Overcoming Obstacles to Healthcare: Transportation Models that Work

Supported via a National Cooperative Agreement with U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care
Liberty Day, MS

- Senior Project Manager
- Supports Outreach and Enrollment efforts, HOP’s Outreach Business Value project
- Experience providing mental health & substance abuse counseling

And a Proud Kentucky WILDCAT!
Goals and Objectives

Attendees will:

1. Become familiar with how transportation impacts the ability for underserved populations to access health care.

2. Learn about HOP’s “Overcoming Obstacles to Health Care” project and relevant case study examples.

3. Learn how these findings apply within their community contexts.
TRANSPORTATION MODELS THAT WORK

Provided by Health Outreach Partners
Hosted by Community Health Partners for Sustainability
November 19, 2014 • 2:00PM EST
Health Outreach Partners

• **Who we are**
  • National non-profit organization focused on health outreach programs
    ◦ Training
    ◦ Technical assistance
    ◦ Information services
  • HRSA Cooperative Agreement

• **Mission**
  
  *To build strong, effective and sustainable grassroots health models by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.*

• **Who we serve**
  • Community Health Centers
  • Migrant Health Programs
  • Community-Based Organizations

• [www.outreach-partners.org](http://www.outreach-partners.org)
Transportation as a Barrier to Accessing Health Care Service

Existing Literature and Relevant Data, and findings from HOP’s 2013 National Needs Assessment of Health Outreach Programs
Transportation as a Barrier to Health Care Access

- 3rd most commonly cited barrier to access health services for the elderly (2004)\(^1\)
- 7% of children (10% in rural) in homes with annual incomes of less than $50,000 miss or do not schedule a medical appointment because transportation is inaccessible (2011)\(^2\)
- 3.6 million Americans do not obtain medical care because of a lack of transportation in a given year\(^3\)

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2 Grant, Roy et al. “Transportation Shortages are Barriers to Child Health Access.” Children’s Health Fund. 2011.

HOP’s 2013 National Needs Assessment

Focused on all of the special populations served by outreach programs a community health centers, including:

- Migrant and seasonal farmworkers;
- People experiencing homelessness;
- Elderly;
- Veterans;
- Residents of Public Housing;
- Asian and Pacific Islanders (API);
- The LGBT community; and,
- School-aged children.
Top Barriers to Accessing Health Care Services

1. Cost of health services
2. Lack of transportation
3. Lack of knowledge about available services
4. Lack of insurance
5. Limited hours of health center operation
Transportation Barriers

What transportation barriers, if any, prevent members of underserved populations from accessing health care services in your community?

1. Living in a rural or isolated area (77%)
2. Cost (76%)
3. No/limited public transportation options (66%)
“Overcoming Obstacles to Health Care: Transportation Models that Work”

- 3-year project launched in April 2011
- Funded by The Kresge Foundation
- Aimed at addressing transportation as a barrier to health care access
Models that Work

Six Case Studies

Including overview of each case study, population(s) served, key features, challenges and ability to be replicated
# Case Study Overview

<table>
<thead>
<tr>
<th>HOW</th>
<th>FLCHC</th>
<th>Seniors First</th>
<th>El Rio CHC</th>
<th>Morton</th>
<th>KKV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Org.</strong></td>
<td>501(c)3</td>
<td>Community Health Center</td>
<td>501(c)3</td>
<td>Community Health Center</td>
<td>Community Health Center</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>Provincetown, MA</td>
<td>Geneva, NY</td>
<td>Auburn, CA</td>
<td>Tucson, AZ</td>
<td>Tulsa, OK</td>
</tr>
<tr>
<td><strong>Geographic Context</strong></td>
<td>Rural</td>
<td>Rural</td>
<td>Suburban/rural</td>
<td>Urban/suburban</td>
<td>Urban</td>
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<tr>
<td><strong>Transportation Model</strong></td>
<td>Collaborates with the local airline and regional transit authority for longer trips (normally to Boston) and volunteers for local rides that are basically within 50 to 75 miles of the clients’ homes</td>
<td>Operates brick and mortar health centers in strategic locations, uses a vast network of contracted voucher providers, providing basic transport, coordinates mobile in-camp services, offers school-based dental services, and using telehealth</td>
<td>Runs Door to Door Rides, a volunteer driver transportation program, and participates in a public-private collaboration to operate Health Express, a free, door-to-door transportation service to and from non-emergency medical appointments</td>
<td>Operates a door-to-door van service for some clinic patients and participates in community collaboration to operate “Van of Hope”, a mobile medical unit serving people experiencing homelessness</td>
<td>Provides two free and fixed bus routes open to the public with designated stops at 26 social service locations. They also provide free curb-to-curb transportation services to and from medical appointments for MCHS patients</td>
</tr>
<tr>
<td><strong>Population Served</strong></td>
<td>Women living with chronic/life-threatening and/or disabling illnesses</td>
<td>General Community and Migrant and Seasonal Farmworkers</td>
<td>Seniors, the disabled and other patients as a ride of last resort</td>
<td>Some Low-Income and/or Uninsured Clinic Patients and People Experiencing Homelessness</td>
<td>General Community, People Experiencing Homelessness, and Seniors</td>
</tr>
</tbody>
</table>
Helping Our Women (HOW)

