthcare for the Poor & Underserved*. 2006; 17:928-943;
Advances in Pediatrics. 2005; 52:9-22.

Purpose & Method

- To quantify the scope of the problem of transportation as a child healthcare barrier, CHF developed a survey instrument with the Marist College Institute for Public Opinion
- Survey was administered by telephone September 18-21, 2006 to 1,819 adults 18 and older living in the continental U.S.
- 610 were parents with children age 18 and under living in the household
- Interviews were conducted in English and Spanish

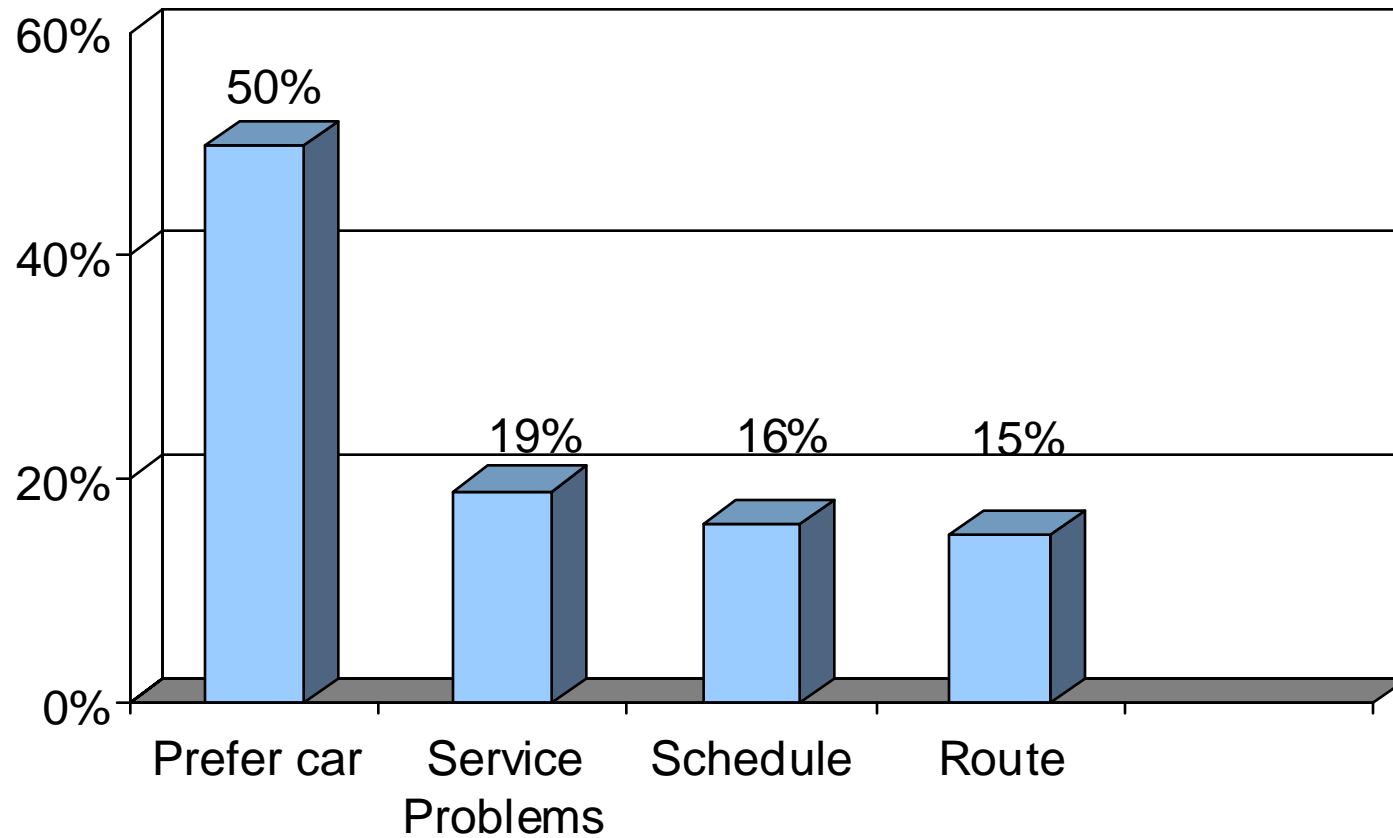
Results: Insurance status

- 9% of children were uninsured
- 21% were publicly insured (Medicaid, SCHIP)
- 70% had commercial health insurance
 - 59% employer-provided; 11% self-purchased
- Only 16% of parents reported that transportation was a covered benefit in their child's health plan
- Two-thirds, 67%, said transportation was not a covered benefit
- Another 16% were unsure

