



Social drivers of infant mortality

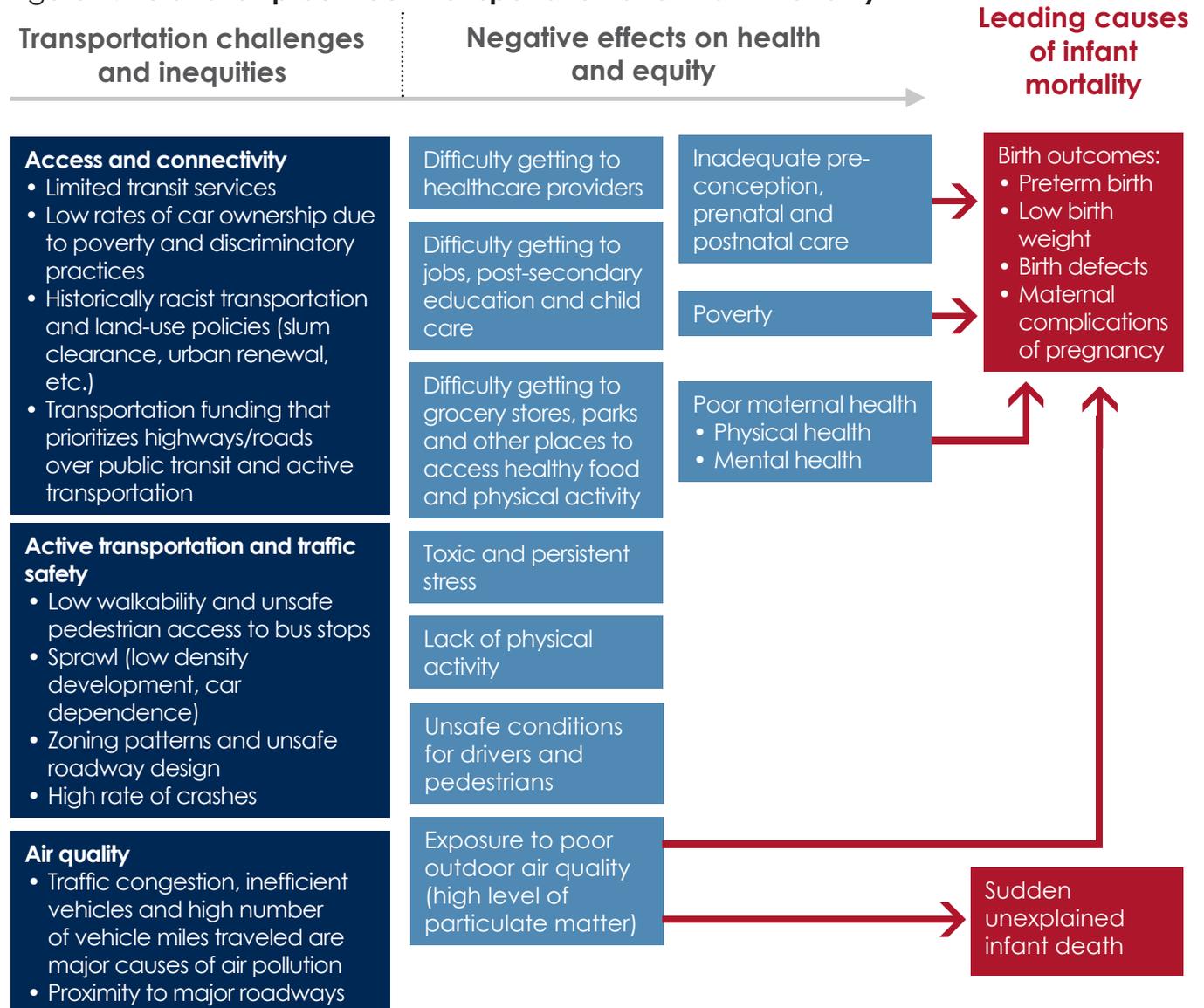
TRANSPORTATION ACTION GUIDE

Why is action needed?

