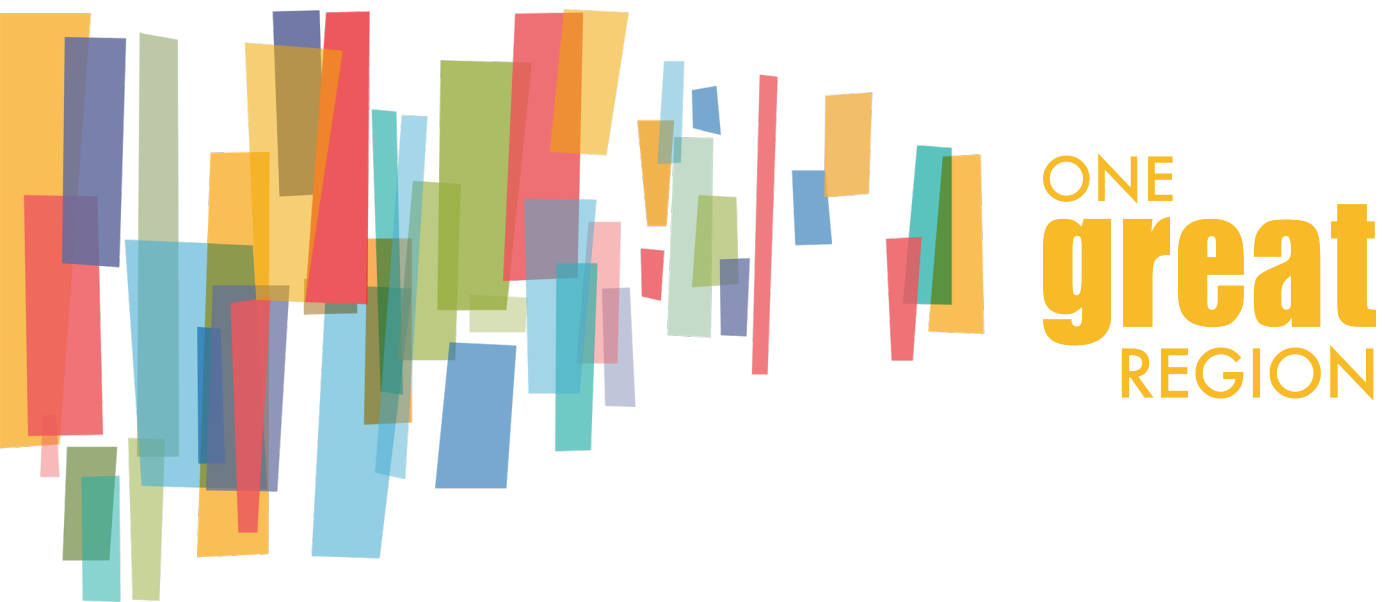




Emergency Healthcare Transportation Access Study

Atlanta Regional Commission

High Street Consulting Group

TCC | August 7, 2026

Vision

ONE **great** REGION

Mission

Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.

Values

Excellence | **Integrity** | **Equity**

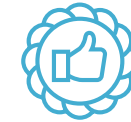
Goals



Healthy, safe, livable communities in the Atlanta Metro area.



Strategic investments in people, infrastructure, mobility, and preserving natural resources.



Regional services delivered with **operational excellence** and **efficiency**.



Diverse stakeholders engage and take a regional approach to solve local issues.



