Sacramento Region Health Care Partnership
SACOG Transit Study Highlights

In 2011, the Sacramento Area Council of Governments (SACOG) conducted a transit study. The study was particularly timely in light of a number of recent developments:

- California’s economic recession
- Increases in regional unemployment rates
- Recent cuts in transit funding and services in the region
- Health care reform’s implications for expanded health care services and access needs
- The potential for restoration or expansion if transit funding increases due to ballot measures and/or rebounding of local sales tax revenues that fund transportation

Map 1. CHC Utilization, Population Density and Highways

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1 Abstracted from SACOG 2011 Lifeline Transit Study, with permission.
As shown in Map 1, the region’s health centers are not necessarily located in close proximity to the populations they serve. Increasing resident access to affordable health care is a key concern of the Sacramento Region Health Care Partnership.

Key Findings

**Affordable, available transportation access to health and mental health is needed across the region.**

- While a portion of the region’s seniors and people with disabilities have low incomes, a still broader population of low-income adults and youth also have public transportation needs.
- Lack of local health care facilities requires travel to other towns or counties for medical care.
- People’s medical care is not always near where they live.
- Health and mental health providers that accept low-income, Medi-Cal and indigent patients are often particularly limited.
- Fixed-route transit cannot always be offered cost-effectively to serve these individual trips.
- Trips for transit-dependent residents to reach providers can require multiple bus and/or light rail transfers, or transfers between different operators across city or county lines.
- Some demand-response and medical shuttle services aid a portion of residents with cross-county travel.
- Other options include nonprofit and volunteer driver programs, family, friends, taxis and individuals willing to drive people for pay also help fill gaps.
- Public transit does not connect very low-income and homeless patients with health care.
- Transportation is frequently a problem for follow-up care to hospitalization.
- Some cross-county service is only offered certain days of the week, but appointments may not be available those days.
- Some medical care is drop-in only. Patients can wait many hours and may then have difficulty planning return transportation or miss a final bus home.
- Dialysis patients from the same area are not necessarily scheduled at the same dialysis clinic or at the same time, making demand-response transportation less effective and more costly.

**Transportation and ACA**

The issue of transportation access to health care will likely become even more important in light of federal health care reform legislation. Under ACA, both health care services and public transportation demand by the region’s residents to reach them will increase significantly. The location of new services will also have implications for future public transportation planning.

Sacramento County’s Medi-Cal program does not use transportation access as criteria when assigning recipients to medical providers, increasing trip lengths and transfers for low-income residents. As more residents become Medi-Cal eligible under ACA, their transportation needs must be addressed.

In Woodland (Yolo County), staff was concerned that travel for services requires two buses to cross town. A partnership in El Dorado County noted that public transit does not connect very low-income and homeless patients from south El Dorado County to essential medical and other services in Placerville, and that transportation is frequently a problem for follow-up care to hospitalization. In community forums in Placer County, transportation also emerged as a key barrier to health care access.

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