**Transportation Model:** Collaboration with the local airline and regional transit authority for longer trips (normally to Boston) and volunteers for local rides that are within 50 to 75 miles of the clients’ homes.

Quick Facts:
- **Organization type:** Community-based, 501(c)3 non-profit
- **Location:** Provincetown, MA
- **Geographic Context:** Rural
- **Population Served:** Women living with chronic, life-threatening, or disabling illnesses
- **Website:** www.helpingourwomen.org

“Without the transportation program, I wouldn’t be alive today.” -HOW client
Finger Lakes Community Health Center

Transportation Model: Opened brick and mortar health centers in strategic locations, uses a vast network of contracted voucher providers, provides basic transport, coordinates mobile in-camp services, offers school-based dental services, and uses telehealth.

Quick Facts:
- **Organization type:** Federally Qualified Health Center with a Migrant Health Center designation
- **Location:** Geneva, NY
- **Geographic Context:** Rural
- **Population Served:** General Community and Migrant and Seasonal Farmworkers
- **Website:** [http://flchealth.org/](http://flchealth.org/)

"Transportation is one of the largest problems. The challenge is how to mobilize [people] so they can do it on their own, but also feel safe."
-Finger Lakes Patient Navigator
Seniors First

Transportation Model: Runs Door to Door Rides, a volunteer driver transportation program, and participates in a public-private collaboration to operate Health Express, a free, door-to-door transportation service to and from non-emergency medical appointments

Quick Facts:
- **Organization type:** Community-based, 501(c)3 non-profit
- **Location:** Placer County, CA
- **Geographic Context:** Suburban/Rural
- **Population Served:** Seniors, persons with disabilities, and other patients as a ride of last resort
- **Website:** [http://seniorsfirst.org/](http://seniorsfirst.org/)

“If I’m too sick to take the buses then I have to ask friends for help. I don’t do it often. I hate that. It’s my pride. A big part of aging is not wanting to give up that independence.” -Seniors First Client
Morton Comprehensive Health

Transportation Model: Provides two free and fixed bus routes open to the public with designated stops at 26 social service locations. They also provide free, curb-to-curb transportation services to and from medical appointments for their patients.

Quick Facts:
- **Organization type:** Federally Qualified Health Center with Health Care for the Homeless designation
- **Location:** Tulsa, OK
- **Geographic Context:** Urban
- **Population Served:** General Community, Persons Experiencing Homelessness, and Seniors
- **Website:** http://www.mortonhealth.org/

“Morton provides transportation to people and, without that, people wouldn’t get served.” - Jack Henderson, Tulsa City Councilor for District
El Rio Community Health Center

Transportation Model: Operates a door-to-door van service for some clinic patients and participates in community collaboration to operate “Van of Hope”, a mobile medical unit serving people experiencing homelessness.

Quick Facts:
- Organization type: Federally Qualified Health Center
- Location: Tucson, AZ
- Geographic Context: Urban/Suburban
- Population Served: Low-Income and Uninsured Clinic Patients and People Experiencing Homelessness
- Website: http://www.elrio.org/

“Healthwise I think it’s done me good. I’ve been able to come when I need to. It’s kept me out of the hospital.” –El Rio patient
Kokua Kalihi Valley Comprehensive Family Services

**Transportation Model:** (1) shuttle services to and from medical appointments, (2) shuttle services to and from sanctioned program activities connected with wellness, exercise and access to basic health screenings, and (3) on-demand transportation to specialists and hospital referrals.