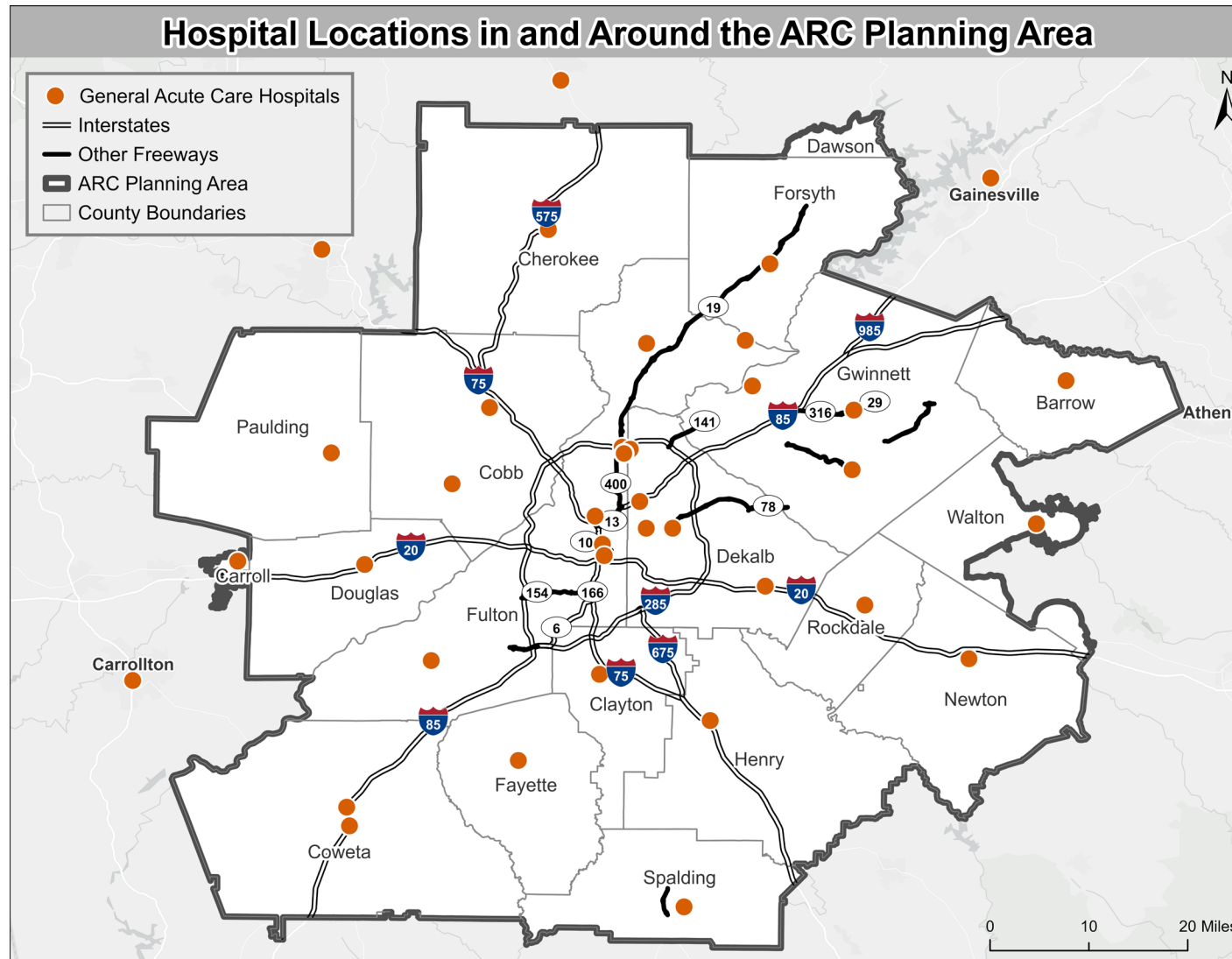
A competitive economy that is inclusive, innovative, and resilient.



Agenda

- Project Introduction and Background
- State of Emergency Healthcare in the Region
- Findings from the Literature Review
- Subject Matter Expert Interviews
- Preview of Data Synthesis
- Closing

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.
- ARC is conducting a data-driven study of emergency healthcare access.
- Purpose:** To identify gaps and deliver policy and mobility recommendations for ARC and partner agencies.



Project Overview

Schedule

Four Primary Tasks

Literature and SMEs

Data Synthesis

Regional Workshops

Final Report

2026											2027						
Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
						★ We are here.											

