

October 26, 2017

U.S. Department of Health and Human Services  
Office of the Assistant Secretary for Planning and Evaluation, Strategic Planning Team  
Attn: Strategic Plan Comments  
200 Independence Avenue, SW, Room 415F  
Washington, DC 20201

Re: HHS Draft Strategic Plan FY 2018 - 2022

Dear Assistant Secretary and Strategic Planning Team:

On behalf of the American Association of State Highway and Transportation Officials (AASHTO) the Council on Public Transportation is pleased to provide comments on the U.S. Department of Health and Human Services' (HHS) draft Strategic Plan for Fiscal Years 2018 – 2022, which was published on the agency's website on September 26, 2017. Representing all 50 states, the District of Columbia, and Puerto Rico, AASHTO serves as a liaison between state departments of transportation (DOTs) and the federal government. The Council on Public Transportation provides public transportation expertise and leadership for advancing public transportation as a part of a multimodal transportation system.

Many members of AASHTO's Council on Public Transportation are involved with the work of the Coordinating Council on Access and Mobility (CCAM), a federal interagency council that resides in the United States Department of Transportation (USDOT) and of which the U.S. Department of Health and Human Services is a member. The CCAM prioritizes health and human services issues in the public transportation and public transit sector.

According to USDOT, the lack of public transportation access can create significant barriers for treatment and screening, with an estimated 3.6 million Americans missing or delaying non-emergency medical care each year because of transportation issues. Many people may not make appointments or take advantage of free health screenings due to not being able to get a ride. Moreover, for individuals with recurring medical appointments, such as dialysis which typically occurs 2-3 times per week, the need for public transportation for these patients is regular and ongoing and it is fundamental for them to have these transportation services that are convenient, reliable and cost effective.

Overall, the Council on Public Transportation would like HHS to understand the contribution of public transportation and transit as it relates to the necessary services provided to patients and the medical staff that serve them (the users of our public transportation and public transit services).

Regarding its draft Strategic Plan for Fiscal Years 2018 – 2022, we would make the following points:

- Public transportation, especially paratransit programs, plays a critical service to the medical community's delivery of improved health outcomes, providing nearly around-the-clock access to health care facilities for patients and medical staff. This is a vital component of our members' state's public transit systems.
- HHS should acknowledge the much-needed federal government funding for public transportation and transit programs and the instrumental role this funding plays in helping small urban and rural communities overcome barriers to the delivery of its own health care programs.
- Federal, state and local funds are used to support the public transportation and transit programs provided by members of AASHTO's Council on Public Transportation and through this financial commitment our members work every day to help meet health care transportation needs of these underserved communities - seniors, people with disabilities and people in rural areas.
- Affordable, available public transportation and public transit are essential to helping people age-in-place where familiar friends, family, and the communities help with emotional and physical health. Public transportation provides the essential service to getting people to follow-up medical appointments to receive medical treatments, and it is essential to ensuring those with disabilities can live life as independently as possible. Transportation's role in healthcare cannot be an afterthought.

With this letter, AASHTO's Council on Public Transportation hopes HHS understands the role that its members provide to those seniors, people with disabilities and people in both small urban and rural communities who are trying to get to doctor's appointments, health screenings, and other medical procedures, as well as those professional who serve in the medical community. In addition to the comments above, the Council on Public Transportation has attached specific comments/changes (see **Attachment #1**) that AASHTO would encourage HHS to include in its draft Strategic Plan for Fiscal Years 2018 – 2022. In its strategic plan, HHS should be supportive of the role of public transportation and public transit providers, including members of AASHTO's Council on Public Transportation, in providing access to health care services.

We appreciate the opportunity to provide these comments. If you would like to discuss the issues raised in this letter, please contact Shayne Gill, AASHTO's Program Director for Multimodal Transportation at (202) 624-3630 or via e-mail at [SGill@AASHTO.org](mailto:SGill@AASHTO.org).

Sincerely,



Bud Wright  
Executive Director



Charles Zelle  
Commissioner, Minnesota DOT  
Chair, Council on Public Transportation

Cc: The Honorable Elaine L. Chao, Secretary, U.S. Department of Transportation

### **Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care System**

1. Under “Objective 1.3 (Line 314), **AMEND** as follows: “Improving access to health care involves multiple strategies – from improving healthcare coverage options, to improving consumer understanding of options, to designing options responsive to consumer demands, **TO IMPROVING PUBLIC TRANSPORTATION OPTIONS**, while removing barriers for faith-based and other providers. HHS also is actively working to reduce disparities in healthcare access, creating solutions to promote access for individuals and populations at highest risk. Below is a selection of strategies HHS is implementing.
  - a. Under strategy “Reduce disparities in access to health care” (Line 380), **ADD** a new bullet: **“ENCOURAGE AND GUIDE STATE, LOCAL, AND INDUSTRY PARTNERSHIPS THAT INCREASE PUBLIC TRANSPORTATION OPTIONS TO HEALTH CARE AND SUPPORTIVE SERVICES FOR PERSONS WITH DISABILITIES, OLDER ADULTS, AND PERSONS OF LOWER INCOME. IN PARTICULAR, FACILITATE PARTNERSHIPS THAT COMBINE THE FEDERAL INVESTMENT IN PUBLIC TRANSIT WITH FEDERAL INVESTMENT IN HEALTH CARE.”**
2. **Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play**

Under Objective 2.1: Empower people to make informed choices for healthier living

