

HEALTH OUTREACH PARTNERS

# OVERCOMING OBSTACLES TO HEALTH CARE

*Transportation Models that Work*

*Executive Summary*



SUPPORTED BY A GRANT FROM THE KRESGE FOUNDATION

# EXECUTIVE SUMMARY

For too many Americans, the lack of transportation limits access to jobs, childcare, social services, and critical health care services. Several studies cite transportation as a common barrier to accessing health care services particularly among the elderly, children, those living in rural areas, and low-income individuals and families. Health Outreach Partners' (HOP) "*Outreach Across Populations: 2013 National Needs Assessment of Health Outreach Programs*" identifies transportation as the second most prevalent barrier to accessing health care services among underserved populations served by health outreach programs at Community Health Centers (CHCs). Respondents indicated that the top four barriers preventing access to transportation services are: (1) living in a rural area; (2) cost; (3) limited or a lack of transportation options; and, (4) the inability to obtain a driver's license.<sup>1</sup> As access to and funding for public transportation declined due to the 2007-2009 economic recession,<sup>2</sup> transportation expenses continued to account for a growing portion of U.S. household budgets, making access to affordable transportation options even more challenging.

The intersection of health and transportation is taking a daily toll on the quality of life of low-income individuals and families. According to a 2005 study, in any given year at least 3.6 million Americans do not obtain medical care because of a lack of transportation.<sup>3</sup> Of that, those that are most likely affected are female, low-income, older, less educated, members of a minority group, and those experiencing co-morbid conditions. Reduced access to transportation appears to lead to the decreased use of preventive and primary health care services and an increased use of the emergency department; however, there is little research or data to demonstrate this impact beyond anecdotal accounts.

CHCs and other community-based organizations (CBOs) are often tasked with providing a wide range of enabling services, including transportation. However, this task can prove difficult. Many organizations are ill-equipped to address the vast array of challenges that providing transportation presents. For example, providing transportation services often requires addressing liability issues, dealing with the high cost of gas and vehicles, securing adequate funding, ensuring such services are linguistically and culturally competent, and integrating transportation into health and social service programs.

It is impossible to come up with a one-size-fits-all solution to overcome transportation barriers. Communities vary widely in terms of demographics, physical environment, transportation infrastructure, and available resources. Nevertheless, there are important lessons to be learned from CHCs and CBOs already providing patient-centered transportation. These lessons can be used to help other organizations develop or expand their own transportation services. In 2011, HOP launched its "Overcoming Obstacles to Health Care: Transportation Models that Work" project in order to identify successful patient-centered transportation models, establish recommendations and strategies for how to impact relevant state and federal transportation policies, and provide guidance on improving health care access by addressing transportation barriers.

## PROJECT OVERVIEW

In 2011, HOP launched “Overcoming Obstacles to Health Care: Transportation Models that Work”, a three-year project funded by The Kresge Foundation. The project is intended to address transportation as a barrier to health care access. HOP has five project goals including:

- **Case Studies:** Identify and distribute successfully applied patient-centered transportation policies and practices at CHCs and CBOs that increase access to care for the most marginalized and underserved populations across the nation.
- **Policy Advisory Council:** Convene a diverse group of policy advisors and service providers from private, public, and consumer stakeholder organizations to ensure that the project is grounded in community-led strategies.
- **Policy Analysis:** Conduct policy analyses to assess existing laws, make policy recommendations, and inform advocacy agendas.
- **Policy Campaign:** Disseminate information to broad audiences including community organizations, coalitions, advocacy groups, funders, and federal agencies working to improve transportation as a means for increasing health care access.
- **Training and Technical Assistance (T/TA):** Institutionalize information, resources, and experiences gained from the examination of case study sites into HOP’s training and technical assistance activities.

## TRANSPORTATION CASE STUDY COMMUNITIES

In order to provide examples of patient-centered transportation models with the potential to be replicated, HOP identified and investigated six case study communities. Communities included in this project demonstrate diversity in transportation models used, populations served, geographic location, and regional context. The case study sites include the following organizations:

- **Helping Our Women (HOW)** is a nonprofit organization located in rural Provincetown, Massachusetts. HOW collaborates with the local airline and regional transit authority for longer trips (normally to Boston) and operates a volunteer program for local rides for clients living with life-threatening and chronic illnesses.
- **Finger Lakes Community Health (FLCH)** is a CHC serving rural upstate New York with administrative offices located in Penn Yan, New York. FLCH provides basic transport, in-camp mobile services, and school-based dental services to migrant and seasonal farmworkers and their children. In addition, FLCH offers telehealth services to all community members.
- **Seniors First** is a nonprofit organization located in suburban Auburn, California. Seniors First runs Door to Door Rides, a volunteer driver transportation program. They also collaborate with the regional transit authority and two hospital systems to operate Health Express, a free, door-to-door transportation service to and from non-emergency medical appointments for seniors, the disabled, and other low-income individuals (as a ride of last resort).

- **El Rio Community Health Center (El Rio)** is a CHC located in urban Tucson, Arizona. El Rio established a community collaboration to operate the “Van of Hope”, a mobile medical unit that serves people experiencing homelessness, and a free door-to-door van service to the health center for low-income individuals.
- **Morton Health Services (Morton)** is a CHC located in urban Tulsa, Oklahoma. Morton operates a curb-to-curb service for patients and two free fixed-route bus services for people who are low-income, elderly, uninsured, experiencing homelessness, and unemployed. The service also reaches Tulsa’s highest concentration of Medicaid recipients living primarily in public housing.
- **Kōkua Kalihi Valley Comprehensive Family Services (KKV)** is a CHC located outside of urban Honolulu, Hawaii. KKV operates free shuttle routes to their main clinic for low-income, immigrants with Limited English Proficiency (LEP), and seniors living in public housing; door-to-door shuttle services for Kalihi Valley seniors to access exercise, socialization, and health management programs; and free shuttle services to referral appointments.

