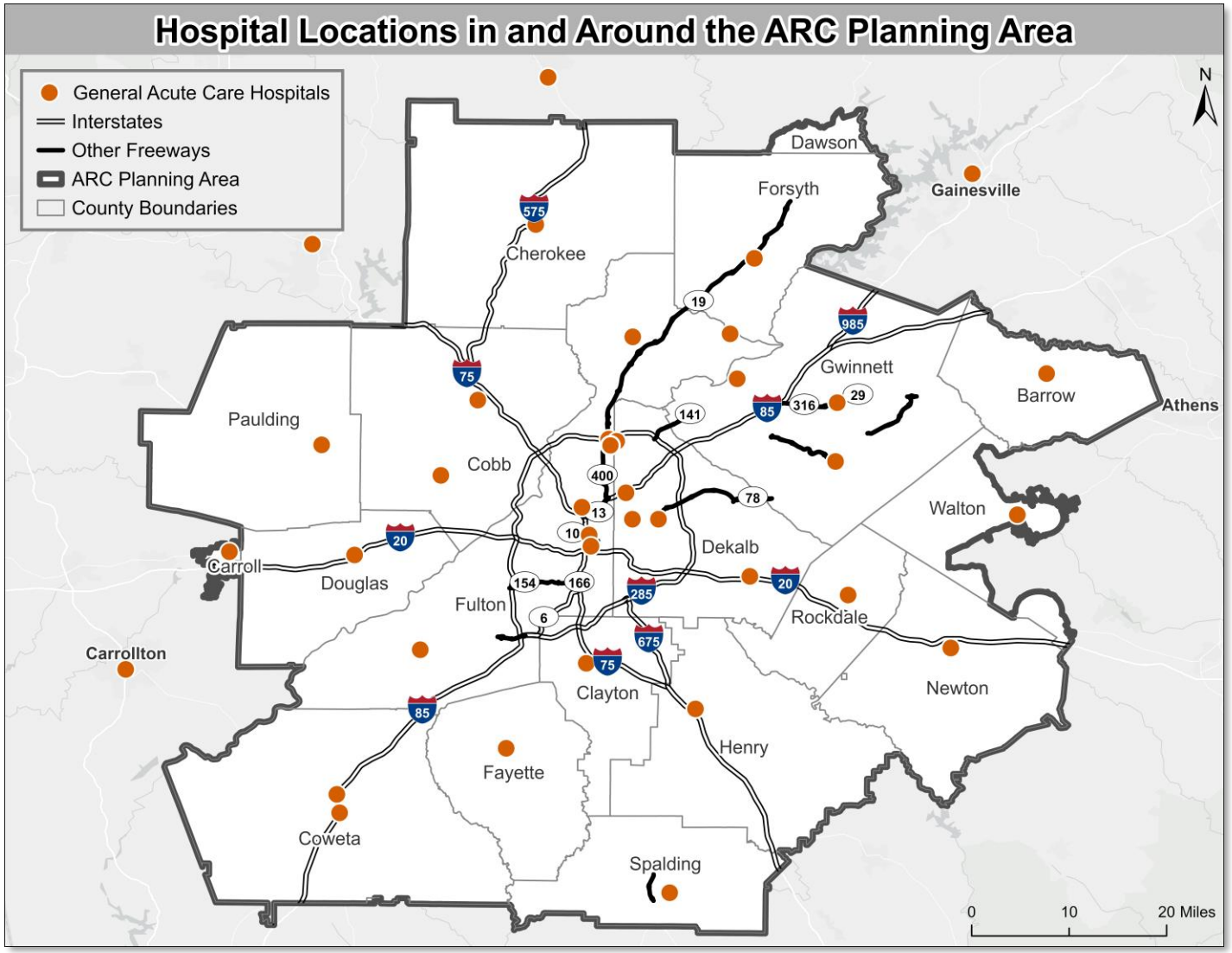
Emergency Healthcare Transportation Access Study *(10 mins)*

Project Introduction and Background



Why this study?

- Hospitals have closed and access declined in some parts of the region.
- Response time and travel time directly affect patient outcomes.
- Transportation can improve access alongside other interventions.