Safe, accessible and affordable transportation is vital for health and well-being. Transportation affects health and overall well-being in several ways:

- Transportation impacts access to care, health behaviors and health outcomes through the ability to get to health care, jobs, school, child care, social services, grocery stores, parks, libraries and other destinations.
- Walking, biking and public transit are transportation modes that increase physical activity. More walkable communities with parks and playgrounds promote social connectedness. Land use and zoning patterns affect pedestrian safety, motor vehicle crashes and active transportation.
- Vehicle emissions are a major source of air pollution. Air pollution has been linked to several negative health outcomes including asthma, heart disease and lung cancer.¹

Figure 1. Relationship between transportation and infant mortality



Source: HPIO "A new approach to reduce infant mortality and achieve equity: Policy recommendations to improve housing, transportation, education and employment" (2017)

The Health Policy Institute of Ohio (HPIO) recently produced the [Social Drivers of Infant Mortality: Recommendations for Action and Accountability in Ohio](#) report (“Action and Accountability” report) as an update to the 2017 report “[A New Approach to Reduce Infant Mortality and Achieve Equity](#).” This action guide takes a closer look at the transportation recommendations in the Action and Accountability report and provides state and local health stakeholders with additional information and tools to support next steps. You can use this guide and additional tools posted on the [HPIO website](#) to prioritize, advocate for and implement the recommendations.

This action guide includes:

- **Key terms** for the transportation sector
- **Transportation recommendations** from the Action and Accountability report that can be implemented at either the state or local level, as well as implementation examples from other states and Ohio communities
- **Recent policy activity at the state and local levels**, including relevant decisions that have been implemented or are under consideration
- **A list of key partners**, as well as information about community engagement and cross-sector collaboration
- **Data for action**, including relevant sources of transportation data
- **Relevant resources** for additional information

Key terms

- **Active transportation:** Human-powered mobility, such as walking and biking.
- **Bus Rapid Transit (BRT):** Bus-based transit system to provide fast and efficient service through features such as dedicated lanes, busways, traffic signal priority, off-board fare collection, elevated platforms and enhanced stations. BRT is viewed as a cost-effective alternative to light rail.
- **Complete streets:** Policies and plans that create safe streets that accommodate cyclists, pedestrians, and public transportation riders, along with motor vehicles.
- **Non-emergency Medical Transportation (NEMT):** Transportation assistance covered by Medicaid, including rides to medical appointments arranged through Medicaid managed care plans or county Job and Family Services offices. NEMT is typically provided by taxi or rideshare vendors or through bus passes. Restrictions and supplemental “**value-added**” **NEMT services** vary by managed care plan.



Transportation goals and recommendations

HPIO's [Social Drivers of Infant Mortality Advisory Group](#) prioritized the following policy goals and recommendations to improve transportation for families most at risk of infant mortality. See the [Action and Accountability report](#) for more information about the process of selecting the goals and recommendations.

Goal 4. Improve Medicaid Non-Emergency Medical Transportation

Monitor and continuously improve the performance of Non-Emergency Medical Transportation (NEMT) provided through Medicaid managed care plans, prioritizing timely services for pregnant women and parents of young children.

Recommendations	Implementation examples
<i>State recommendations</i>	
4.1. Medicaid oversight. The Ohio Department of Medicaid (ODM) can carefully monitor quarterly Transportation Performance Reports submitted by managed care organizations, incentivize performance improvement and enforce compliance with NEMT requirements in provider agreements.	Wisconsin: The Wisconsin Department of Health Services monitors and publicly reports monthly NEMT performance reports from their transportation broker.
4.2. Medicaid transparency. ODM can publicly report data on managed care plan NEMT performance trends to inform decision making by Medicaid members.	Colorado: The Colorado Office of the State Auditor published an audit of state NEMT services with recommendations to improve the cost-effectiveness and services provided to Medicaid members.
4.3. Managed care plan quality improvement. Medicaid managed care plans can improve the timeliness, responsiveness and customer service of NEMT provided by vendors, including reduced wait times and improved scheduling processes. Plans can also monitor vendor capacity to ensure that enough drivers are available for all service areas.	Franklin County: In a pilot trial, Rides4Baby provided on-demand rides to medical appointments, grocery stores, food banks, and the pharmacy for pregnant individuals who have CareSource or Molina insurance. In a randomized trial , the program was found to increase transportation satisfaction. Figure 2 illustrates the percent of Ohio adults who have delayed or avoided care due to transportation barriers by insurance type.