## KEY FINDINGS, RECOMMENDATIONS, AND POLICY STRATEGIES

Many of the case study organizations involved in the project significantly strengthened and grew their transportation efforts over the years based on experience, changing needs, and lessons learned. Throughout HOP’s work with these organizations, common themes emerged regarding how to build and maintain successful transportation models. HOP identified six key findings based on themes that emerged across sites. In conjunction with Simon & Company, a Washington D.C. based health care policy contractor, HOP used the key findings and relevant literature, policies, and guidelines to develop five community-level recommendations and four state and federal health and transportation policy strategies to help support effective transportation models.

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### KEY FINDINGS

*HOP identified six key findings that enable the overall success of the patient-centered transportation models involved in this project, including:*

- **Diverse Strategies:** Case study organizations use more than one strategy to overcome transportation barriers facing their respective communities.
- **Customized Approaches:** Case study organizations do not take a “one-size-fits-all approach” to providing transportation. Instead they customize services depending on the need of the population served and resources available.
- **Organizational Commitment:** Case study organizations cultivate strong organizational commitment—particularly from leadership staff and Board of Directors—to provide solutions to transportation barriers.
- **Dedicated, Competent Staff:** Case study organizations hire staff and recruit volunteers who are committed, competent, professional, and reliable.
- **Diversified Funding Streams:** Case study organizations are creative in pulling together funding and continually looking for opportunities to solicit financial support.

- **Expansive Partnerships:** Case study organizations take an expansive approach to developing partnerships by working with community, governmental, and business partners to offer transportation services.

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## RECOMMENDATIONS

*For organizations that are interested in establishing or expanding existing transportation services, HOP recommends considering the following:*

- **Evaluation:** Improve evaluation methods in order to show the impact of transportation services on health outcomes, use of the emergency department, and use of preventive and primary health care services.
- **Funding:** Develop a diverse funding stream to ensure core transportation operations are sustainable when funding is reduced, redirected, or delayed.
- **Coordination:** Create more opportunities to coordinate and bridge the gap between health care and transportation industries and local, state, and federal transportation programs.
- **Leadership:** Encourage CHCs and CBOs to emphasize transportation leadership.
- **Focus on Health Care Utilization:** Offer increased transportation services in order to ensure that remaining uninsured populations and low-income individuals receiving insurance coverage in the Health Insurance Marketplaces will be able to access health care services.

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## STATE AND FEDERAL POLICY STRATEGIES

*Simon & Company and HOP established four state and federal policy-focused strategies. These policy strategies are intended to: (1) support the replication of case study models in other communities and (2) enhance the quality and efficiency of established state and federal transportation programs. Strategies include:*

- Improve coordination of transportation service programs at the federal level.
- Protect Medicaid Non-Emergency Medical Transportation (NEMT) benefits.
- Enact a Medicare NEMT benefit for partial dual eligibles (low-income seniors who qualify for both Medicaid and Medicare).
- Encourage volunteer drivers by improving liability laws and mileage reimbursement rates.

## NEXT STEPS

HOP's "*Outreach Across Populations: 2013 National Needs Assessment of Health Outreach Programs*" and case study findings establish that transportation remains a persistent barrier to accessing health care services. Many communities engage in seeking solutions but are in need of successful examples, funding sources, and supportive policies to aid efforts. The barriers preventing transportation access are contextual and no single solution is applicable to all communities and all populations.

In the coming months and years, the national conversation around health care access will shift from enrollment into affordable health insurance to ensuring access and utilization of health care services. As this occurs, CHCs and CBOs should take the opportunity to learn from each other's successes and challenges providing patient-centered transportation. Advocacy to support, develop, and expand transportation solutions at the organizational and community level will be needed to help meet the unique needs of marginalized, underserved populations.

## ENDNOTES

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<sup>1</sup> Health Outreach Partners. "Outreach Across Populations: 2013 National Needs Assessment of Health Outreach Programs." Oakland, CA, 2013.

<sup>2</sup> APTA. "Impacts of the Recession on Public Transportation Agencies; 2011 Update: Survey Results." August 2011.

<sup>3</sup> Wallace, R, Hughes-Cromwick, P, Mull, H, Khasnabis, S. "Access to Health Care and Nonemergency Medical Transportation Two Missing Links." 2005.

## ABOUT HEALTH OUTREACH PARTNERS

Since 1970, Health Outreach Partners (HOP) has been the leading organization for the promotion, delivery, and enhancement of health outreach and enabling services to underserved populations, including farmworkers and their families. The mission of Health Outreach Partners is 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. HOP's vision is a country in which all people are valued and in which equal access to quality health care is available to everyone, thus enriching our collective well-being.

HOP focuses on six priority areas that aim to increase access to care, quality of health services, and organizational sustainability:

- Health Outreach and Enabling Services
- Program Planning and Development
- Needs Assessment and Evaluation Data
- Health Education and Promotion
- Community Collaboration and Coalition Building
- Cultural Competency

HOP provides consultation, training, and information services to enhance community-based organizations' outreach services delivery. Contact us to see how we can help build your program's capacity in serving low-income, vulnerable, and underserved populations. Learn more at our website: [www.outreach-partners.org](http://www.outreach-partners.org).





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