Transportation Associations with Health Outcomes

- Transportation has an important influence on emergency healthcare access.

3 min faster

EMS response is associated with greater cardiac-arrest survival.

Source: Garcia et al. (2022). Variation in Out-of-Hospital Cardiac Arrest Survival Across Emergency Medical Service Agencies. *Circulation: Cardiovascular Quality and Outcomes, 15(6).*

Depending on underlying health conditions, transportation barriers to care are associated with up to—

+62%

More emergency department use

+80%

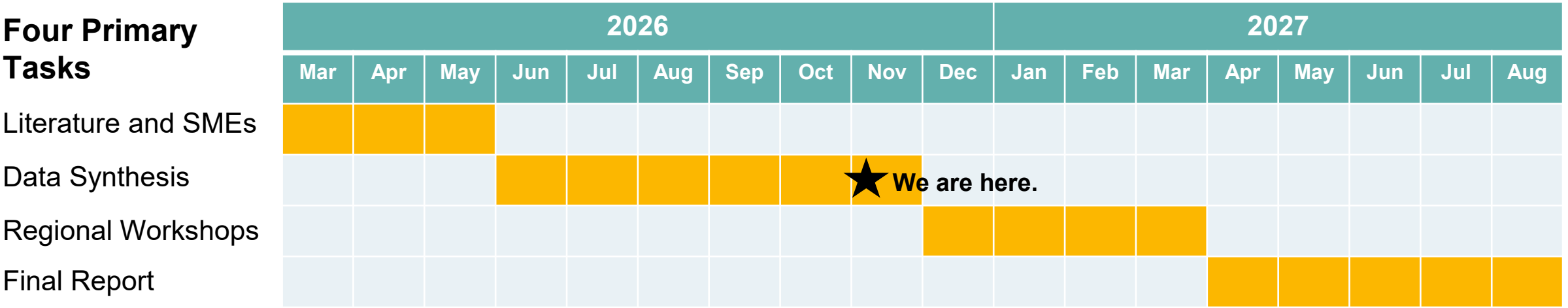
Higher mortality risk

Source: Chen et al. (2025). Transportation Barriers, Emergency Department Use, and Mortality Risk Among US Adults: A National Health Interview Survey Analysis. *BMC Public Health*.

- Access is also shaped by **hospital capacity**, **insurance**, **primary care access**, and other **social determinants of health**.

Project Overview

Schedule



Desired Outcomes

- A shared understanding of the problem, supported by data, metrics, and stakeholder input.
- Awareness of high-potential strategies for improving emergency access, focused on transportation.
- Identification of priority corridors, locations, and interventions emerging from ongoing analysis.
- Short- and long-term policy and strategy guidance for ARC and partners.

State of Emergency Healthcare in the Region

Current facility inventory:

