For decades, community and public transportation operators have offered a response to the nation’s healthcare issues, connecting people with doctor’s appointments, ongoing treatments and more. Diseases have often driven the nature of community transportation services. Today, the increasing prevalence of chronic diseases such as cancer, diabetes, and end-stage renal disease/kidney failure is changing the very nature of healthcare in the United States. The impact on the community and public transportation network is equally significant.

Continuing treatments for chronic diseases are at the heart of the transportation challenge because they are usually done on an outpatient basis, thus requiring the patient to travel to and from treatment facilities. As more and more people are in need of these medical treatments, both public health and community and public transportation organizations must respond to be successful in meeting American’s healthcare needs.

The American Cancer Society predicts that more than one million new cases of cancer will be diagnosed in 2005. Last year, cancer was responsible for nearly one in every four deaths in the United States. On the other hand, data suggests that the five-year cancer survival rate has increased 24 percent since 1997. The increased survival rate is attributable not only to advances in medical science, but to awareness and early detection. Community and public transportation plays a vital role in helping people access preventative care and screenings that are helping patients successfully combat illnesses, such as cancer, before it is too late.

Cancer patients are not alone in their need for early medical intervention. Diabetes is a growing concern for people of all ages. The National Center for Chronic Disease Prevention and Health Promotion reports that incidences of diabetes have more than doubled in the past 20 years, today affecting more than 13 million people. Health care professionals believe that more than 18 million Americans have diabetes, but more than five million remain undiagnosed. Julie Louise Gerberding, MD, MPH, Director of the Centers for Disease Control and Prevention notes, “New evidence shows that one in three Americans born in 2000 will develop diabetes sometime during their lifetime.”

Diabetics require persistent monitoring as heart disease and stroke account for a majority of deaths among people with diabetes. Also, in the United States, the number of people initiating treatment for end-stage renal disease related to diabetes increased from 7,000 in 1984 to 41,000 in 2001. In their 2005 report, the Centers for Disease Control and Prevention reiterate that, “Although the increasing burden of diabetes and its complications is alarming, much of this burden could be prevented with early detection, improved delivery of care and better education on diabetes.” Community and public transportation is a vital part of that delivery of care.

As mentioned above, kidney disease/end-stage renal disease is on the rise as well. According to recent statistics from the Centers for Medicare and Medicaid Services, between 1980 and 2001 there was a more than 400 percent increase in the number of Americans suffering from kidney disease. Those suffering from kidney failure require strictly regimented dialysis treatments multiple times a week. Community and public transportation plays an integral role in linking those in need of dialysis to their life-sustaining treatment. For many dialysis patients, accessible transportation is the difference between life and death. Therefore, the escalation of kidney disease has put extensive pressure on transportation resources.

And dialysis treatments are not convenient. Appointments for dialysis cannot be scheduled outside typical work hours to allow family members to drive their loved ones to and from appointments because of the frequency and length of time required for each treatment. In many instances individu-
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als cannot drive themselves to and from dialysis due to the weakening effects of the treatment. Therefore, people suffering from kidney disease often depend on providers of community and public transportation to get them to treatments on time and pick them up after the treatment.

Dialysis transportation presents challenges to those who provide the service. As incidences of kidney disease have grown, so has the proliferation of clinics that provide dialysis treatment. According to the Centers for Medicare and Medicaid Services, in 1980 there were 1,000 Medicare-approved dialysis facilities. By 2001, the number was more than 4,000 such facilities. Data from the National Surveillance of Dialysis and Associated Diseases shows a significant increase in the number of freestanding treatment centers as well. And freestanding treatment centers are being established in suburban and rural areas. Transportation providers are forced to ensure that more people get to more medical appointments at locations that are spread out in an increasing number of areas.

Community and public transportation has not only had to react to the increases in patients with chronic diseases, but also to how the healthcare system treats these people. In the past decade, our hospital care system has evolved into an outpatient care system. Without efficient and cost-effective community and public transportation, however, such an evolution would have never been possible.

These two trends — an increasing number of chronic patients and the increasing dependence on outpatient care — demand more investment in community and public transportation, because investment in community and public transportation is an investment in the healthcare system.

The Community Transportation Association of America has long understood the intrinsic relationship between community and public transportation and America’s health care system. In an effort to keep pace with the country’s evolving health trends and community transportation’s responsive innovations, the Association will be publishing the newest version of its Medical Transportation Toolkit later this year. This new edition will highlight best practices within non-emergency medical transportation, including special consideration of seniors’ need for transportation to and from medical appointments. Please feel free to contact Medical Transportation Specialist, Maureen Hensley-Quinn to reserve your copy. Maureen can be contacted by telephone at 800.891.0590, ext. 713 or via email at hensley-quinn@ctaa.org.