

Research Day Abstract  
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The aging of the “baby boomer” generation will have a profound impact on the demand for health care services in the United States. This change will be felt strongly in rural areas, where the population is generally older and health care services are limited. Research shows that the health care supply, the transportation system, and personal circumstances shape accessibility to medical services. This study takes a comprehensive look at health care-to-transportation relationship among Vermont’s rural seniors. It explores two research questions:

1. Where in Vermont is health care theoretically accessible to seniors, given health care locations and characteristics of the transportation network?
2. Does this potential accessibility reflect the actual experiences of rural seniors as they access health care?

We employed a mixed-method approach to assess health care accessibility. The first method used geographic information systems to map potential accessibility to health care. The second method used a flexible qualitative approach to enrich the quantitatively-derived perspective. Eighteen seniors and two caregivers recounted their transportation-to-health care experiences in semi-structured interviews.

The results suggest that general practitioners were the most accessible health care service for Vermont’s rural seniors. The spatial concentrations of other health care services were barriers to care, especially among non-core rural residents who encountered longer driving times and less fixed-line transit access. Health conditions and financial constraints were additional barriers to care. However, Vermont seniors were generally content with their access to care. The universal proliferation of demand-response medical transportation for seniors ensured a fundamental level of health care accessibility across the state. Social networks, visiting medical specialists, and the vertical integration of transportation and health care further promoted health care accessibility.