Desired Outcomes

- 📊 A shared understanding of the problem, supported by data, metrics, and stakeholder input.
- 📊 Awareness of high-potential strategies for improving emergency healthcare access.
- 📊 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:

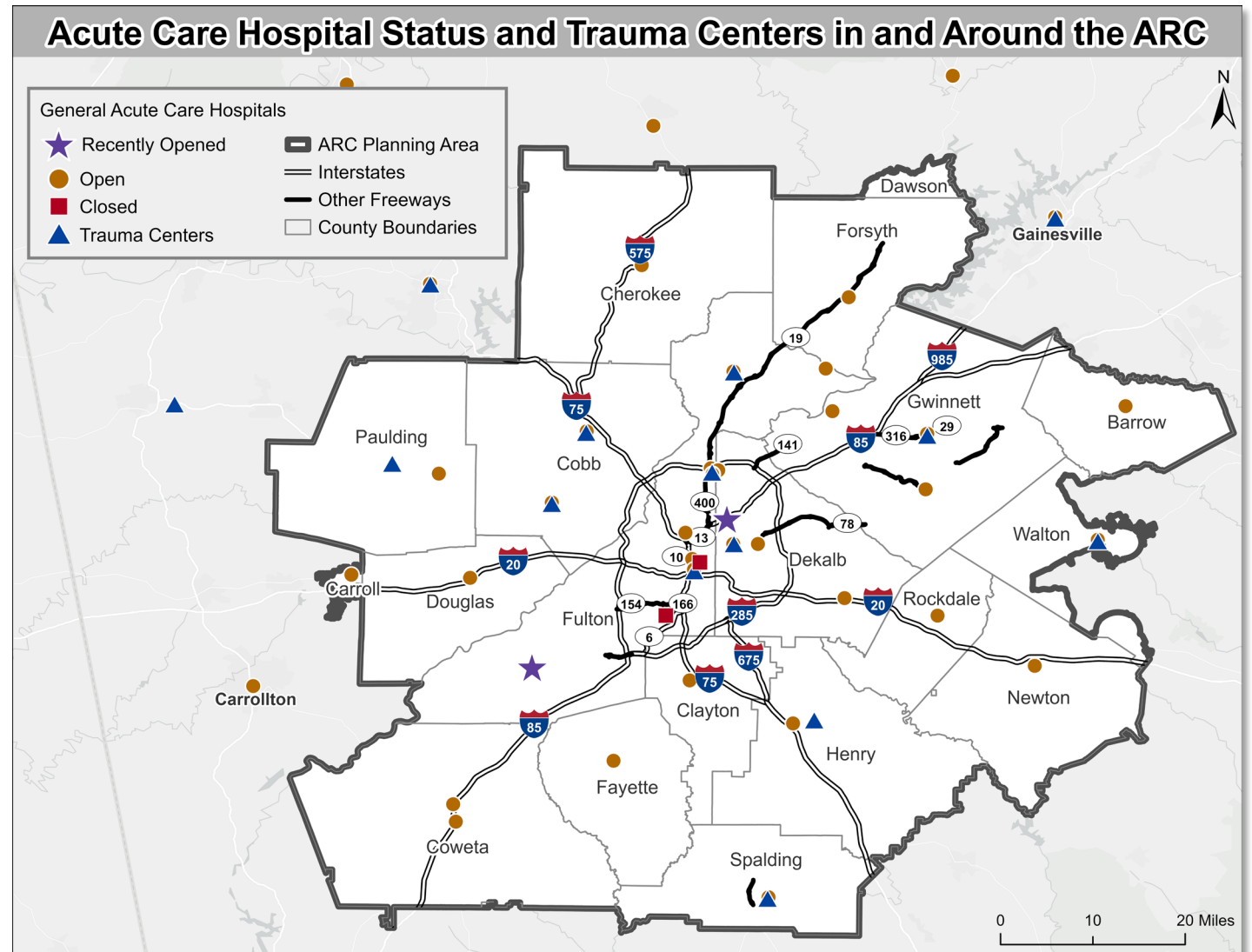
- 33 hospitals
- 12 Trauma Centers:
 - ▶ Level I (2); Level II (2); Level III (3); Level IV (2); Pediatric Level I (1); Pediatric Level II (1); Burn Center (1)

Recently Closed:

