

The challenge of rural transportation to health care (RT2HC) in New Mexico: Toward a better solution

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Health Challenges of Rural Veterans

► Rural veterans are:

- Older, poorer, sicker than urban veterans
- Enrolled in VA health care system at higher rates than urban vets (58% rural vs. 37% urban)

► Rural veterans have:

- Higher rates of diabetes, COPD, cancer, combat-related TBI, PTSD, amputation, depression
- High need for specialty and unique resources (only available in urban areas)

► Compounding the problem:

- Rural health resources (community hospitals, provider groups) are drying up

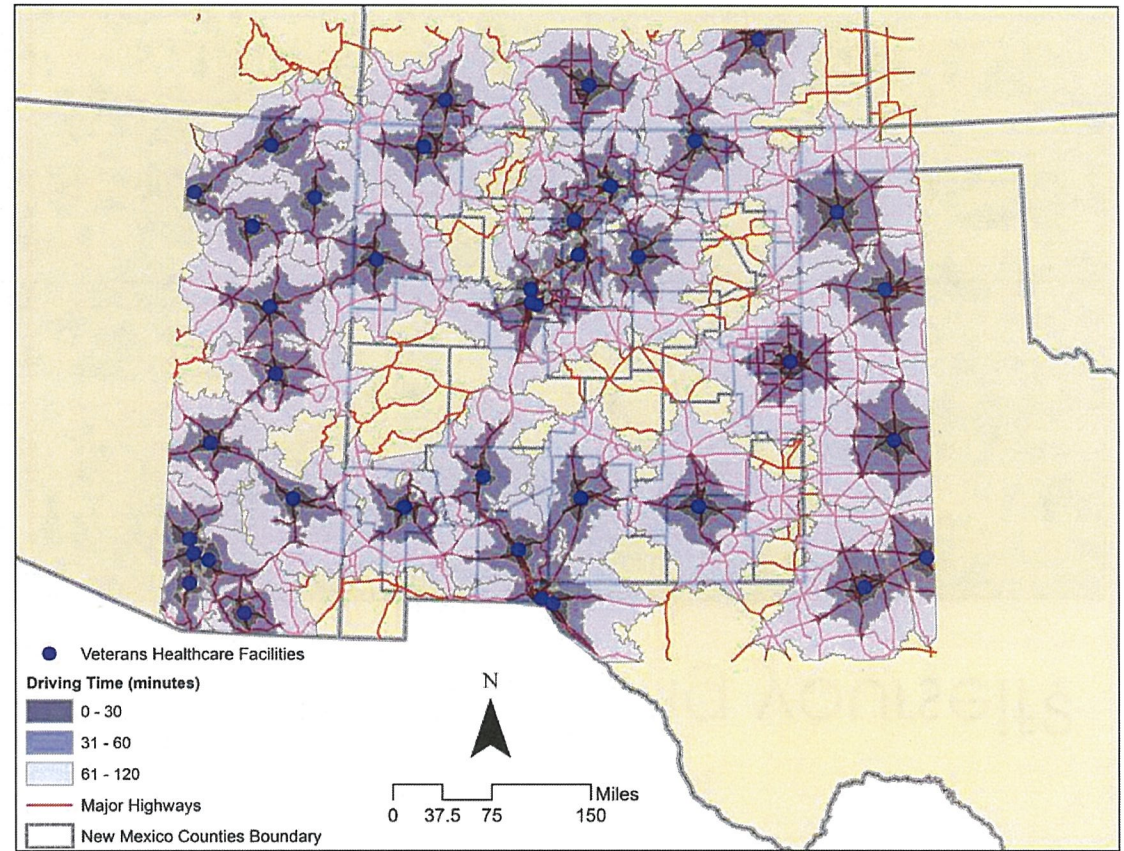
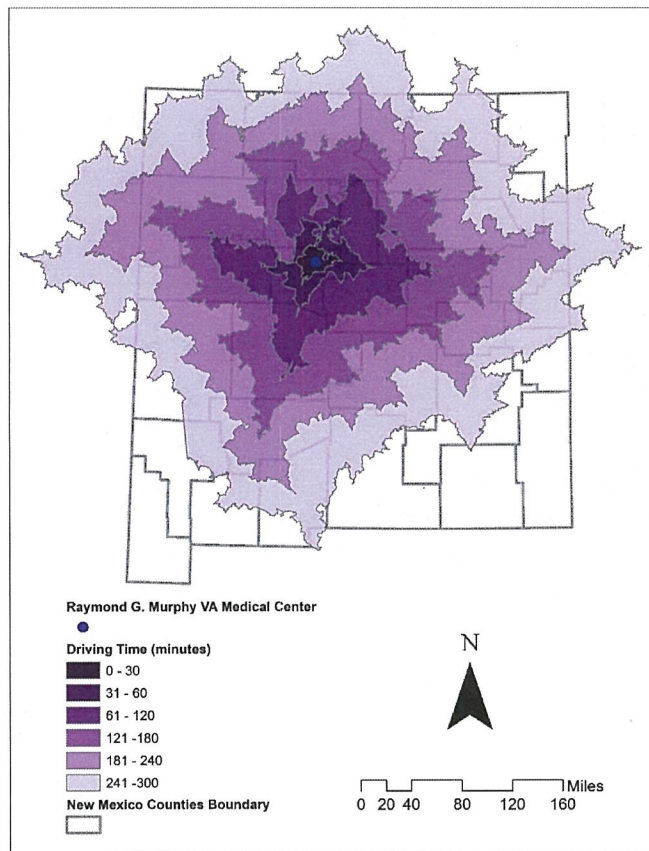
Why are rural transportation systems so important?