- a. Under strategy, “Promote better nutrition and physical activity” (line 512), **ADD** new bullets as follows:
  - i. **“PROMOTE INCREASED OPPORTUNITIES FOR PHYSICAL ACTIVITY THROUGH ACTIVE TRANSPORTATION AND COMPLETE STREETS POLICIES, IN COLLABORATION WITH FEDERAL, STATE, LOCAL, TRIBAL, AND TERRITORIAL PUBLIC TRANSPORTATION PARTNERS.”**
  - ii. **“IMPROVE COMMUNITY CAPACITY TO IDENTIFY AND ADDRESS BARRIERS TO PHYSICAL ACTIVITY IN DISADVANTAGED OR AT-RISK POPULATIONS.”**
- b. Under strategy, “Expand access to healthier living supports” (line 535), **ADD** a new bullet: **“PROMOTE EQUAL ACCESS, INCLUDING PUBLIC TRANSPORTATION SERVICES, TO COMMUNITY-BASED HEALTHY LIVING SUPPORTS, SUCH AS HEALTHY FOOD SOURCES, PLACES OF WORSHIP, MENTAL AND EMOTIONAL SUPPORT, CHILDCARE, HEALTH CARE SERVICES, AND OTHER HUMAN SERVICES AND SUPPORTS”**
- c. Under strategy, “Promote healthcare access and reduce health disparities” (line 545), **ADD** a new bullet: **“INCREASE PARTNERSHIPS AMONG HEALTH AND PUBLIC TRANSPORTATION PROVIDERS TO IMPROVE**

**HEALTH CARE ACCESS, REDUCE HEALTH DISPARITIES, AND PROMOTE CONSUMER CHOICE, PARTICULARLY IN SMALL URBAN AND RURAL COMMUNITIES.”**

**3. Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play**

- a. Under Strategic Goal 2, **ADD** a new objective (**Objective 2.5**) (Page 33) as follows: **“REDUCE THE INCIDENCE OF INJURIES AND CHRONIC DISEASES BY ADDRESSING FACTORS IN THE PHYSICAL AND SOCIAL ENVIRONMENT THAT INFLUENCE HEALTH OUTCOMES.”**
  - i. Under new Objective 2.5, **ADD** new strategies as follows:
    - 1. **“IMPROVE COLLABORATION AND COMMUNICATION WITH FEDERAL AND STATE, LOCAL, TRIBAL, AND TERRITORIAL PARTNERS IN NON-HEALTH SECTORS, SUCH AS PUBLIC TRANSPORTATION, TO FOSTER A CROSS-DISCIPLINARY APPROACH TO INFLUENCE THE SOCIAL DETERMINANTS OF HEALTH FOR IMPROVED HEALTH OUTCOMES.”**
    - 2. **“FOSTER A BROAD AND DIVERSE RESEARCH PORTFOLIO TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AMONG POPULATIONS AT RISK FOR POOR HEALTH OUTCOMES.”**
    - 3. **“IMPROVE CONSUMER UNDERSTANDING OF THE INFLUENCE OF THE SOCIAL DETERMINANTS OF HEALTH ON HEALTH OUTCOMES.”**

**4. Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans across the Lifespan**

Objective 3.1: Encourage self-sufficiency and personal responsibility, and eliminate barriers to economic opportunity.

- a. Under strategy, “Reform safety net programs to assist disadvantaged and low income populations” (Line 874), **ADD** a new bullet as follows: **“PROMOTE SELF-SUFFICIENCY AMONG PEOPLE WITH DISABILITIES AND OLDER ADULTS BY INCORPORATING INNOVATIVE WAYS TO INCREASE ACCESS, INCLUDING ACCESSIBLE AND AFFORDABLE PUBLIC TRANSPORTATION OPTIONS, INTO EXISTING SAFETY NET PROGRAMS.”**
- b. Under strategy (Line 878), **AMEND** existing bullet as follows: “Increase access to comprehensive services (i.e., health, behavioral health, student loans, public assistance, **PUBLIC TRANSIT**, and public housing) through short-term, transitional public welfare services and partnerships with other federal agencies and faith-based and community organizations, help formerly incarcerated individuals develop habits of personal responsibility, including obtaining and maintaining employment, reconnecting with their children and families, paying child support, and avoiding recidivism.”

**Objective 3.2: Safeguard the public against preventable injuries and violence**

- a) Under strategy, “Expand partnerships with Federal, state, local, tribal, and other stakeholders to reduce injuries and violence” (line 945) **ADD** new bullets as follows:

- a. **“EXPAND INTERAGENCY COLLABORATION WITH FEDERAL, STATE, LOCAL, TRIBAL, AND TERRITORIAL TRANSPORTATION PARTNERS TO REDUCE TRANSPORTATION-RELATED INJURIES AND FATALITIES”**
- b. **“PROMOTE COMMUNITY EDUCATION AROUND SAFE DRIVING, WALKING, AND BICYCLING.”**

**Objective 3.3: Support strong families and healthy marriage, and prepare children and youth for healthy, productive lives**

- a) Under strategy “Integrate human services and health supports to support well-being of children, youth, and families, **AMEND** existing bullet (Line 1033) as follows: “Promote interagency federal, state, and local coordination, including through faith-based and community organization, to facilitate families’ access to services and help them navigate systems of care across the full spectrum of family needs, including housing, education and training, **PUBLIC TRANSPORTATION**, healthcare, child care, social services, and economic supports.”

**Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers**

- a) Under strategy, “Support improved care transitions and care coordination,” **AMEND** (Line 1079) as follows: Promote collaboration among federal, state, local, and private sector partners, including faith-based, ~~and~~ community organizations **AND PUBLIC TRANSPORTATION PROVIDERS**, that serve older adults, people with disabilities, and their families and caregivers to improve access to a full range of healthcare services, and home and community-based services