

“Public Transportation In The US: A Driver Of Health And Equity,” Health Affairs Health Policy Brief, July 29, 2021. DOI: 10.1377/ hpb20210630.810356

...Health, functioning, and quality of life are products of the social and economic conditions in the environments where people are born, live, learn, work, play, worship, and age. Research suggests that an estimated 20 percent of a person’s health can be attributed to clinical care, whereas an estimated 30 percent can be attributed to health behaviors such as diet and exercise, and another 10 percent to the physical environment, including air and water quality, housing, and transit. The remaining 40 percent is related to social and economic factors such as education, employment, and income. Transportation is a component of the built environment, with important impacts on public health and health equity.

“Public transportation” refers to a wide variety of options that provide regular and continuing transportation to the public and may incorporate private sector services such as paratransit or ride-sharing.”

Emerson and transportation:

(from strategic implementation plan, following CHNA report: “to identify major health priorities, develop goals, select strategies and identify partners to address these priority issues across the region”)

Community Benefits Mission Statement

Emerson Hospital is committed to collaborating with our community partners to: improve the health status of all those it serves, address root causes of health disparities; and educate the community in prevention and self-care strategies.

Emerson Hospital Community Benefits

The Emerson Hospital Community Benefit Program builds on the hospital’s history of commitment to the community and the core values of providing care to all regardless of ability to pay. Emerson continues to work to understand and address the health needs of the Emerson Hospital community by undertaking a Community Health Needs Assessment, developing a Strategic Implementation Plan, and offering funding for initiatives through a Community Benefits Grant Program.

Transportation options

Transportation was a top concern raised in the survey for the community by residents and providers alike. For individuals, it also rose to the third most common concern for residents over

65 responding to the survey. Approximately one-third of respondents prioritized improving public transportation options to health/medical services in the area (34.1%). Many interviewees remarked on the challenge’s individuals face accessing services in the community due to lack of transportation infrastructure. Interviewees shared about individual towns or social service agencies trying to create systems for their communities or populations, but they often reported significant limitations such as geographic perimeters and destinations that limit the usability.

. Criteria for choosing strategic priorities:

RELEVANCE <i>How Important Is It?</i>	APPROPRIATENESS <i>Should We Do It?</i>	IMPACT <i>What Will We Get Out of It?</i>	FEASIBILITY <i>Can We do It?</i>
<ul style="list-style-type: none"> • Burden (magnitude and severity, economic cost; urgency) of the problem) • Community concern • Focus on equity and accessibility 	<ul style="list-style-type: none"> • Ethical and moral issues • Human rights issues • Legal aspects • Political and social acceptability • Public attitudes and values 	<ul style="list-style-type: none"> • Effectiveness • Coverage • Builds on or enhances current work • Can move the needle and demonstrate measurable outcomes • Proven strategies to address multiple wins 	<ul style="list-style-type: none"> • Community capacity • Technical capacity • Economic capacity • Political capacity/will • Socio-cultural aspects • Ethical aspects • Can identify easy short-term wins

Walker article (2008):

“Public transport faces an increasingly intense conflict between patronage goals and coverage goals. Broadly speaking, patronage goals seek to maximize patronage of all types, while coverage goals lead to the provision of service despite low patronage – to achieve social inclusion objectives for example. The conflict between these goals follows inevitably from the underlying structure of the public transport product, including both its costs and geometry. The tradeoff between patronage and coverage is the type of value-judgment that elected officials are paid to make. The paper presents a means of quantifying the tradeoff, to facilitate public discussion and decisions on how to balance these priorities. These strategies are designed to ensure that the decision about how to balance social versus patronage goals is made consciously rather than inadvertently, with a clear understanding of the consequences of the choice.”

... The level of feedback and data from the assessment led the group to also include **systemic racism, racial injustices, and discrimination** as cross-cutting themes to be included in objectives and/or strategies in each of the priority areas.

- *Aging Health Concerns*
- *Economic Insecurity, including around food insecurity and the cost of health care/medications*
- *Mental Health*
- *Transportation Options*

With regard to transportation options:

Develop and implement a plan to address priority areas of unmet transportation needs for essential services by 2024.
Increase awareness of currently available transportation options for essential services by 2024.
Improve ongoing advocacy at state and local levels for transportation needs or services by 2024.

(see attachments)