- Lack of transportation can delay access to health care services
- Delayed access to health care leads to:
 - More-complicated and costly health care needs
 - Reliance on expensive local emergency services (each 911 call averages \$2,000)
- Transportation access to urban areas:
 - Reduces the negative impact of rural hospital closures
 - Reduces economic and emotional burdens on distant-living families
- Better transportation can enhance rural employment opportunities:
 - Drivers, homecare services, hub businesses
- ***In sum, providing transportation services for rural veterans (and other rural populations) helps reduce health care costs and increase economic vitality***

Many rural residents (including veterans) don't have access to cars or are unable to drive



Access to the VA hospital and outpatient clinics is relatively easy if you can drive, not so easy if you can't





What are the alternatives to driving yourself?

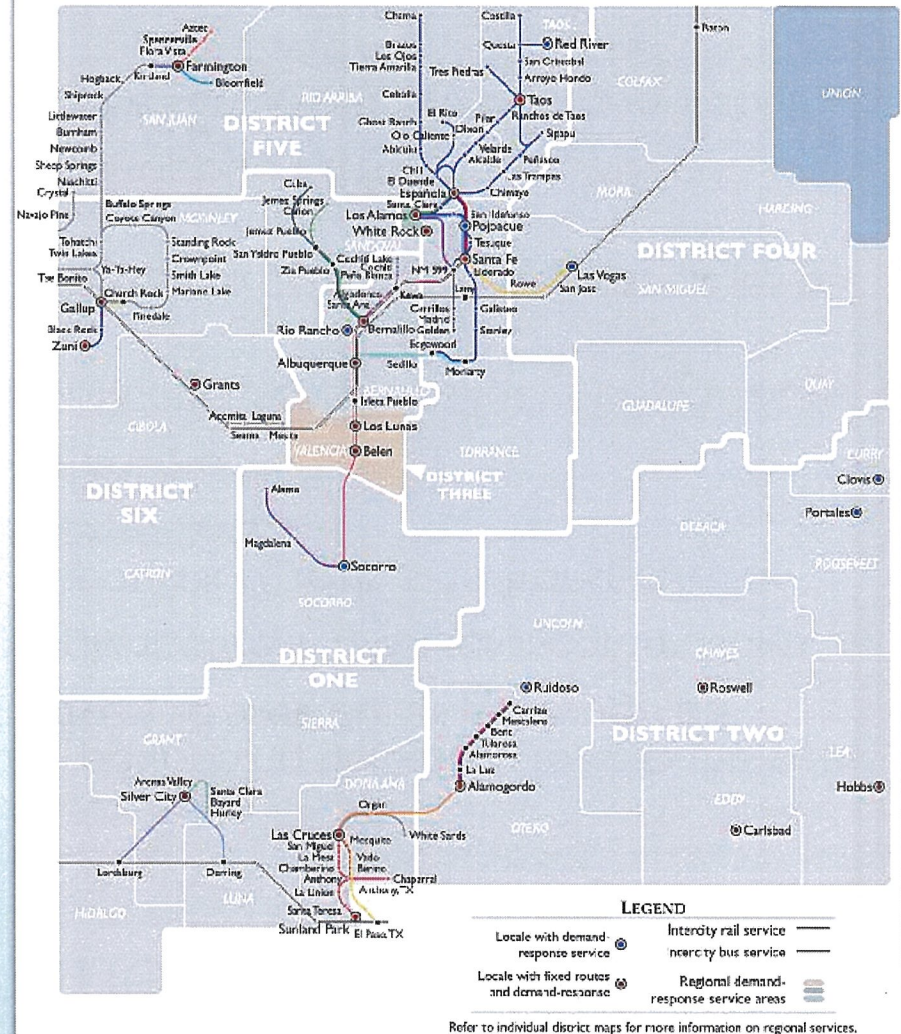
- Family and friends
- Volunteer driver programs
 - Link volunteer drivers (strangers) with specific individuals needing transportation
- Regulated Non-Emergency Medical Transportation Companies
- Taxi operators
- Transportation Network Companies (e.g., Uber, Lyft, etc.)
- Volunteer ridesharing programs
 - Link groups of people with similar needs in order to share rides to health care services
- Flexible "dial-a-ride" services
 - Passenger cars, vans, or other types of small vehicles operated by public agencies or private, non-profit organizations to provide flexible pick-up and drop-off of passengers (either curbside or door-to-door)
- Fixed route / scheduled transit services (e.g., Rail Runner, NMDOT Park-and-Ride, CDOT Bustang, NCRTD)
- Intercity rail and bus service (e.g., Amtrak, Greyhound)
- Essential air service (Boutique Air, Advanced Air)

