

Travel Time and Family Preferences

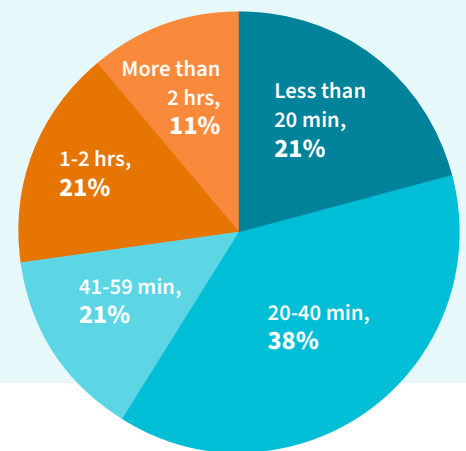
For In-Person Care

A total of **646 caregivers** of children and youth with special health care needs (CYSHCN) **across California** were surveyed about travel times to new visits with a pediatric subspecialist in the past year.



One-way travel time to pediatric specialty visits (n=527)

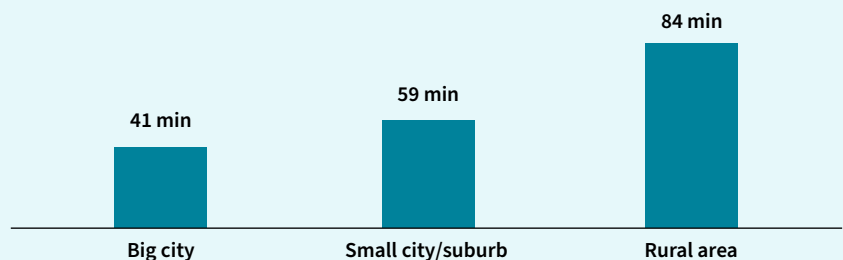
Over a quarter of respondents (or families) traveled more than an hour each way. **Two out of five reported having to travel more than 40 minutes each way, resulting in 1.5 hours of total travel time** before accounting for parking, waiting for and attending their visit, and securing medications or tests afterwards. In practical terms, this suggests that a **specialist visit required at least a half day commitment for many families.**



“... the closest specialist was 2.5 hours away, and we had to have 3 separate appointments before the specialist could make a diagnosis, it cost us three 5-hour round trips (gas, food, wear & tear on our car).”

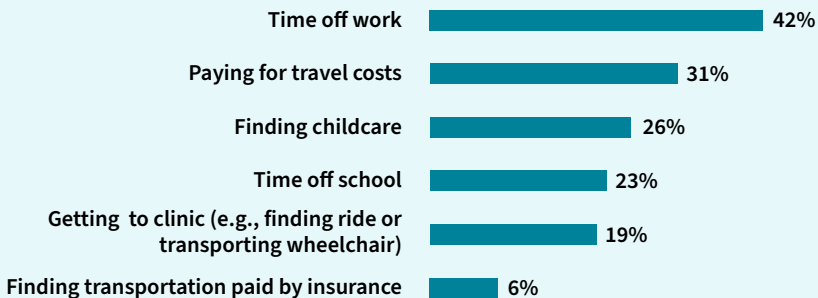
Travel time to appointments by urban/rural location (n=520)

Families in rural areas had a much longer travel time to get to appointments, followed by those in small cities or suburbs. Notably, **even for families living in big cities, the average travel time was 41 minutes each way**, a lengthy trip, particularly when accounting for other steps like parking and waiting for providers.



Challenges traveling to appointment (n=526)

When asked about their experiences attending appointments, **more than 3 out of 4 families reported challenges with travel**. Families most commonly reported **having to take time off work, paying for travel costs, and finding childcare** for their other children.



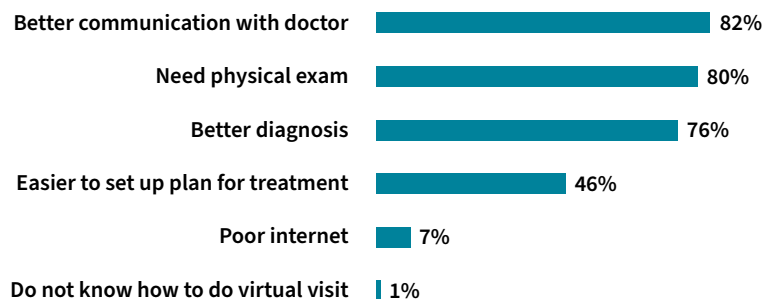
“ *It affected my job. I had to leave my job in order to make sure my son will get his appointment. Had to lose hours of work because if I don't do that he will not get seen and not get the help he needs.*



Reasons for preferring in-person visit (n=553)

Despite long travel times and consequential impacts, families expressed a strong preference for in-person visits for their first appointment with a subspecialist: **86% of families preferred initial in-person visits versus 7% preferring telehealth visits**.

Their reasons were overwhelmingly driven by perceived quality of care, such as enabling a better diagnosis, a physical exam, or better communication and rapport-building with the doctor. Technical obstacles with telehealth or poor internet did not drive preferences for in-person appointments. Preference for in-person appointments suggests that while telehealth can help provide a partial solution to accessing care, it does **not** address all care needs for this population. Obstacles with telehealth or poor internet did not drive preferences for in-person appointments.



About this survey:

Data are from a web-based survey of caregivers of children and youth with special health care needs conducted by the UCSF Center for Excellence in Primary Care and Practical Research Solutions in partnership with 17 Family Resource Centers across California from August to October 2023.

Of the children and youth represented in the survey, 76% were covered by Medi-Cal and 49% were 5 years old or younger. Participants were from Southern California (28%), the Central Valley (12%), the Central Coast (23%), and Northern California (37%). More on methods is available at <https://cepc.ucsf.edu/children-and-youth-special-healthcare-needs>.

Support for this work was provided by the Lucile Packard Foundation for Children's Health. The views presented here are those of the author and do not reflect the views of the Foundation or its staff. Learn more at lpfch.org/CYSHCN.