Improved transportation access + better health outcomes

mobilityTOPEKA



Blurring the Lines:

Transportation in Support of Better Health Outcomes

An Issue-Focused Mobility Meeting February 20, 2020 at Dillon House, Topeka, Kansas

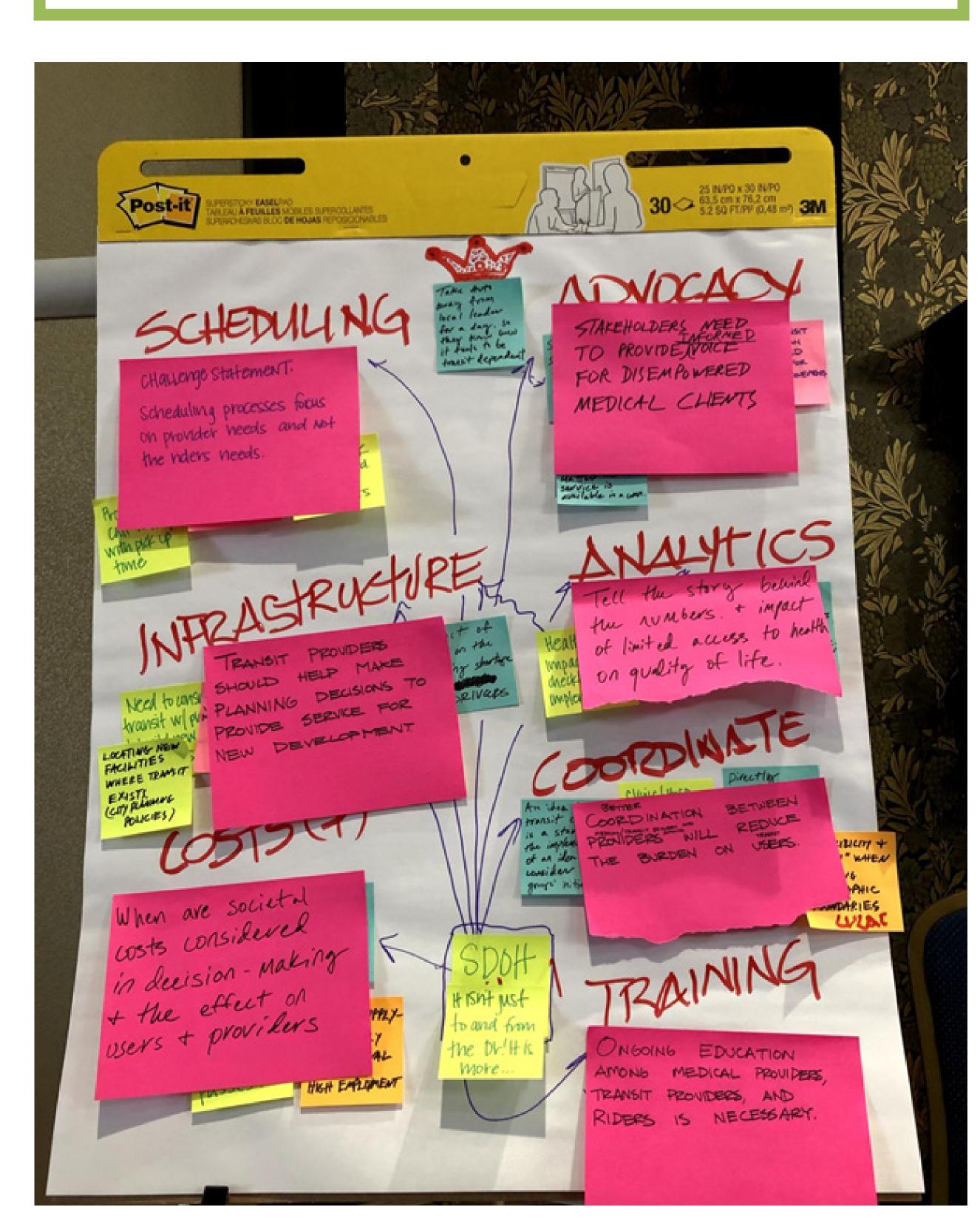


Image (above) of a flipchart showing the notes & categories used to sort needs into topics of concern to be further discussed.





Our kick-off event, mobilityTOPEKA, brought together representatives from local transit, paratransit, education, social service, and health care organizations to discuss how we could pool resources to realize solutions to existing needs. This three-hour meeting set the groundwork for potential partnerships and activities that would be developed in the following two months.

Blurring the Lines was an issue-focused meeting sponsored by the National Center for Mobility Management. It included not only the partner organizations listed below, but also riders, members of the public, and mobility managers from across the state. This all-day meeting dove deeper into the discussions of how to provide better transit to support better healthcare outcomes. In small groups, and then collectively, we spent the day brainstorming ways to support our shared goal: "How might we establish accessible, affordable, and timely transportation for patients of all ages, abilities, and incomes to improve overall health in our region?" through a Bring, Buy, Build exercise. (see table, right)

Moving Forward is the summary document of the series of meetings, discussions, interviews, blogs, and panels that took place. It is a valuable resource for planning and programming, as well as a record of all the ideas, discussions, and presentations that went into our sessions as industry leaders and service providers consider changes that will result in better service and a higher quality of life.

Early successes include reducing costs for transportation to and from dialysis appointments. Trips costing \$100-300 each way, three times per week, were severely limiting the number of people that could be served by generous but limited grant funds. We were able to reduce the per-trip costs to as low as \$5 each way by partnering with 5310 providers in surrounding counties who were willing to extend their service area boundaries. This meant more trips could be given using grant funds, as well as lower costs and less wait time for many patients living outside of the Topeka metropolitan area.





