What's wrong with the existing alternatives?

- Family and friends are already performing heroically to help the vets; adding transportation (long drives) to their duties is a tough ask.
- Volunteer drivers are increasingly scarce in most rural communities.
- Non-Emergency Medical Transportation, Taxis, and Transportation Network Companies are very expensive.
- VA van services are limited in rural areas.
- NMDOT Park-and-Ride and Rail Runner schedules focus primarily on commuter needs.
- Amtrak serves only a few locations and operates only three times per week on one of the routes.
- Intercity bus service has all bus disappeared from New Mexico.
- Rural airline service is helpful, but is very expensive and geographically limited.

Existing public transportation options are limited:

Better in some parts of the state than in others





The bottom line:

None of the existing alternatives are particularly well suited to serving rural transportation-to-health-care needs in New Mexico



Key question:

Is there a better way to provide health-focused transportation to our rural communities?



Seven desirable attributes of a rural, health-focused transportation service:

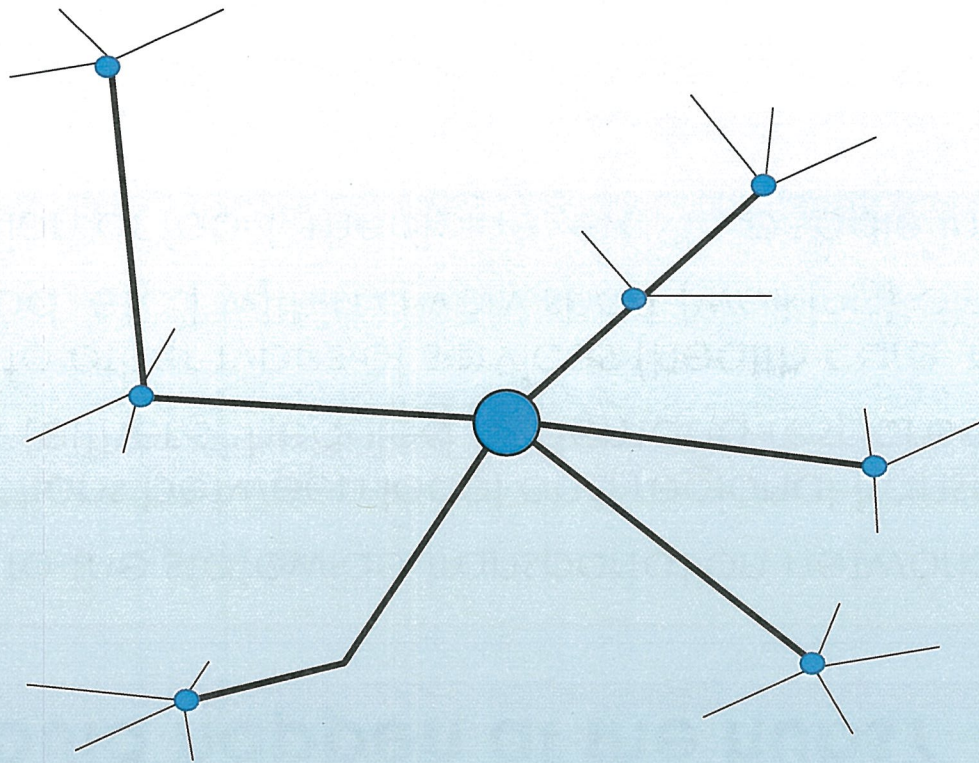
1. Convenient → schedules consistent with user needs
2. Reliable → always runs on time
3. Direct → doesn't require out-of-direction travel
4. Comfortable → especially for long journeys
5. Affordable → both for the user and the taxpayer
6. Safe → both real and perceived
7. Pleasant → an enjoyable experience