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

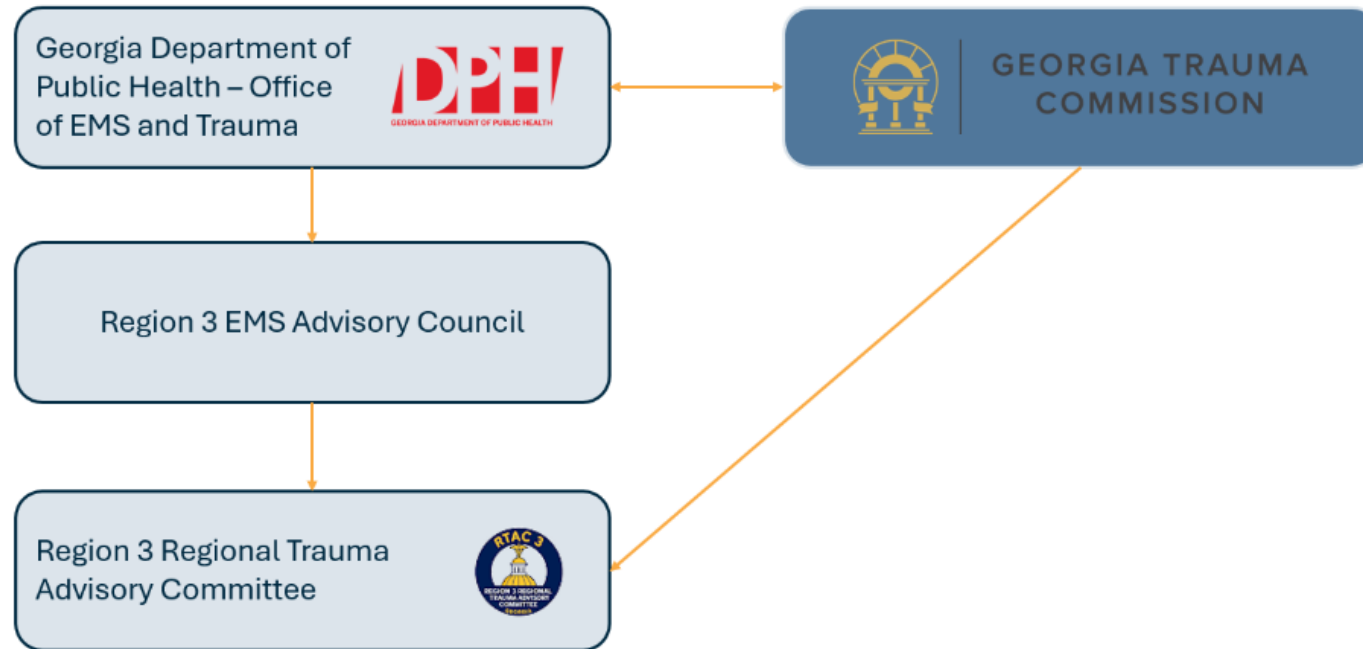
Recently Opened:

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



State of Emergency Healthcare in the Region

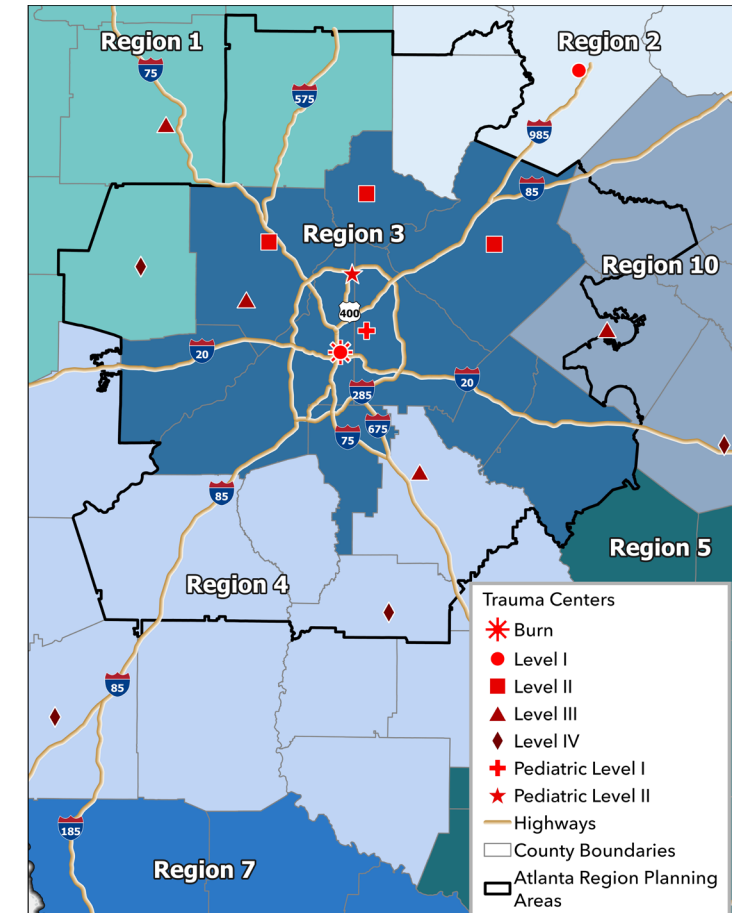
Regional EMS and Trauma Governance Structure