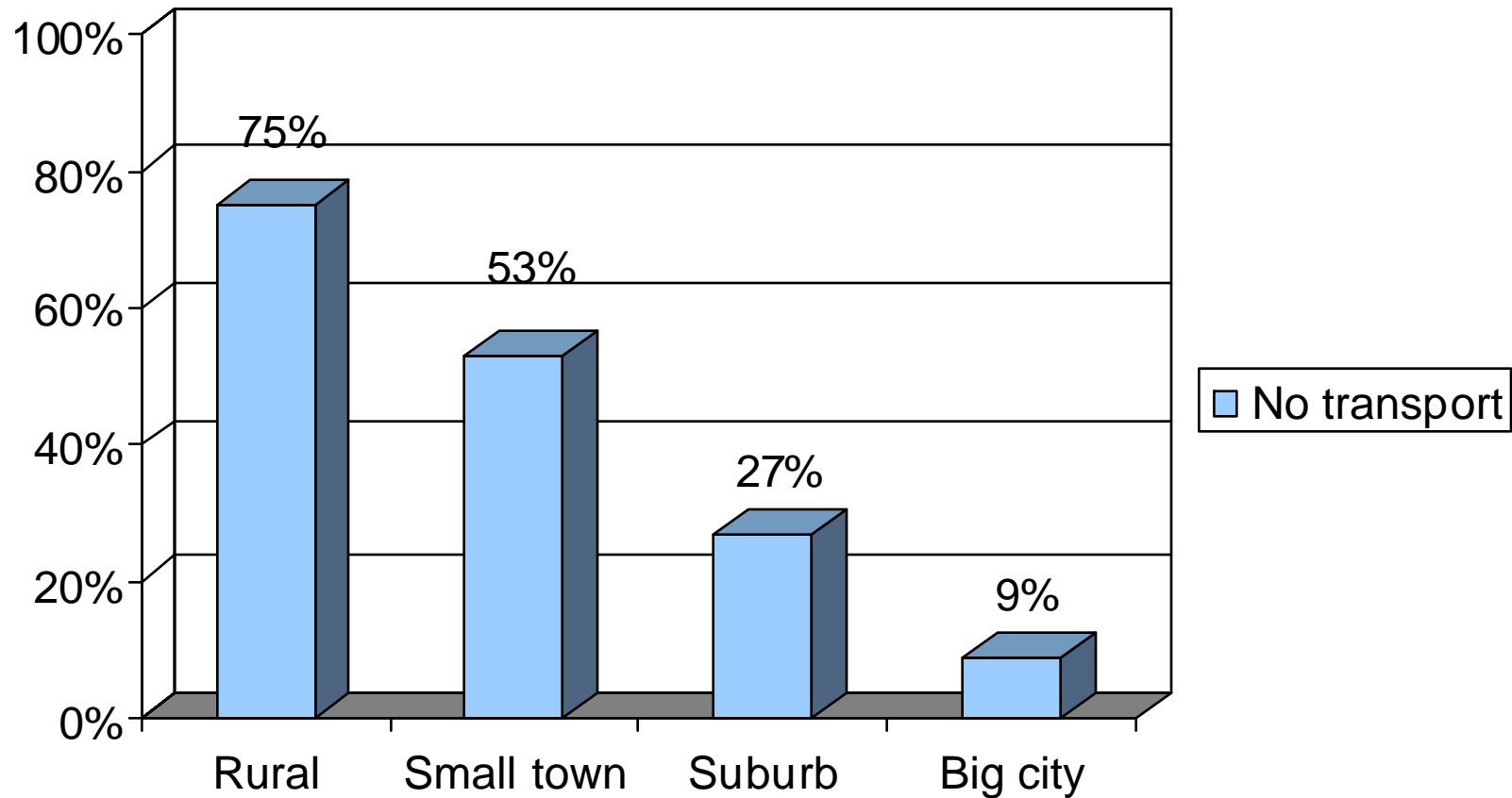
Results: Availability and use of public transportation

- Access to public transportation was defined as having “buses, trains, subways, trams, or trolleys available in your community”
 - Limitation: This definition may have unintentionally excluded “on-demand” transport systems available in some rural communities
- 39% of U.S. residents did not have public transportation in their community
- Only 9% of U.S. residents with available public transportation used it “regularly” and 14% used it “sometimes”

