

MEASURING WOMEN'S NON-WORK TRANSPORTATION NEEDS IN URBAN AREAS

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ABSTRACT

Transportation planning for low income women—unemployed, burdened with children, and without access to automobiles—requires innovative measures of mobility to non-work destinations. Physical accessibility to prenatal care, a uniquely female trip linked to positive birth outcomes, is used to explore appropriate non-work measures. This paper examines alternative measures of transportation needs identification and systemic access boundaries affecting women's health care accessibility in west/southwest Philadelphia.

The needs identification method locates transportation disadvantaged census tracts using social indicators exceeding twice the median urban values. Access boundaries reflect the reach of the public transit system *from* the participant health care providers *outward* to the clients. Disaggregate data from the Healthy Start prenatal program is used to examine the distribution of clients in relation to need areas and transit service boundaries.

The author found validation for the needs identification method. Access boundaries, however, differed from medical or automobile aggregations. 41% of Healthy Start trips duplicated mass transit service, and only 4% of contracted trips originated from medical need areas. The author illustrated how different measures can misrepresent need or service provision. Overall the author argues that women's non-work trips require different measures for appropriate service. These measures suggest broad changes required by public transit to respond to the changing urban environment.