How transportation affects Ohio’s health priorities
...and what we can do about it

Healthcare Collaborative of Greater Columbus

Amy Bush Stevens
December 2018
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@HealthPolicyOH
@AmyStevensHPIO
HPIO 2017 Health Value Dashboard

43 Population health + 31 Healthcare spending → 46 Health value in Ohio

Health + Spending = Value
# Ohio 2017-2019 State Health Improvement Plan (SHIP)

## Overall Health Outcomes
- **Health status**
- **Premature death**

## 3 Priority Topics

<table>
<thead>
<tr>
<th>Mental Health and Addiction</th>
<th>Chronic Disease</th>
<th>Maternal and Infant Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Heart Disease</td>
<td>Preterm Births</td>
</tr>
<tr>
<td>Suicide</td>
<td>Diabetes</td>
<td>Low Birth Weight</td>
</tr>
<tr>
<td>Drug Dependency/Abuse</td>
<td>Child Asthma</td>
<td>Infant Mortality</td>
</tr>
<tr>
<td>Drug Overdose Deaths</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Equity: Priority Populations for Each Outcome Above
Today

• How does transportation affect health outcomes and health equity?
• How can we improve our transportation system in ways that will improve health for all?
• What can my organization do?
How does transportation affect health?

Transportation factors that impact health:
- Access and connectivity
- Active transportation and traffic safety
- Air quality

Intermediate-term outcome examples:
- Access to:
  - Health care and social services
  - Jobs and education
  - Healthy food
- Physical activity
- Stress
- Injuries (pedestrian and motor vehicle safety)
- Exposure to air pollution

Long-term outcomes:
- Health outcomes
- Health equity
- Healthcare spending

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Access and connectivity

Transportation factors that impact health

• Access and connectivity

Intermediate-term outcome examples

• Access to:
  ◦ Health care and social services
  ◦ Jobs and education
  ◦ Healthy food

Long-term outcomes

• Health outcomes
• Health equity
• Healthcare spending

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Active transportation and traffic safety

Transportation factors that impact health
- Active transportation and traffic safety
- Physical activity
- Stress
- Injuries (pedestrian and motor vehicle safety)

Intermediate-term outcome examples

Long-term outcomes
- Health outcomes
- Health equity
- Healthcare spending
Air quality

Intermediate-term outcome examples

Transportation factors that impact health

- Air quality

Exposure to air pollution

Long-term outcomes

- Health outcomes
- Health equity
- Healthcare spending

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It’s not just about getting to the doctor’s office.

<table>
<thead>
<tr>
<th>Access to health care</th>
<th>Access to social services</th>
<th>Access to jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to education</td>
<td>Access to healthy food</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Stress</td>
<td>Injuries</td>
<td>Air pollution exposure</td>
</tr>
</tbody>
</table>

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A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

Prepared by the Health Policy Institute of Ohio for the Ohio Legislative Service Commission
Dec. 1, 2017
Percent of households without a vehicle, by race and ethnicity, Ohio (2014)

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>6.3%</td>
</tr>
<tr>
<td>Black</td>
<td>22.1%</td>
</tr>
<tr>
<td>Latino</td>
<td>10.2%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>7.6%</td>
</tr>
<tr>
<td>All</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Source: National Equity Atlas

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Percent of Ohioans who used public transportation or walked to work (2013-2017), by income

**Public transportation (excluding taxicab)**
- Below 100% FPL: 5.6%
- 100% to 149% FPL: 4.1%
- 150% FPL or above: 1.1%

**Walked**
- Below 100% FPL: 6.7%
- 100% to 149% FPL: 3.8%
- 150% FPL or above: 1.4%

**Source:** HPIO analysis of 2013-2017 American Community Survey 5-Year Estimates
Today

• How does transportation affect health outcomes and health equity?
• How can we improve our transportation system in ways that will improve health for all?
• What can my organization do?
Policy goals to create an equitable transportation system

- Improve Medicaid NEMT (Non-Emergency Medical Transportation)
- Strengthen public transit
- Support active transportation

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Improve NEMT

• Evaluate and continuously improve Medicaid managed care NEMT

• Advocate for quality and equity in development of the new state-based brokerage model
Challenges with Medicaid NEMT for pregnant women and families with young children