Priority Area 4: Transportation Options				
Goal 4: Collaborate with community partners to expand accessible, affordable, and flexible transportation to essential services.				
Objective 4.1: Develop and implement a plan to address priority areas of unmet transportation needs for essential services by 2024.				
Outcome Indicators			Baseline	Target
<ul style="list-style-type: none"> Identified unmet needs in transportation options to/from essential services (process) 				Develop inventory of current services
<ul style="list-style-type: none"> Number of identified unmet needs that were addressed 			Review gaps	Identify full list of unmet needs
<ul style="list-style-type: none"> Identify additional indicators as needed based on the prioritized unmet needs 			Review gaps	
Strategies/Initiatives	Person(s) Responsible	Timeline (Y1, Y2, Y3)	Hospital Contribution	Other Source
4.1.1: Define “essential services” and the transportation associated with them.	CB Staff	Y1	Staff Time	Community Partners
4.1.2: Emerson staff, with input from others, will conduct a gap analysis to identify current transportation options available, lessons learned, strengths, gaps in transportation, etc.	CB Staff	Y1	Staff Time	Vendor Partner
4.1.3: Prioritize unmet needs for defined essential services based on an agreed upon set of criteria.	CB Staff	Y1	Staff Time	Vendor Partner
4.1.4: Utilize the Community Benefits Advisory Committee (CBAC), or a subcommittee of, to develop and implement a plan to address the top priority needs (could include e.g., Find subsidies - Advocate for funding to run a FREE transportation program (shuttles? Uber? Lyft?) to all medical appointments in the surrounding area.))	CB Staff	Y2, Y3	Staff Time	Community Partnership
4.1.5: Support community based organizations in their efforts to address unmet transportation needs	CB Staff	Y1, Y2, Y3	Grant Funding	Community Awardees
Monitoring/Evaluation Approach				
<ul style="list-style-type: none"> Monitoring the number of unmet needs. Identify additional approaches based on the prioritized unmet needs 				
Potential Partners				
<ul style="list-style-type: none"> 495 Metrowest Initiative Community Benefits Advisory Committee (CBAC) Chambers of Commerce Crosstown Connect Faith-based organizations 		<ul style="list-style-type: none"> Local Council on Aging (COA) offices Local Health Departments (LHD) Regional Transit Authorities (RTA) Town administration - including town planning directors 		

Priority Area 4: Transportation Options				
Goal 4: Collaborate with community partners to expand accessible, affordable, and flexible transportation to essential services.				
Objective 4.2: Increase awareness of currently available transportation options for essential services by 2024.				
Outcome Indicators			Baseline	Target
<ul style="list-style-type: none"> Increase in utilization of existing transportation options 			Measure current utilization	Increase utilization
Strategies/Initiatives	Person(s) Responsible	Timeline (Y1, Y2, Y3)	Hospital Contribution	Other Source
4.2.1: Identify the vehicles/channels for messaging (e.g., podcasts, videos, texts, Health Works magazine, public service announcements (PSA), email, flyers, town websites, notices in local newspapers, social media posts, YouTube channels, etc.).	CB Staff	Y1, Y2, Y3	Staff Time	
4.2.2: Develop messaging tailored to each platform.	CB Staff	Y1, Y2, Y3	Staff Time	
4.2.3: Collaborate with partners and stakeholders to disseminate messaging at regular intervals.	CB Staff	Y1, Y2, Y3	Staff Time	Community Partnerships
4.2.4: Share best practices between communities and organizations (e.g., Sudbury Subsidized Transportation Options table developed by Bethany Hadvab, social worker).	CB Staff	Y1, Y2, Y3	Staff Time	Community Partnerships
Monitoring/Evaluation Approach				
<ul style="list-style-type: none"> Review utilization data for each currently available transportation option, at least semi-annually 				
Potential Partners				
<ul style="list-style-type: none"> 495 Metrowest Initiative Community Benefits Advisory Committee (CBAC) Chambers of Commerce Corporators (hospital ambassadors) Crosstown Connect Faith-based organizations Local cable channels/Local access channel Local Council on Aging (COA) offices Local Health Departments (LHD) Local reporters Regional Transit Authorities (RTA) State legislators Town administration - including town planning directors 				

Priority Area 4: Transportation Options				
Goal 4: Collaborate with community partners to expand accessible, affordable, and flexible transportation to essential services.				
Objective 4.3: Improve ongoing advocacy at state and local levels for transportation needs or services by 2024.				
Outcome Indicators			Baseline	Target
<ul style="list-style-type: none"> Increase in funding for new transportation programs 			Current funding	Increase funding
<ul style="list-style-type: none"> Maintain or increase existing funding for current transportation programs 			Current funding	Maintain funding
<ul style="list-style-type: none"> Increase in the number of individuals and organizations advocating for transportation needs or services 			Current advocacy	Increase advocacy
Strategies/Initiatives	Person(s) Responsible	Timeline (Y1, Y2, Y3)	Hospital Contribution	Other Source
4.3.1: Identify community organizations that are already doing advocacy at local or state levels (e.g., Making the Connections, CrossTown Connect - shuttle vans to RR station).	CB Staff	Y1	Staff Time	Community Partnership
4.3.2: Establish a list of champions and/or key points of contact for advocacy efforts (e.g., State Legislators, Community Representatives and Town officials, Key influencers)	CB Staff	Y1, Y2, Y3	Staff Time	
4.3.3: Develop advocacy platform and specific “asks”.	CB Staff	Y2, Y3	Staff Time	Vendor Partner
4.3.4: Convene and/or conduct regular communications with key points of contact to share the advocacy platform.	CB Staff	Y2, Y3	Staff Time	Community Partnership
4.3.5: Regularly update the list of key points of contacts and revisit the frequency of communications (sustainability)	CB Staff	Y2, Y3	Staff Time	
Monitoring/Evaluation Approach				
<ul style="list-style-type: none"> Identify expected reports and to whom Existing state report on community transportation funding (is there one?) Town reports/budgets 				
Potential Partners				
<ul style="list-style-type: none"> Community Representatives CrossTown Connect Economic Development Organizations/Committees Key influencers Making the Connections Regional Transit Authorities (RTA) State Legislators Town officials 				