



The Leadership
Conference
Education Fund

The Road to Health Care Parity: Transportation Policy and Access to Health Care

April 2011

The Leadership Conference Education Fund
202.466.3434 voice
202.466.3435 fax
www.civilrights.org



I. Transportation Equity: A Prerequisite to Health Care Parity

Access to health care is a civil right and a foundation for other rights, including equal employment opportunity and education. Today, low-income populations, people of color, households in rural areas, and people with disabilities disproportionately lack access to affordable, quality health care. This disparity in access has contributed to high rates of preventable conditions, which in turn affect individuals' ability to participate fully in education and the workforce. The civil and human rights advocacy community has long understood that achieving parity in health care is a top priority.

Transportation policy can make a positive impact on health conditions by increasing options for commuters, reducing air pollution, and creating better connections to health services. Conversely, transportation policy that fails to take into account the needs of low-income and minority communities can have extreme and cascading health consequences.

Lack of access to affordable transportation is a major contributor to health disparities. It isolates low-income people from health care facilities and forces families to spend a large percentage of their budgets on cars and other expensive options, at the expense of other needs, including health care.¹ Our transportation policy also generates public health problems that disproportionately affect low-income communities and communities of color. As Congress considers a reauthorization of our nation's surface transportation programs, which will allocate significant federal funds to transportation infrastructure, civil and human rights advocates have an opportunity to advance public health through participation in the transportation policy making process.



II. Current Transportation Policy and its Impact on Access to Public Health

a. Disproportionate investment in expanding road networks and car-based transportation

For several decades, we have invested the overwhelming majority of federal transportation funds in new highway construction. People from urban areas and people of color are significantly underrepresented in the institutions that decide how to invest transportation funds for metropolitan areas, which results in a strong preference for transportation benefiting suburbs and outlying areas. As a result, we now have a landscape of metropolitan sprawl and a predominately car-based transportation system across the country.

b. Transportation investments to date have limited access to health care for low-income people

Because a very small percentage of federal funds have been used for affordable public transportation and for active transportation (*i.e.* walking, biking) opportunities, people without access to cars have been isolated from opportunities and services—including health care providers. By underinvesting in walkable communities, rapid bus transit, rail, and bicycle-friendly roads, our policies contribute to high concentrations of poor air quality, pedestrian fatalities, obesity, and asthma in urban areas. All of these public health risks have disproportionately affected low-income people and people of color.

i. Lack of access to health care facilities

Without affordable and accessible transportation, many Americans are physically isolated from health providers. As poverty in suburban areas grows, increasing numbers of people are unable to reach providers and services that are spread out among non-walkable areas with limited public transportation. People of color, households in rural areas, and people with disabilities face significant hurdles because many cannot drive and public transportation is often unavailable, inaccessible, or unreliable. Studies show that lack of access to transportation reduces health care utilization among children, seniors, low-income people, and people with disabilities.² One survey found that 4 percent of U.S. children (3.2 million in total) either missed a scheduled

health care visit or did not schedule a visit during the preceding year because of transportation restrictions.³

About 13 percent of traffic fatalities are pedestrians or cyclists, even though less than 6 percent of all trips are made on foot or by bicycle. Less than 1 percent of federal transportation funds are used for either facilities or safety for these two travel modes.

-Surface Transportation Policy Project⁴

ii. Pedestrian fatalities

Children, seniors, and people of color are disproportionately represented in the 76,000 Americans who, in the last 15 years, have been killed in pedestrian accidents.⁵ Pedestrians account for 15 percent of traffic fatalities among people 65 and over.⁶ Hispanics die at a higher rate in pedestrian accidents than non-Hispanics,⁷ and although they make up about 12 percent of the U.S. population, African Americans account for 20 percent of pedestrian fatalities. Streets that are safe for all road users, including pedestrians, are critical to keeping our neighborhoods livable.

“Transportation plays a critical role in the nation’s air pollution problems and our families are among those most affected because they tend to live in less desirable communities oftentimes adjacent to major roadways.”

