

## ***Rides to Wellness: Improving Access to Healthcare through Strengthening Mobility Management, Transportation, and Healthcare Connections***

In a given year, about 3.6 million Americans miss at least one medical trip for lack of transportation; this population is disproportionately female, older, poorer, and has a higher rate of multiple conditions (Grage & Lynot, 2015). Furthermore, the costs of these missed appointments to patients and healthcare providers are staggering. Preventable hospital readmissions are a significant cost in the U.S. healthcare system, costing an estimated \$25 billion annually. Driven largely by poor discharge procedures and inadequate follow-up care, including information about or access to transportation to reach medical care, nearly one in every five Medicare patients discharged from the hospital is readmitted within 30 days. Across all insured patients, the preventable readmission rate is 11 percent, while the rate for Medicare patients is 13.3 percent (National Priorities Partnership, 2010).

Through technical assistance services and extensive contact with federal, state, regional, and local audiences regarding Rides to Wellness, the [National Center for Mobility Management](#) (NCMM) has had the opportunity to interact with the field and identify strategies that appear to hold promise for increasing healthcare access. Whether this access is for preventive services, such as health screenings or for medical appointments or for long-term chronic conditions such as renal dialyses or wound care, communities around the country are trying innovations and putting in place strategies to address this growing problem of healthcare access. The following are some of these innovations.

This guide is divided into six sections. Readers are encouraged to learn about each of these practices through the resources provided. There is no one right solution— and the uniqueness and complexities of communities and their residents make a one size fits all approach impossible. We invite patients, healthcare providers, insurers, transit professionals, mobility management professionals, and others into a discussion about this growing problem. This guide also includes suggestions for holding a healthcare summit, where the diverse entities for whom this issue is important can voice their opinions, share strategies, and develop solutions.

### **1. Build a Business and Social Case by Collecting Data**

To support a rationale for building connections across health and transportation sectors, especially for audiences that may not be directly involved in the provision of healthcare or transportation services, it is important to provide a compelling reason for why this work is important. National and local data regarding costs (both economic and social) can provide a powerful impetus for getting the attention of target audiences. For instance, data regarding the following would support your position:

- Financial cost of missed appointments including impact on labor and inability of the healthcare provider to schedule another appointment in place of the missed appointment.
- Financial and social cost of unmet healthcare needs by individuals missing appointment and secondary conditions that may arise. For instance, if a person with diabetes can't get to regular medical appointments, they may develop secondary conditions (e.g., cellulitis, retinopathy). Socially, if an individual is medically unstable because of their inability to access healthcare they may not be able to provide childcare to their children, may not be able to participate in community activities such as voting or volunteerism, and may not be able to shop or access community recreation.

- Costs for transit providers and agencies on duplicative or high cost services that could be provided in less costly ways (i.e. ADA paratransit vs. fixed route bus service).
- Costs to employers because of absenteeism of employees with health conditions.

## 2. Make Connections and Build Allies

A robust approach to addressing the challenges of transportation to support access to health requires various perspectives representing multiple professional and consumer audiences.

- Find champions—particularly community residents who have faced transportation challenges themselves. Hearing from community members and providing them with opportunities to share their experiences is a powerful means of garnering attention for this important issue. Champions can be community citizens or healthcare or transportation providers themselves who have addressed this topic. Some may have implemented innovative strategies and can be useful in establishing trusted voices.
- Connect with mobility management systems and people whose role involves transportation and human service coordination in your community.
  - Identify people and programs in your community that are involved in coordination through the NCMM.
  - Contact your local metropolitan planning organization (MPO) or council of governments (COG) to learn about mobility management and coordination activities in your area.
  - Contact your state department of transportation (DOT) to learn about coordination efforts in your community.
  - Reach out to your regional [Federal Transit Administration \(FTA\) office](#).
- Inform other human services organizations in your community about the importance and significance of coordination between healthcare and transportation. National organizations can provide information about state, regional, or local resources. Examples of organizations to whom you can reach out may include [Centers for Independent Living \(CILs\)](#), [Area Agencies on Aging \(AAAs\)](#), and [Aging and Disability Resource Centers \(ADRCs\)](#).
- Invite the participation of community businesses – since unaddressed healthcare needs of community residents may adversely impact the ability of local employers to recruit and retain skilled employees.
- Learn about support provided by local civic organizations such as the Rotary, Lions Clubs, etc.
- Connect with your local aging-related organizations, such as the [Area Agencies on Aging \(AAAs\)](#), [Aging and Disability Resource Center Program \(ADRC\)](#), AARP affiliates, etc.
- Implement a time exchange program. Communities have time-exchange programs, also known as time-exchange programs, where instead of payment, participants in the exchange share their expertise or time – to serve as a volunteer driver. The premise would be “You give me a ride, and I will give you a service.” [www.timebank.org](http://www.timebank.org).