**Quick Facts:**
- **Organization type:** Federally Qualified Health Center with Public Housing Health Center designation
- **Location:** Kalihi Valley, HI
- **Geographic Context:** Urban
- **Population Served:** Elders, Immigrants, and Residents of Public Housing
- **Website:** [http://www.kkv.net/](http://www.kkv.net/)

“More people would want to come [to the elderly exercise program] if there was more transportation. To enjoy life, before it’s too late.”

-KKV client
Transportation and Health Care Access

HOP Key Findings

Based on findings from case studies; drafted by Health Outreach Partners.
1. Diverse Strategies

- Case study sites use more than one strategy to overcome the transportation barriers facing their respective communities

- **Organizations use multiple strategies together to effectively increase access to health care and other social services.**

**Examples:**
- Finger Lakes Community Health: Mobile Health Services, Direct Transport, Voucher Providers, Telehealth
- Helping Our Women: Travel by air, ferry, cab, volunteer transport for local appointments, and/or shuttle bus run by Regional Transit Authority.
- Morton Comprehensive Health Services: Fixed and Door-to-Door
2. Customized Approaches

- Case study sites do not take a “one-size-fits-all approach”. Models that work well in one location and for one population may not work well elsewhere.

  - Models were initiated to address a well-documented, established transportation gap experienced by in their respective communities.

- **Examples:**
  - Kokua Kalihi Valley: Unique geography limited ability to access to public transport, based on community needs assessment seniors were isolated and in need of services.
  - Seniors First: Significant increase in senior population (26% increase in age 65+ in 2012), Placer County has suburban and remote rural areas requiring different services.
3. Organizational Commitment

- Case study sites develop strong organizational commitment to providing solutions to transportation barriers.

- Case study sites are willing to make a substantial financial and personnel commitment to building, executing, and growing transportation services.

Examples:

- Morton Comprehensive Health Services: Morton saw a gap in transportation services and established a transportation program with start-up foundation funds, even after funds were spent committed to supporting the program any way possible.

- Kokua Kahili Valley: Transportation services have always been a component of what the organizations does from its inception.
4. Dedicated, Competent Staff

- Case study sites hire staff and recruit volunteers who are committed, competent, professional, and reliable.
- Building trust and offering services in a respectful, culturally competent manner was key to the success of the models.
- Often the relationship between the driver, the schedulers, and the riders is key in ensuring access to quality services.

**Examples:**
5. Diversified Funding Streams

- Case study sites are creative in pulling together funding and continually looking for opportunities to solicit financial support.

- The process of obtaining adequate financial resources requires networking, organizing, maximizing relationships, and in many cases, going outside of established funding sources and partnerships.

Examples:

- Seniors First: supported by a variety of funding sources, including the local transit authority, a joint powers agency concerned with seniors, two local hospitals, and the county children and families commission.

- Helping Our Women: funded by a combination of foundation grants, fundraiser proceeds, private donations, and Human Services Grants.
6. Expansive Partnerships

- Case study sites take an expansive approach to partnerships.
  - Case study sites had an extensive partner network that included some combination of government agencies, health and social service providers, elected officials, transportation authorities, private transportation providers, volunteers, and educational institutions.

**Examples:**
- El Rio Community Health Center: Participates in the Southern Arizona Health Village for the Homeless (which includes 11 agencies) to operate the “Van of Hope.”
- Helping Our Women: Formed private-public partnerships with Cape Cd Regional Transit Authority (CCRTA) and Cape Air; since 1995, Cape Air has donated $225,000 worth of tickets to HOW.
Transportation and Health Care Access

HOP Recommendations
Based on findings from case studies; drafted by Health Outreach Partners and Simon and Company
HOP’s Recommendations

1. Evaluation

2. Funding and Sustainability
   - Leverage Non-Profit Hospitals’ Charity Care Requirements

3. Coordination

4. Leadership

5. Focus on Health Care Utilization
   - Use Telehealth Technology to Overcome Transportation Barriers

Simon and Company, LLC (Simon&Co.):
- Consulting firm specializing in health and human services policy analysis and advocacy research
- Areas of expertise: health issues related to Medicare, Medicaid, CHIP, private insurance, health care reform, and public health.
1. Evaluation

- Establish the Impact of Transportation Services
  - Health Outcomes
  - Reduced Hospitalizations
  - Quality of Life

Case study sites have difficulty connecting transportation access to better health and better utilization of health services even though they had a variety of methods to collect feedback and data.
2. Funding and Sustainability

- Patient-centered transportation programs are expensive to initiate and sustain.
- There is significant financial investment attached to offering transportation services.
- Funding opportunities to support transportation services are limited.
- Organizations offering transportation should have diverse funding streams to ensure core operations are sustainable.