Reasons public transport not used



Rural communities have the least available transportation



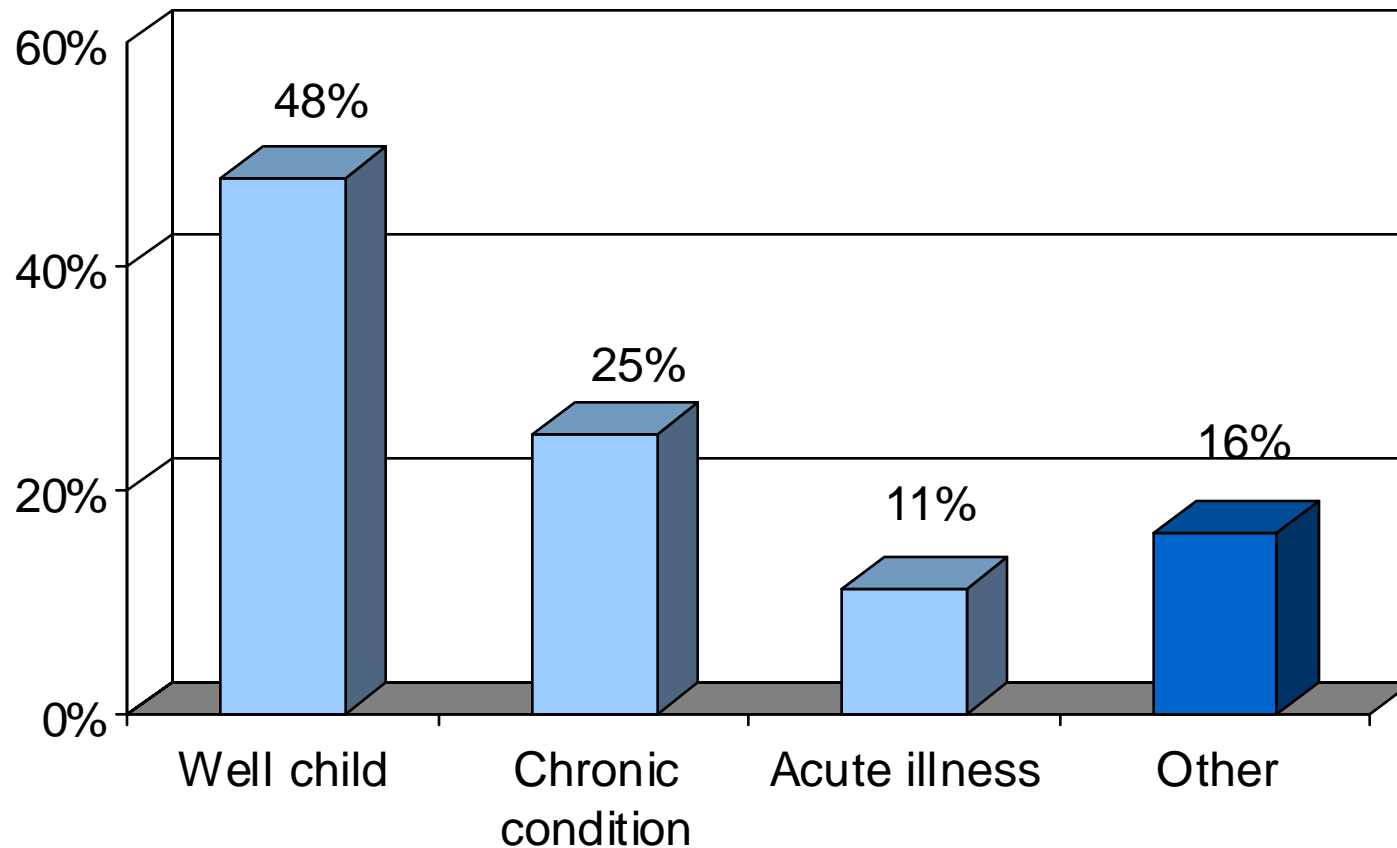
Transportation and healthcare

- 35% of parents in communities with public transportation had to travel ten miles or more to get care when their child was sick
- 19% lacked public transportation to get from home to a health care site
- 20% in communities with public transportation did not have a public transportation route to a hospital or emergency room

Missed healthcare appointments

- **4% of US children regardless of income, insurance status or geographic region missed a health care appointment because of transportation last year**
 - Most affected: Low-income; African-American; south and central regions of the country
- 63% of those who missed a health care appointment missed two or more visits during the year
- **31% of parents reported that they had to get emergency care** at a later time for the condition associated with the healthcare appointment most recently missed because of transportation

Purpose of missed appointment



Extrapolating results to census data (2005)

- At least 1.5 million US households with children miss at least one child healthcare appointment because of restricted transportation availability
- Nearly 3 million children are affected, most of whom miss two or more health care visits
- Approximately 750,000 of these appointments are for management of a chronic condition
- Nearly one million hospital emergency room visits occur annually that are potentially preventable with transportation to facilitate timely access of needed healthcare services

Conclusions

- Transportation is a hidden barrier to child health access, affecting one-third as many children as uninsurance
- Transportation may be a barrier to access whether or not the child is insured, and whether or not the child is poor
- Poor, rural, and medically underserved communities are most affected, especially in the south and central regions of the U.S.

Preliminary estimate: Cost to the health care system

- Assumed cost per emergency room visit: \$750
 - 2003 MEPS data (last year available) adjusted for 2006 at the annual inflation rates for health care cost
- For patients without transportation access, ambulance is likely to be needed to get to an ER
 - Nationally, 15% of ER patients arrive by ambulance
 - We conservatively estimate twice as many, 30%, of ER users who missed a visit because of transport will need an ambulance to get to the ER
- Assumed cost of ambulance ride to ER: \$500
 - GAO data for 2004 (last year available adjusted for 2006 at the inflation rate for health care cost
- Cost of preventable ER care: \$750 million
- Cost of preventable ambulance use: \$150 million
- **That's nearly a billion dollars!**