33 hospitals

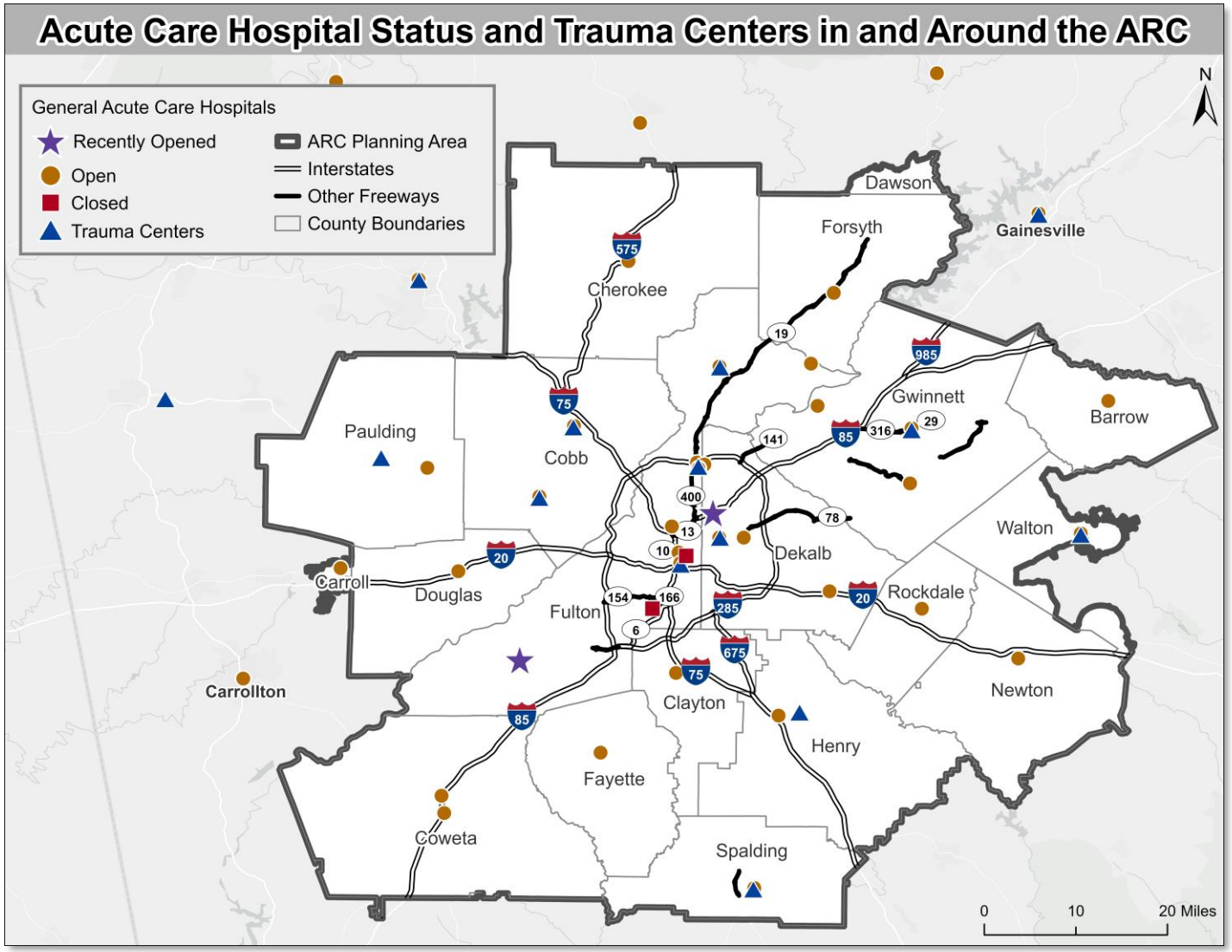
- 12 Trauma Centers:
  - Level I (2); Level II (2); Level III (3); Level IV (2); Pediatric Level I (1); Pediatric Level II (1); Burn Center (1)

Recently Closed:

- Atlanta Medical Center South
- Atlanta Medical Center (trauma center)

Recently Opened:

- 2024: Arthur M. Blank Hospital
- 2026-2031: South Fulton medical campus



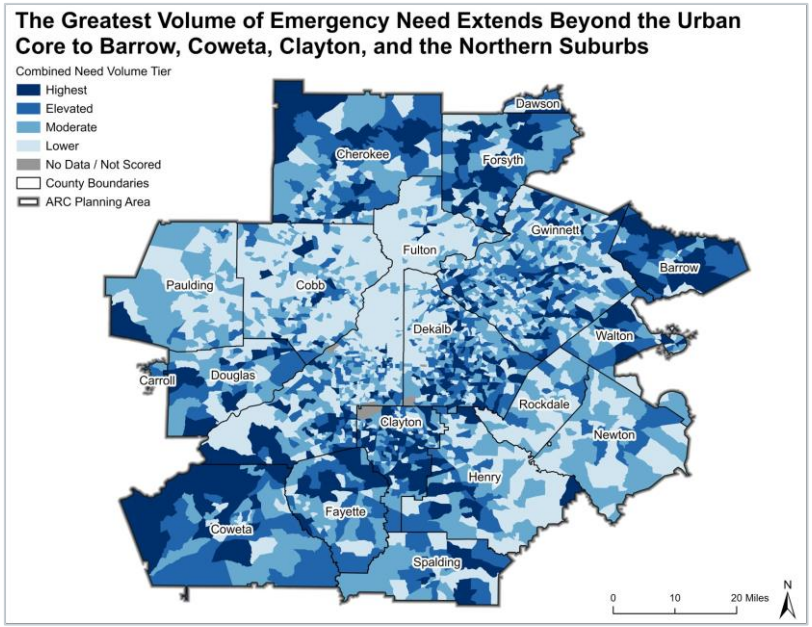
A Path from Emergency to Care

		WHAT HAPPENS	KEY CHALLENGES
1	**Emergency**	Illness, crashes, falls, and violence	• Limited primary care lets conditions worsen • Fear of ambulance bills delays calls for help
2	**911 Call and Dispatch**	Someone calls 911, which sends an ambulance	• Too few ambulances; crews are often overassigned • Some calls come in when no ambulance is free
3	**Travel to Scene**	Ambulance drives to the patient	• Ambulances fight traffic when drivers do not yield • Response is slower overnight and in outer areas
4	**Travel to Hospital**	Crew stabilizes the patient and drives to a hospital	• No regional coordination of ambulance destinations • Some patients avoid distant EDs without a ride home
5	**Hospital Handoff**	Crew hands the patient to hospital staff	• Crowded EDs and full beds keep crews waiting • Ambulances held at hospitals are out of service

Key Findings

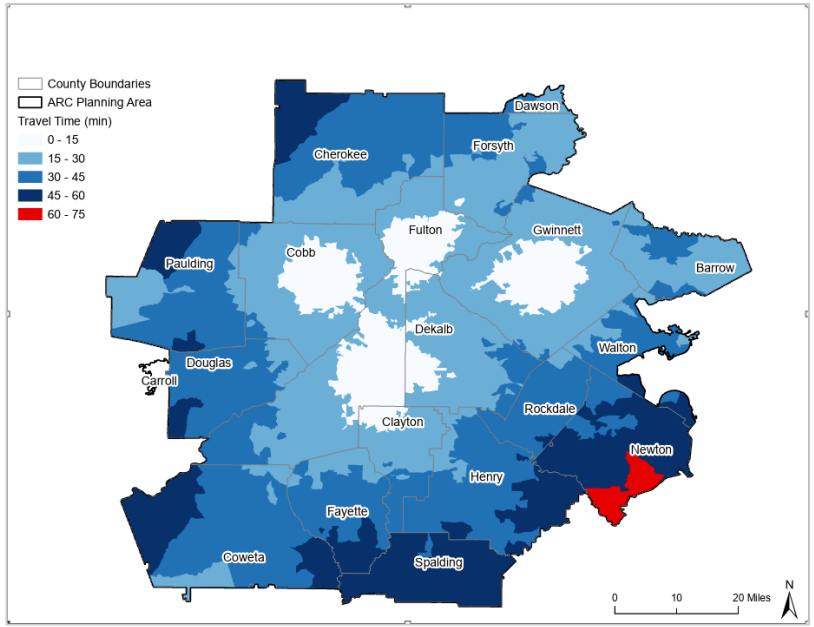
Where are needs for emergency care greatest?

Combined need for emergency healthcare across the region



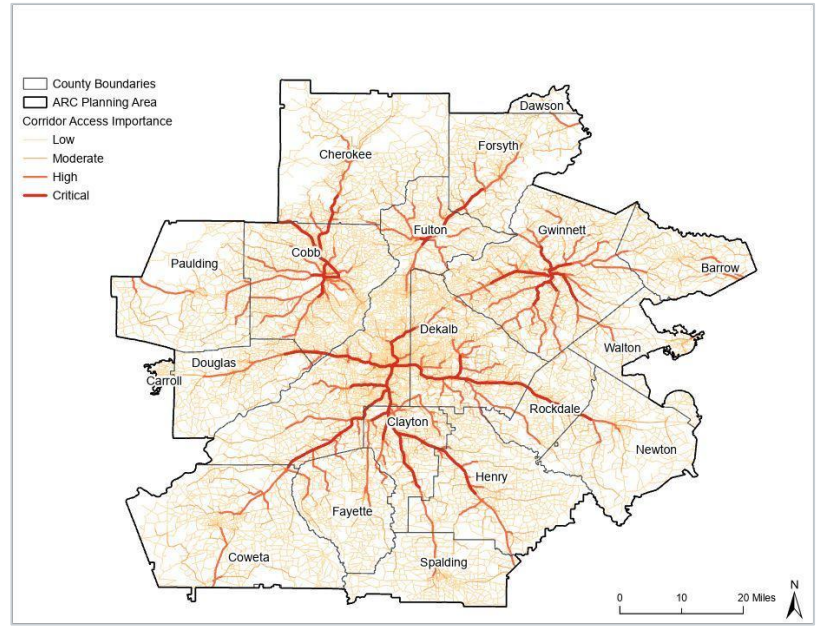
Where is emergency access highest and lowest?