Possible ARC Roles

Neutral Convener | Data and Analysis Capacity |
Existing Programs as Foundation

Metropolitan Planning Area Relates to 5 EMS Regions





Key Concepts: Transportation as a Determinant of Health Access

Foundational Concepts

Transportation insecurity, accessibility and social determinants of health (SDOH)

- Transportation is one of the CDC's explicitly named SDOH.
- Levesque's 5 A's of Access: approachability, acceptability, availability, affordability, appropriateness

Transportation Drives Outcomes

- A **3-minute** difference in response times (12 minutes to 9 minutes) **affects survival** from cardiac arrest (Garcia et al., 2022)
- Unreliable transportation drives ED use** (62% more likely to use ED) **and worse outcomes** (80% higher mortality risk than patients with reliable transportation) (Chen et al., 2025).



Literature Review: Measuring Access

Four Families of Measures

Spatial/Geographic

- Travel-time to ED, floating catchment area models

EMS System Performance

- Response time, coverage ratios, unit hour utilization

Patient-Experienced

- Self-reported delayed care

Healthcare Utilization/Outcomes

- ED visit rates, missed appointments, mortality

Trade-off: composite indices combining multiple factors are more comprehensive but less transparent = more challenging to explain what the final number means to a non-technical audience

Cross-cutting issue: no standardized definitions across studies for "transportation barrier," "access," or "catchment area." Makes cross-region comparisons difficult.



Literature Review: Best Practices & Strategies



Emergency Vehicle Signal Preemption / corridor strategies: Signal preemption for EMS vehicles, green waves on hospital corridors, queue jumps, bottleneck fixes.



Dynamic EMS deployment: Predictive positioning based on demand/traffic patterns (shown to cut response times ~10–20% in peer regions)



Alternative response vehicles: Atlanta Fire Rescue Department's Rivian EV units, motorcycle/squad programs in LA, Miami, and Seattle.



Mobile clinics & upstream care: Satellite Emergency Departments, mobile medical units, and community paramedicine to reduce demand on emergency system itself



Transportation data integration: Linking EMS, traffic, and hospital capacity data for better routing and planning.



Regional Medical Operations Coordination Centers: Regional hubs giving real-time visibility into hospital/EMS capacity for patient routing during routine ops and surge events.



Subject Matter Expert Interviews – Key Themes

- Emergency healthcare access is a regional challenge.
 - Simply replacing the facilities lost after the AMC closures will not be sufficient; the region needs a more comprehensive and strategically distributed system. – Researcher*
- Emergency departments have 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. – EMS provider*
- Transportation matters alongside other types of access (e.g., insurance, primary care access, and social determinants of health).
 - Without a car, it's hard to get [care], and people are reluctant to call EMS. – Hospital*
 - If you don't have insurance, the only access you have is emergency care. – Hospital*
- Regional coordination is a frequently cited gap.
 - There are 18+ independent EMS agencies. They all run by their own rules, so it's a 'wild west' in Georgia for EMS. – Hospital*

Who We Heard From—

- 18 experts across the region, including—
- Hospital Systems
 - EMS Providers
 - Researchers (Morehouse School of Medicine, Georgia Tech)
 - National 911 Program
 - Community Organizations
 - State Agencies (Department of Public Health, Georgia Trauma Commission)