Goal 5. Improve and expand local public transportation

Strengthen Ohio's public transportation infrastructure through increased investment and expanded transit services in communities most at risk for poor family health outcomes.

Recommendations	Implementation examples
<i>State recommendations</i>	
5.1. Transit funding allocation. State policymakers can increase funding for public transportation in future biennial transportation budgets.	Minnesota: A proposed bill would increase transportation funding by \$8.8 billion with funding allocated for roads, bridges, and public transportation.
5.2. Transit revenue source. State legislators can increase funding for local public transportation with existing revenue sources by allowing gas tax and vehicle-related fee revenue to be used for transit systems through revision of ORC 5501.05. (ORC 5501.05 currently prohibits use of fuel or vehicle-related fees or taxes for non-highway purposes.)	Colorado: Colorado leveraged their gas tax revenues to allow transit spending by broadening the interpretation of the word "highway" and framing the issue as one of local control.
<i>Local recommendations</i>	
5.3. Transit service improvements. Local transit agencies and regional planning authorities can strengthen public transportation services by adding or expanding routes, including Bus Rapid Transit (BRT), prioritizing frequent and affordable service to better connect low-income communities to jobs, healthcare providers, grocery stores and other critical resources.	Cleveland: Three major health systems sponsored the MetroHealth Line , a BRT that helps patients and community members reach services and other resources in the area, as well as enables the healthcare workforce to get to jobs.

Local recommendations (cont.)

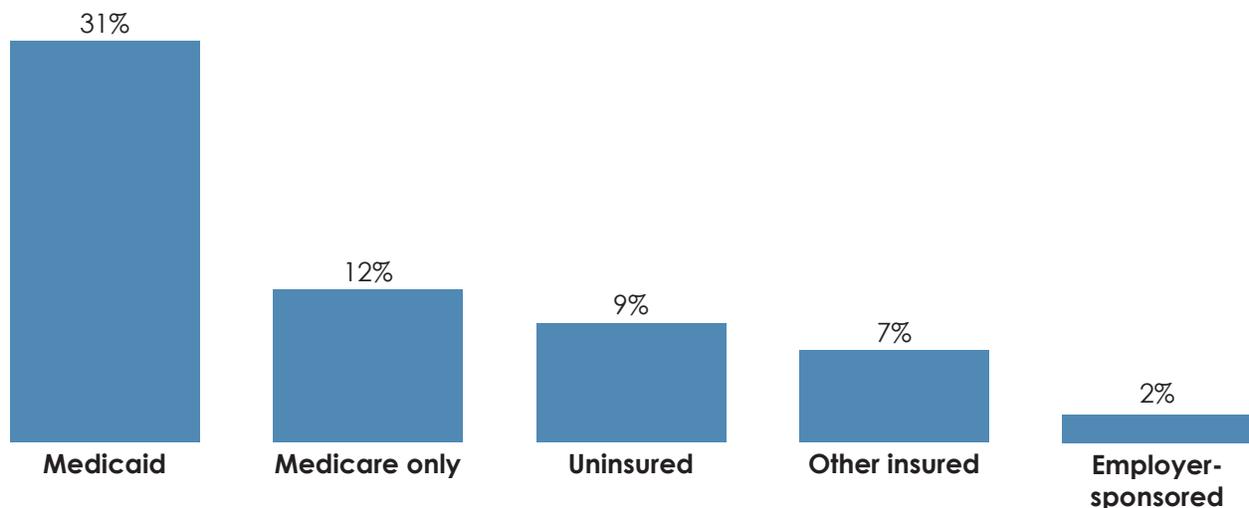
5.4. Discounted transit passes. Local transit agencies can implement and evaluate income assistance programs that provide discounted transit passes to customers with low incomes.