- Drivers late for pick-up from home or return trip
- Patients having difficulty planning 48 hours ahead
- Lack of car seats in taxis
- Poor customer service from taxi drivers and dispatchers
- Inability to bring additional passengers
- 15-trip limit not enough for higher-risk pregnancies

Source: SDOIM Advisory Group
Strengthen public transit

• Advocate for state funding for public transit
• Support continuous COTA improvements to connect low-income people to jobs and health care
• Include equity considerations in transportation innovations
State General Revenue Spending for Public Transit, FY2000-FY2019 (in millions)

Source: Greater Ohio Policy Center
Linden to Gahanna: 3 busses, 1.5 hours, $62/month

Grandview to Downtown: 1 bus, 20 min., $0/month
## Job access via transit in Ohio metropolitan areas, 2010

<table>
<thead>
<tr>
<th>Metropolitan area</th>
<th>Job access rate</th>
<th>Rank among U.S. metros*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Dayton</td>
<td>42%</td>
<td>29</td>
</tr>
<tr>
<td>Toledo</td>
<td>41%</td>
<td>37</td>
</tr>
<tr>
<td><strong>Columbus</strong></td>
<td>41%</td>
<td>34</td>
</tr>
<tr>
<td>Cleveland-Elyria-Mentor</td>
<td>38%</td>
<td>48</td>
</tr>
<tr>
<td>Cincinnati-Middletown (OH, KY, IN)</td>
<td>34%</td>
<td>61</td>
</tr>
<tr>
<td>Akron</td>
<td>31%</td>
<td>70</td>
</tr>
<tr>
<td>Youngstown-Warren-Boardman (OH, PA)</td>
<td>16%</td>
<td>96</td>
</tr>
</tbody>
</table>

*1= best rank, 100=worst

Average travel time to work (minutes) via public transportation, by race/ethnicity: Ohio, 2015

Source: National Equity Atlas
Support active transportation

• Advocate for complete streets
• Prioritize low-income neighborhoods for complete streets implementation
## Walk score for Ohio’s largest cities

<table>
<thead>
<tr>
<th>City</th>
<th>Walk Score</th>
<th>Description</th>
<th>Rank among large U.S. cities (1=most walkable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland</td>
<td>59.5</td>
<td>50-69= Somewhat walkable (some errands can be accomplished on foot)</td>
<td>27</td>
</tr>
<tr>
<td>Cincinnati</td>
<td>50.4</td>
<td>25-49= Car-dependent (most errands require a car)</td>
<td>35</td>
</tr>
<tr>
<td>Toledo</td>
<td>45.9</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>Columbus</td>
<td>40.7</td>
<td></td>
<td>66</td>
</tr>
</tbody>
</table>

*Only available for four Ohio cities. Rank is among U.S. cities with population 200,000 and larger. 

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Policy goals to create an equitable transportation system

**Improve Medicaid NEMT**
- Evaluate and continuously improve MCO NEMT
- Advocate for quality and equity in development of the new state-based brokerage model

**Strengthen public transit**
- Advocate for state funding for public transit
- Support continuous COTA improvements to connect low-income people to jobs and health care
- Include equity considerations in transportation innovations

**Support active transportation**
- Evaluate and continuously improve MCO NEMT
- Advocate for quality and equity in development of the new state-based brokerage model
What can you do?

• Select policy recommendations and advocate
• Partner with the transportation sector
• Focus on equity
A new approach to reduce infant mortality and achieve equity

Policy recommendations to improve housing, transportation, education and employment

From Point A to Point B: Transportation as a Social Determinant in Medicaid

Loren Anthes, MBA, Public Policy Fellow
Center for Medicaid Policy

October 22, 2018

Connecting People to Places

Fueling Innovation in Transit

Potential Funding Options for Public Transit

Public Transit Fact:

Background: Transit Funding in Ohio

Ohio currently utilizes two sources of funding for public transit, generating a total of $315.5 million in spending during fiscal year 2019:

- Federal General Revenue Fund (GFRF): $129.0 million
- Federal Transit Assistance Program (TFAP): $186.5 million

In recent years, the state has shifted budgeting for transit funding higher into public transit agencies, leveraging local, federal and state resources to sustain service and reduce reliance on federal funding.
Contact

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