Data Synthesis Preview

 **Purpose:** Move from describing the problem to identifying where and how to act.

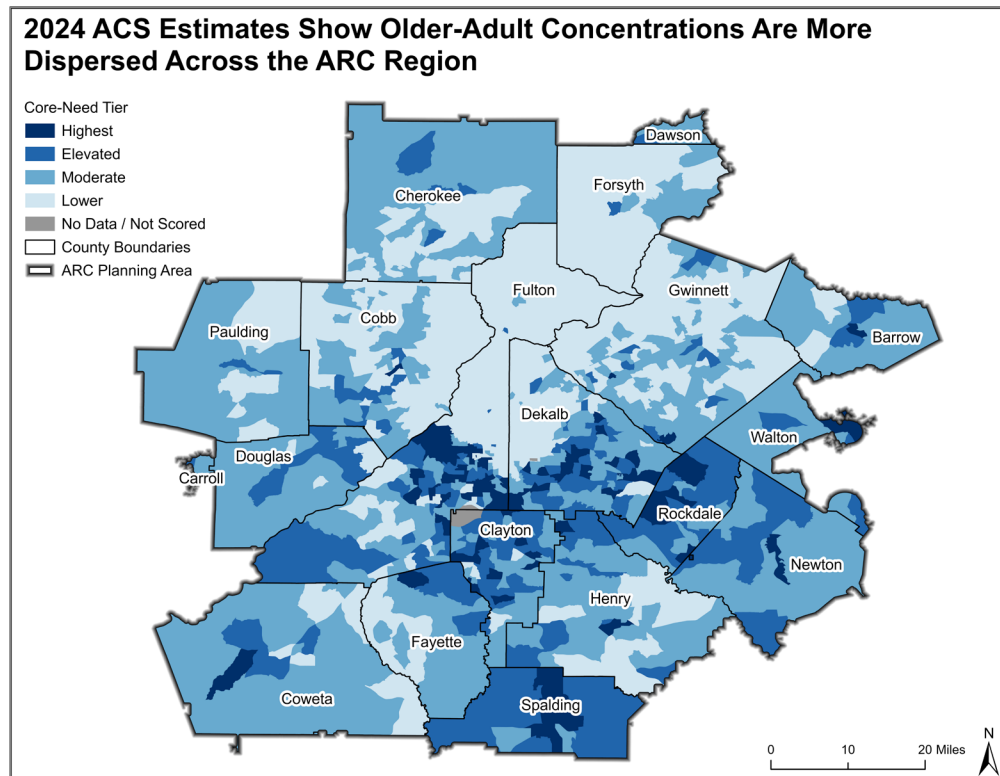
- **How does access vary across the region?** (Regional accessibility and travel-time analysis)
- **Why is access poor in these locations?** (EMS response performance and hospital diversion pattern analysis)
- **What are the impediments to better access?** (corridor analysis and effects of transportation projects)