**Leverage Non-Profit Hospitals’ Charity Care Requirement:**

- Four of the HOP case study organizations receive financial support from non-profit hospitals or health systems serving the same geographic area.
- More than half (50.72%) of community hospitals nationwide are non-profit.
  - Tax-exempt Status: Must provide benefits to their communities
  - ACA: Must conduct a community health needs assessment every three years
3. Coordination

- Coordination should occur with other transportation programs to identify gaps in service and to leverage existing programs.
- Organizations offering transportation should participate in state and regional transportation coordinating councils or planning meetings to optimize available services.

Current challenges include:

- Accessing and using Medicaid NEMT Benefits
- Bridging the gap between health providers and transportation providers
4. Leadership

- CHCs and CBOs should have senior staff members with transportation knowledge and expertise
- Invite transportation leaders to serve on their governance boards. Possible board members could include:
  - An individual that has a need for transportation services
  - A representative from stakeholder groups knowledgeable about transportation-disadvantaged populations
  - A representative of the community who supplies NEMT or patient-centered transportation services (public transit authority, area agencies on aging, or religious organizations)

Case study sites noted that the following are keys to success:
- Shared goals and commitment
- Community support
- Organizational commitment
Many people will need transportation assistance to access health services.

- An additional 20 million people are expected to obtain health insurance coverage as a result of the ACA.
- There is no guarantee that these individuals will have adequate transportation to health care services.
- Many others will fall in the “coverage gap” or remain uninsured and will have no added NEMT transportation benefit.

Use Telehealth Technology to Overcome Transportation Barriers

- Two of the HOP case study sites use telehealth to bring services to geographically isolated service areas.
- Telehealth is both cost-effective and clinically successful, and augments organizations’ transportation programs by improving access to health care services.
Transportation and Health Care Access

State and Federal Policy Strategies
Based on findings from literature review and case studies; drafted by Simon & Co. in collaboration with Health Outreach Partners
Policy Advisory Members

- **AARP:**
  - Jana Lynott, Senior Strategic Policy Advisor on Transportation and Livable Communities

- **Children's Health Fund/National Center for Disaster Preparedness:**
  - Dennis Johnson, Executive Vice President, Policy and Advocacy

- **Community Transportation Association of America (CTAA):**
  - Dale J. Marsico, Executive Director

- **Migrant Health Promotion:**
  - Gayle Lawn-Day, CEO

- **National Association for Area Agencies on Aging (n4a):**
  - Virginia Dize, Co-Director, National Center on Senior Transportation (NCST)

- **National Association of Community Health Centers (NACHC):**
  - Jaime Hirschfeld, Director, Health Center Growth and Development

- **National Healthcare for the Homeless Council:**
  - John Lozier, Executive Director
National Policy Strategies

- Improve **Coordination** of Transportation Service Programs
  - The Government Accountability Office (GAO) found that 80 federal programs are authorized to fund transportation services for the transportation disadvantaged.
  - Coordinating Council on Access and Mobility

- Protect the **Medicaid NEMT Benefit** (*the Impact of the Affordable Care Act*)
  - Premium Assistance Models
Policy Strategies

- Enact a **Medicare NEMT benefit for partial dual eligibles** (low-income seniors who qualify for both Medicaid and Medicare).
  - Current gap between Medicaid’s premium and cost sharing assistance and access to Medicare’s restorative and preventive care benefits
  - Offers a prime opportunity for program alignment to advance seamless and cost-effective care

- Encourage volunteer drivers by **improving liability laws** and **mileage reimbursement rates**.
  - Volunteer protections vary within states
  - Charitable reimbursement mileage rate at $.14 a mile and anything above must be noted as taxable income
Contact Me!

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