

# Rural Transportation Advocacy

## *5 Talking Points to Influence Decision-Makers*

### **1. The Rural-Urban Mobility Gap**

Rural communities consistently face structural transportation disadvantages that leave non-drivers and those with mobility impairments with limited options.

- Transit agencies also often prioritize dense urban areas for service, leaving rural populations underserved.
- Even when transit is available in rural areas, residents may live miles from the nearest transit stop, creating significant barriers for older adults and those with mobility issues.
- Research shows that non-driving disabled adults in rural areas often rely on informal networks, limited paratransit services, or demand-response systems to get where they need to go (Meyers and Standley, 2024). While necessary and valuable, these services often require more advanced planning and longer wait times.
- The rural-urban mobility gap does not only mean fewer options for rural residents, it also means less independence, less opportunity, and more barriers that disproportionately impact non-drivers.

### **2. Reliable Transportation Opens Doors**

Reliable transportation is a critical gateway to economic stability, health, and community participation.

- When people lack dependable transportation, they are more likely to struggle with everyday activities related to health and wellness (Wu and Decker, 2021).
- Expanded transit options increase residents' ability to pursue employment, job training, and health services (Del Rio, Hangrove and Tomaka, 2017).
- Community-based and volunteer transportation programs in particular can reduce isolation and improve access to medical and social services (Krasniuk, Lawson, and Crizzle, 2025).

### **3. Non-drivers in rural communities face particular challenges.**

There are non-drivers in every community, but those living in rural areas face distinct and often more severe challenges.

- While car ownership is generally higher in rural areas, non-drivers in these communities face greater challenges due to limited public transit, longer travel distances, and fewer nearby destinations.
- Adults with travel-limiting disabilities in rural areas take fewer trips overall and rely heavily on informal support networks, resulting in constrained mobility and reduced independence (Meyers, Ipsen, & Standley, 2022).
- Without robust transit alternatives, non-drivers in rural communities face heightened risks of social isolation, missed medical care, and limited employment opportunities.

#### **4. Active Commuters Thrive**

A growing body of research suggests that people who walk, bike, or use public transit to get around are generally happier and healthier than those who drive.

- A study from the British Household Panel Survey found that individuals who shifted from car travel to active commuting reported improvements in psychological wellbeing over time (Martin, Goryakin, & Suhrcke, 2014).
- Public transportation can also contribute positively to wellbeing, as research indicates that transit users experience less commuting-related strain and may benefit from time spent reading, relaxing, or socializing while on transit (Cloutier et al., 2017).
- The Centers for Disease Control and Prevention further emphasizes that creating walkable, transit-accessible communities encourages daily physical activity, reduces air pollution, and lowers the risk of chronic diseases such as heart disease and diabetes.

#### **5. Transit Protects Our Environment**

Expanding access to public transit and active transportation can help reduce greenhouse gas emissions and improve community health.

- According to the United States Environmental Protection Agency, transportation is one of the largest sources of carbon dioxide emissions in the U.S., and shifting trips from single-occupancy vehicles to public transit can substantially lower per-person emissions.
- By decreasing the number of cars on the road, expanding access to public transit can reduce carbon emissions, improving global climate outcomes and local environmental health.

## Sources:

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