Our perspective:

There is opportunity to improve transportation for veterans (and others) by developing a “hub and spoke” network of transit services throughout the state

Hub and Spoke Concept



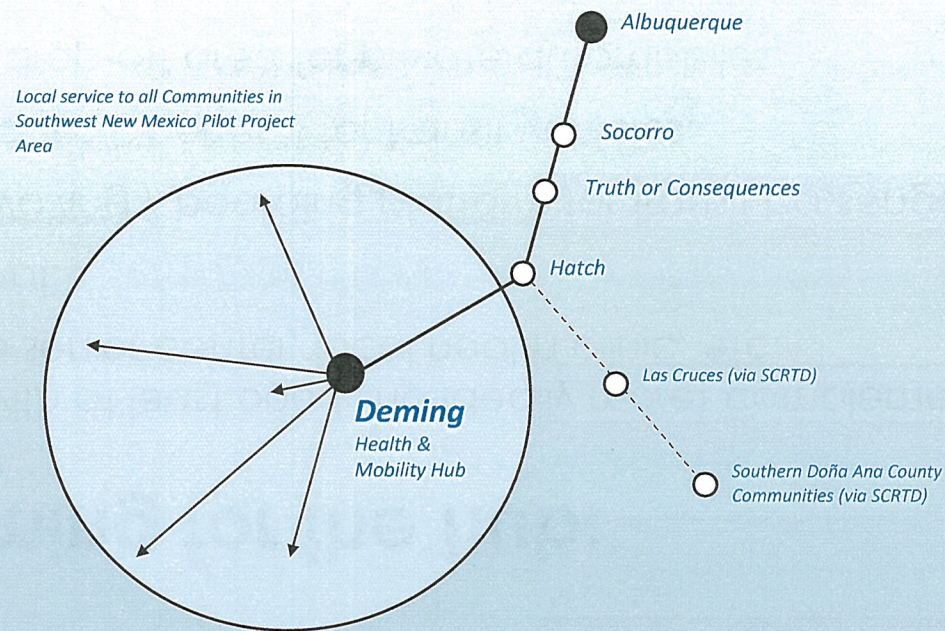


What would happen at the hubs?

- ▶ Access to the statewide transportation network
- ▶ Connections between local and regional transportation services (either scheduled or demand-response)
- ▶ Access to other types of services (health care, meals, fresh food, etc.) within a very short (walking) distance
- ▶ Distribution of food, medicine, etc. to people in need
- ▶ In sum: The hubs would serve several purposes, not just mobility

Proposed pilot project: “Health and Mobility Hub” in Deming

- Spokes radiating outward to nearby small communities (e.g., Lordsburg, Silver City, Bayard, Columbus, Animas, etc.) and to major medical facilities in Albuquerque.





Programming for the hub:

1. Co-location with at least one (and ideally more) complementary land uses such as a senior center, local health clinic, etc.
2. Incorporation of:
 - Covered waiting / boarding platform for transit passengers
 - Parking spaces (“berths”) for transit vehicles.
 - A pick-up/drop-off area for private automobiles.
 - Some number of “park-and-ride” parking spaces.
 - An area for tractor-trailer and single-unit trucks to unload food into on-site storage containers (freezer, refrigerated, and dry) for same-day or later local or regional distribution (via connecting transit services, vans, etc.).
 - Additional facilities such as an office space (for the hub manager), a health-provider training room, driver break room, restrooms, broadband access, etc.



Questions?

For more information, please contact:

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