Travel time to the nearest Level 1 or 2 adult trauma center, by block group



What parts of the transportation network are most important?

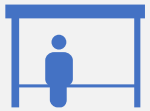
Critical corridors connecting need to emergency care



Subject Matter Expert Interviews – Key Themes

So far, we have heard from **18 experts across the region**.

- Hospital Systems
- EMS Providers
- Researchers
- National 911 Program
- Community Organizations
- Healthcare Providers
- State Agencies



Transportation matters

Without a car, it's hard to get care.



…and so do other factors

If you don't have insurance, the only access you have is emergency care.



Interconnected capacity constraints

EMS isn't allowed to take someone anywhere except an ER even if you need something else…. It's a broken system.



Regional coordination is a gap

There are 18+ independent EMS agencies. They all run by their own rules, so it's a 'wild west' in Georgia for EMS.

Next Steps – Upcoming Tasks

Analyze

Access and project impacts

Engage

Workshops to validate findings and refine strategies.

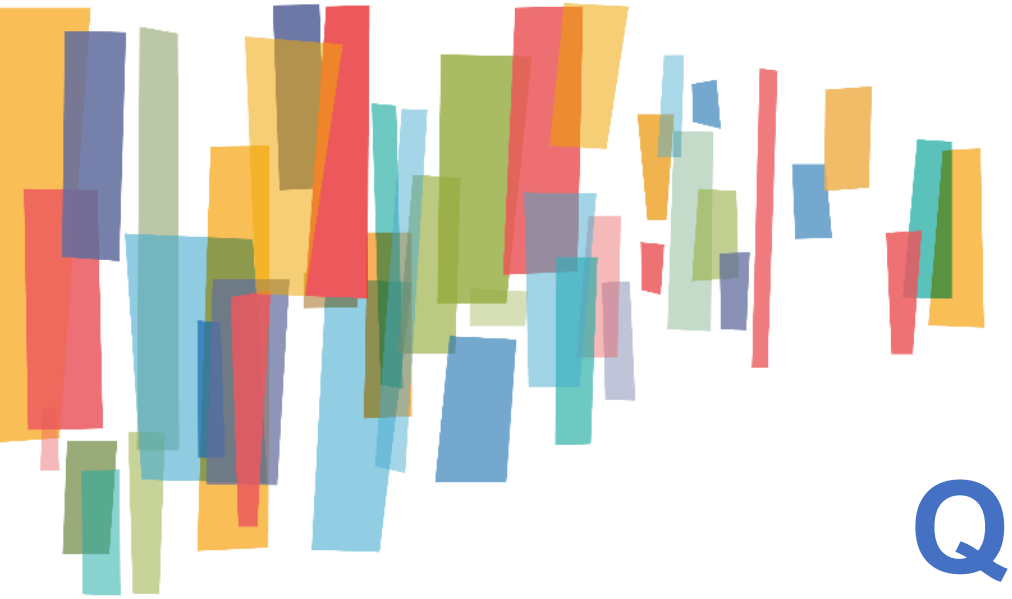
Recommend

Recommendations to guide regional action.

Upcoming Opportunities

Regional workshops will add transportation leaders, EMS providers, hospitals, and others to shape strategies.

Who else should we invite? **What do you want from our next steps?**



Questions & Discussion