## 3. Organize a Healthcare Summit or Forum

In March 2015, the National Center for Mobility Management supported the [FTA](#) in convening a group of executives representing healthcare, transit, insurance representatives and other Federal agencies to host a healthcare summit. [Materials from the summit](#), including the agenda, supporting documents, and transcripts, can be used by communities across the nation to implement a similar event. In fact, several states have begun to replicate the national event in their own communities, citing the critical nature of this issue and the importance of getting everyone involved in a problem-solving forum. Steps to implement a state or community-level summit can include:

- Identify key stakeholders. Review the participants at the national event to identify similar stakeholders in your own community.
- Convene a multi-perspective planning committee that represents the diverse stakeholder groups.
- Develop objectives and outcomes for the event. Consider what you hope to happen after the meeting.
- Invite the active participation of key audiences to the process as a means of representing multiple perspectives. Provide these individuals a forum to share their experiences, either through a keynote address or small breakout opportunities.
- Use a variety of information sharing forums such as small group discussions or large group report outs.
- Conduct a formative evaluation. For example, did attendees think the event was useful?
- Assure next steps. Determine whether you will have ongoing meetings, what forums will you use to communicate, and how you will continue to engage key stakeholders.

An **outline of activities and a timeline** can be helpful in planning a summit or conference. Here is an example:

- I. Garner support in a state, region, and community
  - a. Build a business and social case through data collection and case studies.
  - b. Identify key stakeholders and describe their contribution/interest to building coordination across healthcare and transportation
    - i. Invite transit professionals into the conversation
    - ii. Invite human services, insurers, and healthcare professionals into the conversation, including those representing [Federally Qualified Health Centers](#)
  - c. Convene a small planning/advisory group that is representative of the diverse audiences affected by the health/transportation issue
  - d. Include patients, people with disabilities, and older adults who are most acutely affected by the issue
- II. Identify the goals, objectives, and activities for the process with the support of key stakeholders.
  - a. Connect these goals and objectives with other initiatives that may be going on in your state, region, or community
  - b. Align these goals with local policy or legislation where appropriate
- III. Develop a plan of action and timeline with the planning group
  - a. Identify tools, resources, and materials
  - b. Develop performance metrics and processes for measuring the group process
  - c. Implement rules for engagement and expectations regarding the participation of a diverse range of stakeholders
- IV. Plan an agenda for a larger event, summit, forum (use language that is comfortable for local audiences)
  - a. Develop an inclusive, robust agenda. Include riders and people affected by rides to wellness issues
  - b. Assure a diverse range of speakers and participants
  - c. Conceptualize and synthesize message and marketing
  - d. Create an evaluation plan and long term measures outcomes
  - e. Identify opportunities for continued engagement and activities across stakeholders after the event

f. Ensure that your event uses adult learning principles, in particular interactivity, reflection, conversation, and application of concepts learned.

#### V. Post-event Activities

- a. Debrief early, assuring diverse representation and informants
- b. Reward the team and acknowledge contributions
- c. Collect evaluation feedback from participants
- d. Develop notes and highlights from the event that can be disseminated broadly
  - i. Assure there are “next steps” documented with key personnel responsible
  - ii. Establish a timeline for post-event meetings and key deliverables
- e. Communicate with the media and key organizations with information about the event outcomes
- f. Share learning. Highlight next steps. Look for opportunities to sustain momentum.

