

Access/Quality of Life

1. In developing the “baseline” for our discussion, our group began with three premises:
 - There is a shared interest in addressing gaps in access to public health
 - “Access” takes many dimensions in this discussion
 - a) availability of transportation services: the infrastructure itself, the temporal availability of services, the affordability/cost of the services
 - b) the physical location of public health services, and the supporting network of “social determinants” to good health, to an individual
 - c) social considerations relative to public health OR transportation services-- i.e. Do certain cultures distrust methods of medical service provision in this country? Do elderly persons hold personal security concerns regarding public transit? Do language barriers interfere with the use of health care service or transportation options?
 - New Partnerships with the health care industry are essential

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2. Given the multiple dimensions of our baseline, it would be most efficient to organize a scoping study to define/refine a problem statement of mutual interest, the data required thereto, and the range of solutions that can be brought to bear.
 3. The group recommends that TRB set up a roundtable to initiate the scoping conversation. NAM and TRB already have a workshop set up to explore issues specific to FTA's "Rides to Wellness" initiative, and outcomes from that workshop can be a valuable complement to addition TRB scoping efforts.
 4. In launching the TRB scoping session, the participants will ensure that an equity dimension be brought to all problem statements and solutions—that is, all persons/populations irrespective of age (young/elderly), physical ability or income must benefit from improved access to healthcare, and improved wellness generally.
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