

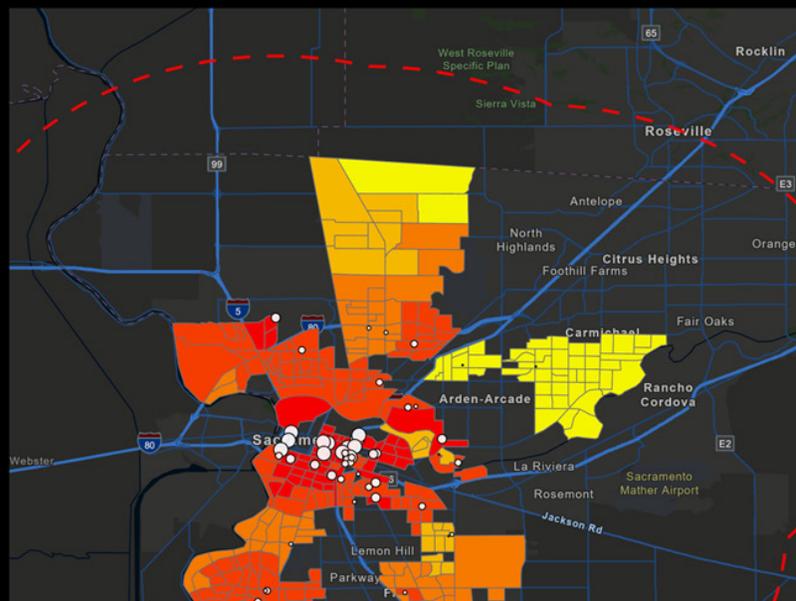
Equity Evaluation of Residents' *Transit+Walk* Accessibility to Sacramento Healthcare Facilities

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Project 2509
March 2026



Introduction

A visit to almost any healthcare facility in the U.S. reveals a familiar sight: vast parking lots built for cars. This reflects a deeper reality that almost 9 out of 10 healthcare trips in the U.S. rely on private automobiles. Yet this car-dependent model creates serious challenges for people who cannot drive, including many older adults, people with disabilities, and low-income households. For millions of Americans, transportation barriers delay or prevent access to essential medical care. This project asks a simple but powerful question: without a car, how accessible are healthcare facilities? Focusing on Sacramento, California, the study examines whether public transit and walking infrastructure together provide equitable access to healthcare, particularly for transit dependent and underserved communities. To answer this question, the research introduces a new multimodal metric, the *Transit+Walk* Score (TWS), which combines transit accessibility and pedestrian walkability. By evaluating healthcare access through a non-automobile lens, this study reframes transportation planning as both an equity issue and a public health opportunity.

Study Methods

This study evaluated how easily people can reach healthcare facilities without a car by combining public transit access and walking conditions in Sacramento, California. The analysis focused on two key questions: how long it takes to reach healthcare centers using public transit, and how walkable the routes are between transit stops and those facilities. First, the study measured transit access by estimating travel times from residential areas to nearby healthcare centers using existing bus and light-rail services. The analysis accounted for both walking to the nearest transit stop and riding transit to reach a healthcare destination. Only fixed-route transit services operating on weekdays were included, reflecting typical travel conditions. This approach allowed the study to identify which neighborhoods have faster or slower access to healthcare via public transportation. Second, the study assessed walkability by conducting on-the-ground audits of walking routes from transit stops to 56 healthcare facilities. Auditors used a well-established walkability assessment tool to evaluate sidewalk quality, street design, safety, comfort, and

overall pedestrian experience. Routes were walked multiple times to ensure consistency and accuracy. Because many healthcare facilities require pedestrians to cross large parking lots, the study added specific questions to capture how parking lot design affects pedestrian access. Finally, the study combined transit access and walkability into a single metric called TWS. This score highlights locations that are both easy to reach by transit and pleasant to walk once you arrive. Higher scores indicate better non-automobile access to healthcare.

Findings

The analysis reveals spatial inequities in how easily Sacramento residents can reach healthcare without a car. Transit travel times are shortest in central neighborhoods such as Downtown, Midtown, and East Sacramento, where frequent bus and light-rail service and nearby healthcare facilities support trips under 30 minutes. In contrast, residents in outer neighborhoods, including Natomas, Arden-Arcade, Pocket, South Sacramento, and suburban areas beyond the city, often face travel times exceeding 60 to 90 minutes. These longer trips result from infrequent service, indirect routes, and limited transit coverage, even when facilities are not far away. Walkability audits show that basic pedestrian infrastructure is often present near healthcare facilities, including sidewalks and safe street crossings. However, many routes lack features that make walking feel safe and comfortable, such as buffers from traffic, shade trees, lighting, and pedestrian amenities. Auditors consistently rated walking environments as less safe and less inviting than infrastructure alone would suggest, highlighting the importance of lived experience, not just physical design. When transit access and walkability are combined into TWS, strong spatial patterns emerge. Central Sacramento scores highest, benefiting from overlapping advantages in transit service and pedestrian-friendly design. Scores decline steadily moving outward, with several inner and outer suburban areas showing low combined accessibility.

Policy/Practice Recommendations

The findings reveal uneven access to healthcare-supportive transit and walking environments across Sacramento, with lower combined accessibility in neighborhoods with lower educational attainment and higher shares of Hispanic residents. To address

these disparities, transportation and land-use planning must treat transit access and walkability as inseparable components of equitable mobility. State and regional agencies should integrate combined transit—walk metrics, such as TWS, into existing funding and planning programs, including Sustainable Communities Strategies (SB 375), the Active Transportation Program, Transit and Intercity Rail Capital Program, and Affordable Housing and Sustainable Communities initiatives. Investments should prioritize improving sidewalks, crossings, lighting, shade, and safety features around healthcare destinations in transit-accessible but pedestrian-deficient areas, particularly in underserved communities. The results demonstrate that transit alone is not sufficient. Equitable access requires safe, comfortable, and continuous walking environments that connect people to essential services. The TWS offers a scalable, evidence-based framework to guide these targeted, equity-driven investments.

About the Authors

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To Learn More

For more details about the study, download the full report at transweb.sjsu.edu/research/2509



MTI is a University Transportation Center sponsored by the U.S. Department of Transportation's Office of the Assistant Secretary for Research and Technology and by Caltrans. The Institute is located within San José State University's Lucas Graduate School of Business.