Columbus: Central Ohio Transit Authority (COTA) provides **half-price fares** to people who have participated in income-eligible programs such as SNAP, WIC, and Medicaid in the past year.

5.5. Community engagement in transportation planning. Transit authorities and regional planning organizations can prioritize community engagement of pregnant women, families and people of childbearing age to inform decisions about transit services and improvements to the built environment. Maternal and child health partners can actively engage in local transportation planning efforts, ensuring direct participation of communities most affected by infant mortality.

Dayton: The City of Dayton included multiple rounds of community engagement in the development of their **Active Transportation Plan** with the vision that people of all ages and abilities have access to affordable, safe, convenient methods of active transportation.

Figure 2. **Percent of Ohio adults who have avoided or delayed care due to lack of transportation, by insurance type, 2021**



Source: Ohio Medicaid Assessment Survey (OMAS) Dashboard 2021



Prioritizing recommendations for action

The goals and recommendations above address significant transportation challenges across Ohio. To make progress on these goals, you can work with partners in your community, including those affected and at risk of experiencing infant mortality, to identify which recommendations you will prioritize for action. When selecting recommendations on which to act, you can consider which goals will have the largest impact, are most important to advance equity and are feasible given the policy landscape and existing initiatives.

For more guidance on selecting recommendations on which to act, see the [Recommendations Worksheet](#).



Recent policy activity

Policymakers at the state and local level are engaged in addressing Ohio's transportation challenges. This section provides you with information on recent state and local policy activity related to the recommendations above.

2024-2025 State Transportation Budget (House Bill 23)

- Allocates approximately \$74 million in state funds for public transportation over the next biennium
- Allocates approximately \$120.5 million in federal funds for public transportation over the next two years
- Allocates \$3.14 million for public transportation from other funding streams

2024-2025 State Operating Budget (House Bill 33)

If enacted as proposed:

- Allocates \$1 billion to the Connect4Ohio Program which provides funding to improve infrastructure in rural Ohio counties with the purpose of making it easier for all Ohio workers to commute to employment centers

Enacted legislation from the 133rd and 134th General Assemblies (2019-2022)

- **House Bill 62 (133rd GA):** Increased the motor fuel excise tax, revenue which funds construction, maintenance, and repair of roads and bridges and the operational costs of applicable state agencies
- **House Bill 62 (133rd GA):** Allows the county transit system to use funds raised by a county tax levy as local matching funds needed to obtain state or federal funds
- **House Bill 62 (133rd GA):** Added registration application and renewal fees for electric and hybrid motor vehicles to offset revenue lost from reduced gas purchasing
- **House Bill 74 (134th GA):** Provides guidance for political subdivisions to join a regional transit authority and changes options for ballot initiatives related to local property taxes and sales and use taxes to support regional transit authorities

Local decisions

Local governments support transportation access in several ways, such as city planning and leveraging funds for transportation programs and development. For example, local governments may implement a complete streets policy² that accounts for the needs and safety of all street users across all ages, abilities and modes of travel. Local governments may also consider measures to reduce vehicle miles traveled with strategies including high occupancy vehicle lanes, congestion and parking pricing, and improvements to public transportation.³

For additional examples of relevant local decisions being made in Ohio and across the country, refer to the goals and recommendations section above.



Advocating for change at the state and local levels

Advocacy plays an important role in creating policy change to improve community outcomes. There are many forms of advocacy, including educating and building relationships with policymakers, creating and convening a coalition, and lobbying for change to legislation. Anyone can advocate for state and local policy changes that improve transportation, reduce infant mortality and achieve equity, including the recommendations above.

For more information and guidance on advocacy, see the [Advocacy Worksheet](#).



Collaboration with key partners

There are many complex systems and factors that contribute to improved transportation and infant health. Intentional, creative collaboration with a variety of partners across public and private sectors make it possible to amplify your efforts and make progress on the prioritized recommendations. Collaboration also allows partners to specialize. Your organization alone does not need to take on every recommendation above but can instead partner with others to strategically allocate resources and coordinate efforts.