--Hector Flores, National President, League of United Latin American Citizens (LULAC)⁸

iii. Relationship to obesity

Streets and highways without sidewalks present an unnecessary barrier to walking.¹⁰ Auto-oriented transportation and limited access to walkable streets have resulted in an unhealthy, sedentary lifestyle with material consequences for public health.¹¹ Over the past



25 years, childhood obesity has steadily increased as walking trips among children have steadily decreased.¹² Obesity and related illnesses disproportionately affect low-income people and people of color,¹³ and these public health hazards cost billions of dollars annually.¹⁴ Obesity costs account for approximately 9 percent of all health care spending in the U.S., and part of these costs are attributable to auto-oriented transportation that inadvertently limits opportunities for physical activity.¹⁵

iv. Reduced resources for health care expenses, nutritious food, and other health-related needs

The poorest fifth of American families spend 42 percent of their incomes on transportation.¹⁶ This massive expenditure can wipe out already limited budgets for out-of-pocket medical expenses, nutritious food, and healthy recreational activities. Because affordable housing is increasingly located far from main transportation lines and jobs, low-income people and people of color are more likely to have long commutes—which reduce time for exercise, shopping for healthy foods, and additional earning opportunities.¹⁷ Fast-moving traffic on highways literally may divide communities, especially those with elderly people and people with disabilities, and this isolation is associated with higher mortality and morbidity in the elderly.¹⁸

As of 2007, the annual cost of owning a car averaged \$9,498.¹⁹

v. Pollution-related public health risks

Traffic congestion in major metropolitan areas is on the rise. As a result, urban centers are exposed to increased vehicle emissions. Transportation-related air quality is causing serious public health problems in cities, most notably asthma. There is a direct relationship between emissions and health: A study in Atlanta documented a significant drop in children's asthma attacks when single-occupancy vehicle use decreased during the 1996 Olympic Games.²⁰ Minority children disproportionately suffer from asthma; among Puerto Rican children, the rate is 20 percent and among African-American youth, the rate is 13 percent, compared with the national childhood average of 8 percent.²¹ The health impacts spread beyond asthma: People living within 300 meters of major highways are more likely to have leukemia and cardiovascular disease.²² The health costs associated with poor air quality from the transportation sector is estimated at \$50–\$80 billion per year.²³



III. Transportation Options That Increase Access to Health Care

Our car-dependent transportation infrastructure is a barrier to health care access. To promote greater parity in health care, our transportation policy must shift a portion of transportation investments away from new highway construction and toward other transportation modes.

Expanding public transportation, walkable communities, and bicycle-friendly roads will bridge the gap between many Americans and health care services, as well as decrease health hazards such as pollution and pedestrian fatalities. Investment in these modes—and curbing the expansion of metropolitan areas over longer distances—will also result in more compact communities where non-automobile transportation options are even more efficient and attractive.

IV. Conclusion

Constituencies that are harmed by existing transportation policy have a stake in transportation policy decision making. The potential effects of a policy on the health of a population and actions to manage those effects should be addressed. The surface transportation reauthorization bill will enable states and communities to make significant investments in transportation infrastructure and can be a vehicle for promoting equity in transportation and in access to health care. For these reasons, promoting healthy changes in transportation policy is a civil rights priority.