Data Sources

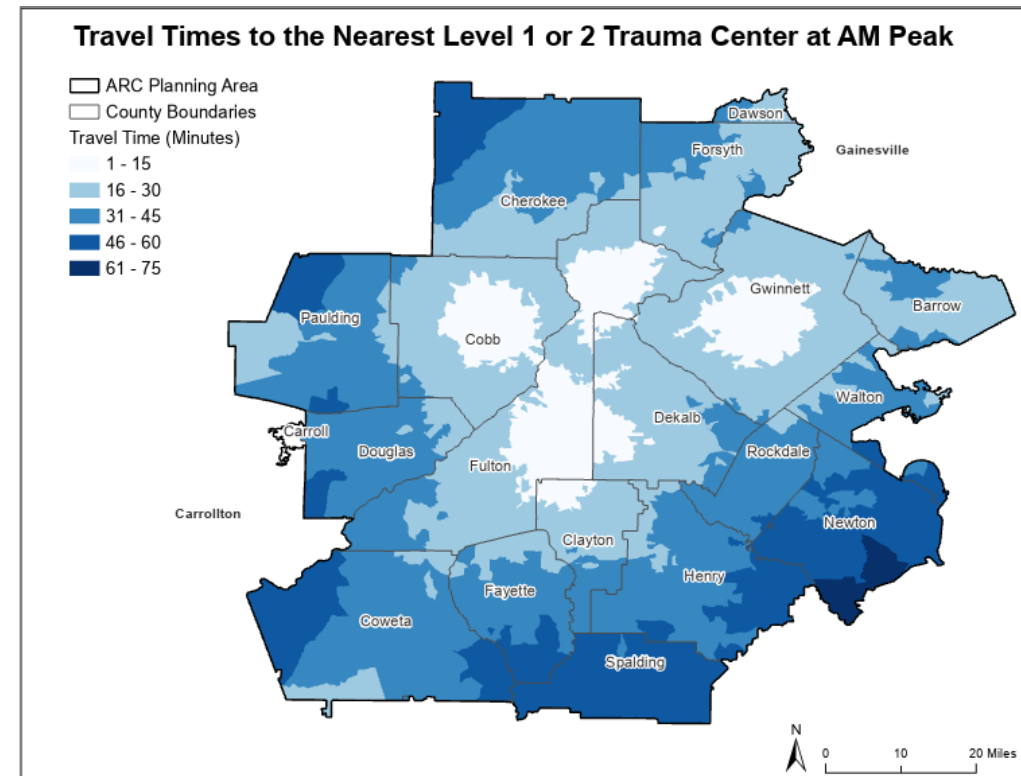
- NFIRS
- FARS
- ADAMS
- OASIS
- Georgia Trauma Commission
- HRSA
- GEMSIS/NEMSIS
- GDOT
- Census
- CDC PLACES
- FEMA/GEMA
- ARC's TIP/MTP database

Data Synthesis Preview

Origin of Needs: Health Risk Score by Location (CDC PLACES)



Travel Time to a Level 1 or 2 Trauma Centers (Minutes)





Closing

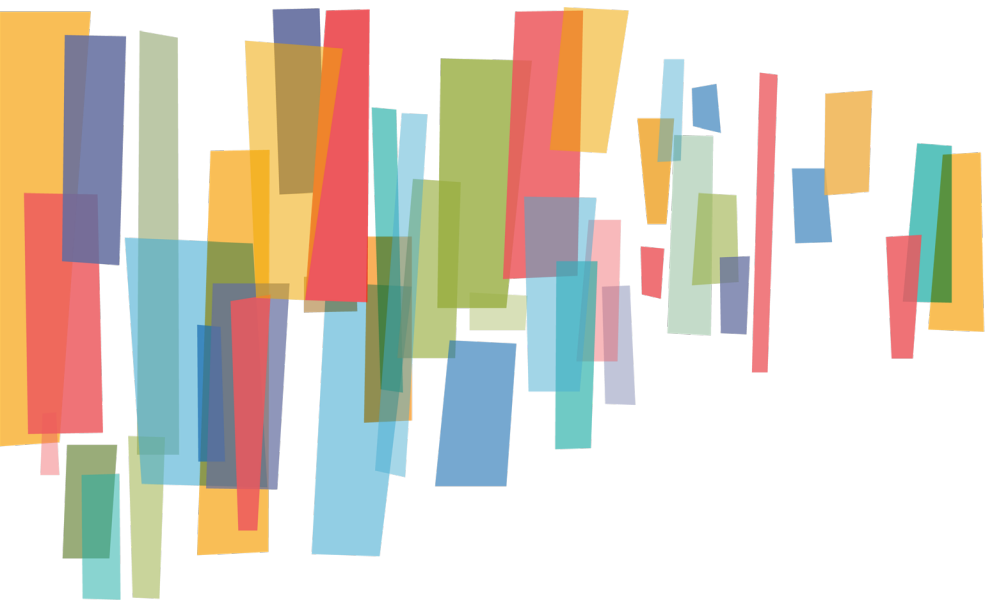
Emergency healthcare access in this region is a regional systems challenge.

Transportation is a critical component, and is one among several components of access requiring coordination across hospital, EMS, and transportation partners.

Next steps: Continue data synthesis task to measure access and identify key corridors.

Request to TCC Members:

- Priorities and areas of interest
- Known bottlenecks or priorities corridors for hospital access
- Subject matter experts or stakeholder introductions
- Data sources and feedback on hospital access (e.g., incident or congestion patterns or planned corridor investments that may affect hospital access)



Questions & Discussion