Leaders and experts from the following entities are vital to transportation and well positioned to improve transportation affordability and availability:

Federal

Federal Transit Administration (FTA): Regulates and funds public transportation, including capital and operating costs.

State

- **Ohio Department of Medicaid (ODM).** Administers Ohio's Medicaid program, a federal-state partnership that pays for healthcare services for Ohioans with low incomes.
- **Ohio Department of Job and Family Services (ODJFS).** Manages several programs and services, including cash assistance, child care subsidies, child support, child welfare and employment training and assistance. ODJFS oversees services provided by **county job and family services agencies**, including transportation assistance for Medicaid enrollees.
- **Ohio Department of Transportation (ODOT).** Supports the state highway system and promotes transportation initiatives statewide. ODOT's planning division includes transit (coordination of public transportation initiatives through funding and training activities) and planning and research (support for statewide and regional efforts to address a wide range of transportation needs).

Local, regional and private sector

- **Legal aid clinics.** Free legal assistance for people with low incomes with qualifying legal issues, including eligibility for public benefits, such as Medicaid transportation, help with consumer issues, including car repairs and driver's license suspensions, as well as with housing and evictions, domestic relations issues, record sealing, educational problems, tax problems and immigration.
- **Local municipalities (counties, cities, villages and townships).** Make decisions about land use, zoning and transportation infrastructure.
- **Medicaid managed care organizations (MCOs).** Contract with providers, such as physicians and hospitals, to deliver Medicaid-covered services to enrollees. ODM contracts with seven MCOs that cover the majority of pregnant women and families with children enrolled in Medicaid: Amerihealth Caritas Ohio, Anthem Blue Cross and Blue Shield, Buckeye Health Plan, CareSource, Humana Healthy Horizons of Ohio, Molina Healthcare of Ohio and United Healthcare Community Plan. (Also referred to as managed care plans or entities [MCPs or MCEs].) For more information about Ohio's Medicaid program, see **Ohio Medicaid Basics 2023**.
- **Metropolitan planning organizations (MPOs).** Lead development of transportation plans and programs for urbanized areas with populations of 50,000 or more. Ohio has 17 MPOs that are designated by law for this purpose. MPOs work closely with local transit agencies to coordinate transit services with other regional planning activities. (Also referred to as **regional councils**.)
- **Transit agencies.** Operate bus systems and other transit services. A "transit authority" is a specific type of transit agency that can request levies for funding, such as the Central Ohio Transit Authority (COTA).



Cross-sector collaboration

Health stakeholders can use the following best practices to develop productive partnerships with organizations in the transportation sector:

- Follow partners online:** Sign up to receive email newsletters and review materials from partners (blog posts, publications, reports, etc.)
- Find out what motivates them:** Learn about what might motivate other organizations to partner with you. Gather information about the goals, priorities, constraints and opportunities they face so that you can identify potential areas for mutually beneficial collaboration.
- Build relationships:** Relationships are foundational for any sustainable partnership. Take time to build trust and a positive rapport with community members and potential partner organizations.
- Let them know how you can help them:** Rather than telling potential partners how they can help you, focus on the resources and expertise you bring to the table and how partnership could benefit their mission or bottom line.
- Use effective messaging:** Keep your communications concise and simple, with a clear understanding of your audience and objective. Avoid using jargon and acronyms that may not be known outside of your organization/sector.

Community engagement

It is also important to engage community members when selecting, advocating for and implementing the transportation recommendations in this guide. Community members have first-hand experience that can guide your work on how to best implement the recommendations and benefit the most people. Considerations for engaging community members include:

- Build relationships and trust early in the planning process:** Establish strong connections and trust early in the planning process to avoid pitfalls or missed opportunities later.
- Extend and share power:** Invite and involve people from communities most at risk for infant mortality in each aspect of decision-making, including making sure they have the background information needed to fully participate.
- Recognize current and historical community context:** Be aware of successes and challenges from previous engagement efforts, including prior issues or conflicts that may have contributed to ongoing mistrust and disengagement. Understand that rebuilding trust may take time, and the profound effect that racism and other forms of discrimination have had on communities.
- Resolve barriers to engagement:** Assess and address any barriers that may prevent community members from participating in engagement efforts, including safe and accessible meeting locations, accessible meeting times, compensation and the provision of meals, child care and/or transportation.