Endnotes

1. The poorest fifth of Americans spend 42 percent of their annual household budget on the purchase, operation, and maintenance of automobiles, more than twice the national average. Surface Transportation Policy Project, <http://www.transact.org/library/factsheets/poverty.asp>.
2. Lily Shoup, Transportation for America, "Improving access to health care by improving transportation options," <http://t4america.org/blog/2009/07/17/improving-access-to-healthcare-by-improving-transportation-options/> July 17, 2009.
3. Irwin Redlener et al., "The Growing Health Care Access Crisis for American Children: One in Four at Risk," The Children's Health Fund, 2006, <http://www.childrenshealthfund.org/calendar/WhitePaper-May2007-FINAL.pdf>.
4. Surface Transportation Policy Project, <http://www.transact.org/library/factsheets/health.asp>.
5. "Dangerous by Design: Solving the Epidemic of Preventable Pedestrian Deaths," Transportation for America and Surface Transportation Policy Partnership, at http://t4america.org/docs/dangerousbydesign/dangerous_by_design.pdf.
6. "Older Blacks Need More Public Transportation, Safer Walking, Study Shows," *Atlanta Inquirer* April 24, 2004, citing "Aging Americans: Stranded Without Options," Surface Transportation Policy Project.
7. National Center for Injury Prevention and Control, Center for Disease Control and Prevention, "CDC Injury Fact Book, November 2006," <http://www.cdc.gov/Injury/publications/FactBook/InjuryBook2006.pdf>.
8. J. Pucher and J. L. Renne, "Socioeconomics of Urban Travel: Evidence from the 2001 NHTS," *Transport Quarterly* 57 (2003): 49–77, http://policy.rutgers.edu/faculty/pucher/TQ_PuchRenne.pdf.
9. According to the League of United Latin American Citizens (LULAC), nearly 66 percent of Hispanics live in areas that do not meet air quality health standards, partially as a result of congestion and vehicle emissions.
10. At least 123 million car trips made each day in the United States were short enough to have been made on foot. <http://www.transact.org/library/factsheets/health.asp>.
11. American Public Health Association, "The Hidden Health Costs of Transportation," Feb. 2010, <http://www.apha.org/NR/rdonlyres/F84640FD-13CF-47EA-8267-E767A1099239/0/HiddenHealthCostsofTransportationShortFinal.pdf>.
12. Surface Transportation Policy Project <http://www.transact.org/library/factsheets/health.asp>.
13. U.S. Department of Health and Human Services Office of Minority Health. Obesity Data/Statistics, <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=537>.
14. The Center for Disease Control and Prevention estimates that if all physically inactive Americans became active, we would save \$77 billion in annual medical costs. Surface Transportation Policy Project, <http://www.transact.org/library/factsheets/health.asp>.
15. American Public Health Association, "The Hidden Health Costs of Transportation," Feb. 2010, <http://www.apha.org/NR/rdonlyres/F84640FD-13CF-47EA-8267-E767A1099239/0/HiddenHealthCostsofTransportationShortFinal.pdf>.
16. Surface Transportation Policy Project, <http://www.transact.org/library/factsheets/equity.asp>.
17. Black residents of New York have commute times that are 25 percent longer than White commuters; Hispanic commuters have commutes that are 12 percent longer. The Pratt Center *Transportation Equity Atlas*, <http://prattcenter.net/transportation-equity-atlas>.
18. Greenwood, D. et al. "Coronary Heart Disease: A Review of the Role of Psychosocial Stress and

- Social Support." *Journal of Public Health Medicine* 18: 2 (1999).
19. American Automobile Association, "Your Driving Costs," cited in *Healthy, Equitable Transportation Policy, Recommendations and Research*, http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/HEALTHTRANS_FULLBOOK_FINAL.PDF at 103.
 20. Surface Transportation Policy Project <http://www.transact.org/library/factsheets/health.asp>.
 21. Aliyah Baruchin, *The New York Times*, "For Minority Kids, No Room to Breathe," Aug. 29, 2007, <http://www.nytimes.com/ref/health/healthguide/esn-asthmachildren-ess.html>.
 22. Bullard, R.D. *The Quest for Environmental Justice*, Ch. 1. Sierra Club Books. San Francisco, California (2005).
 23. APHA, The Hidden Health Costs of Transportation, Feb. 2010, <http://www.apha.org/NR/rdonlyres/F84640FD-13CF-47EA-8267-E767A1099239/0/HiddenHealthCostsofTransportationShortFinal.pdf>.



The Leadership
Conference
Education Fund

The Leadership Conference
Education Fund

1629 K Street, NW
10th Floor
Washington, D.C. 20006

202.466.3434 voice
202.466.3435 fax
www.civilrights.org

April 2011