For more guidance on collaboration with key partners, see the [Coalition-Building Worksheet](#).



Data for action

Effective use of data can strengthen efforts to implement the transportation recommendations. Data makes it possible to:

- **Understand and prioritize:** Review existing data to better understand the scope, trends and inequities in transportation challenges. These insights can inform prioritization of specific goals and recommendations.
- **Advocate:** Pair data with stories to effectively communicate about the need for policy change.
- **Monitor:** Transparently share data as a tool to monitor change and hold decision makers accountable for progress.
- **Evaluate and improve:** Assess the impact of policy change over time and make adjustments to strengthen effectiveness, focusing on equitable outcomes with disaggregated data.

Figure 3 provides a list of relevant transportation indicators and data sources.

Figure 3. **Transportation indicators and data sources**

Indicator	Description	Source	Available breakouts
Household vehicle access	Percent of households without a vehicle	National Equity Atlas	City, county, state, race/ethnicity, nativity, gender, socioeconomic status
Commute time	Average travel time to work (minutes)	National Equity Atlas	City, county, state, race/ethnicity, nativity, gender, socioeconomic status
Transportation-related delay in care	Percent of people who avoided or delayed getting care because they did not have transportation	Ohio Medicaid Assessment Survey (OMAS)	Insurance type, gender, race/ethnicity, special healthcare needs, adults with a disability, Ohio Equity Institute (OEI) counties
Transportation-related barrier to employment	Percent of people who could not find work because they did not have transportation	Ohio Medicaid Assessment Survey (OMAS)	Insurance type, gender, race/ethnicity, special healthcare needs, adults with a disability, OEI counties



State plans and initiatives

The following state plans and initiatives are relevant to the Action and Accountability transportation recommendations:

- The ODOT [Access Ohio 2045 Transportation Plan](#) lays out broad goals and strategies for all modes of transportation, including transit and active transportation.
- The ODOT [Walk. Bike. Ohio. Statewide Bike and Pedestrian Plan](#) provides guidance for state and local partners to advance active transportation, including specific strategies, action items and performance measures. Equity is identified as a strategic goal.
- The ODOT [Status of Public Transit in Ohio 2023](#) report provides a directory and brief description of all urban and rural transit programs in the state.
- ODM launched the [Next Generation of Medicaid Managed Care](#) in February 2023. This initiative includes many changes to the managed care system, including new [managed care provider agreements](#) that include specific performance requirements for NEMT regarding advance notice, pick-up times, etc. It also requires each MCO to submit a quarterly Transportation Performance Report to ODM.

To learn more

For more information and tools related to improving transportation policy, see the following:

- [Next Generation of Ohio Medicaid's Managed Care Organizations: Health Plan Comparison](#), Ohio Department of Medicaid
- [Transportation Recommendations](#), Center for Disease Control and Prevention
- [Transportation and Health Literature and Resources](#), U.S. Department of Transportation
- [Complete Streets in FHWA](#), U.S. Department of Transportation
- [Reforming State Gas Taxes: How States Are \(and Are Not\) Addressing an Eroding Tax Base](#), Urban Institute
- [Promising Practices for Meaningful Public Involvement in Transportation Decision-Making](#), U.S. Department of Transportation

Notes

1. American Lung Association. "The Terrible 10: Air Pollution's Top 10 Health Risks." Accessed May 23, 2023.
2. U.S. Department of Transportation. "Complete Streets". <https://www.transportation.gov/mission/health/complete-streets>. Accessed May 25, 2023.
3. Centers for Disease Control and Prevention. "CDC Transportation Recommendations." <https://www.transportation.gov/mission/health/complete-streets>. Accessed May 25, 2023.



Acknowledgments

Funding for this project was provided by the Bruening Foundation and HPIO's other **core funders**.

HPIO thanks the **Social Drivers of Infant Mortality Advisory Group** for their contributions to this report and the action guides.

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