#### Examples of National, Regional, State, or Local Events

- [Federal Rides to Wellness Summits, Key Themes](#)
- [Massachusetts Community Transportation Coordination Conference, Focus on Access to Healthcare](#)
- [Missouri Rural Health Association, Get Link’d, Navigating the Path to Better Health 2016 Conference](#)

#### 4. Filling Fixed-Route Transportation Gaps

It may be that your current transportation routes, which could be bus service or train service, don’t provide regular or fixed route services that support the ability of riders to access healthcare services. In these cases, filling the gaps, with innovative mobility and transportation solutions would be necessary. The following are some strategies that are used by communities around the country.

- Establish [volunteer driver programs](#).
- Implement taxi-voucher programs and agreements with local taxi and limousine providers.
- Explore the use of a [shared-vehicle program or shared-rider program](#). The [Shared-use Mobility Center](#) also includes examples of shared-use programs to improve access to healthcare.
- Consider seeking transportation support from community organizations that may have vehicles that may be unused during particular times of the day or those that have excess capacity such as school vehicles, vehicles owned by religious organizations, colleges or universities, and human service organizations. It will be important to determine whether there are any laws or regulations that may prohibit the use of vehicles for purposes other than the original purpose.
- [Mobility on Demand](#) innovations hold promise for creating innovative solutions to address access to healthcare.

#### 5. Finding Funding to Support Transportation

Whether you are a healthcare provider, a transit provider, or a community human service organization, it is common that there are not enough fiscal resources to support all of the transportation needs for the variety of individuals that need access to healthcare. It is important to think of funding support that may not come from typical sources, such as the U.S. Department of Transportation. Communities around the country have used innovative mechanisms to support their access to healthcare initiatives. The following are some strategies:

- Healthcare providers and insurers may be willing to subsidize travel costs.
- State health or community foundations can support transportation services.

- Civic and philanthropic community organizations.
- Federal monies, such as those funds available through the FTA and its Section [5310 funding](#), can support mobility management. The [National Aging and Disability Transportation Center](#) (NADTC) has resources to help audiences prepare Section 5310 applications.
- State planning organizations may support this work or there may be other state grants that can focus on health and transportation coordination.
- National foundations such as the [Robert Wood Johnson Foundation](#) may be able to fund transportation programs. [The Foundation Center](#) is a repository of information about foundations and their grant programs.
- Consider whether existing grants—either State or federal—can support healthcare transportation services.
- Seek support from cause-related agencies such as the United Way.
- Assess whether your state has a volunteer service organization or a way to match people interested in volunteering to organizations that need volunteers. This is especially important if you are interested in establishing a volunteer driver program and need support.

## 6. Performance Measurement and Outcomes

Performance measurement enables planners and administrators to understand whether particular services related to transportation-healthcare connections are achieving desired results. Data collection along every step of the process is important to enable real-time program adjustments. Only then, can those who oversee programs truly know whether there is a return on their investment (both time and money). The National Academy of Sciences, in 2016, held a national meeting to address this very topic. The [proceedings](#) of this meeting can help audiences think about particular measures and the evaluation and data collection methods that could best collect data for these measures. Performance measurement questions that planners, administrators, or mobility management professionals might ask as they implement healthcare-transportation activities include:

- Changes in use of vehicles to support healthcare access;
- Changes in relationships with healthcare providers or medical centers;
- Changes in costs related to providing service regarding healthcare access;
- Changes in ridership (and revenue generated) that can be attributed to increased use by patients and their families.

Questions that healthcare professionals in cooperation with mobility and transportation professionals might address through performance measurement include:

- Changes in missed appointments, on time appointments, or patterns of regularly scheduled appointments (for instance, if a patient is best served by coming three times weekly, is this pattern consistent from week to week)?
- Changes in patient health conditions, both existing or increases in secondary conditions that may be attributable to inconsistent or interrupted healthcare.
- Changes in personal expressions and behavior by patients regarding quality of life, engagement in family, education, work, or community activities.

As was indicated, services implemented to address transportation-healthcare connections should be customized to the particular needs of a state, region, or local community. Data collection across the process is important to continuously inform the work and activities. NCMM welcomes the opportunity to get your feedback on this guide, your activities, and any experiences that you have had regarding healthcare – transportation activities. Please contact Judy Shanley, Ph.D. at [jshanley@easterseals.com](mailto:jshanley@easterseals.com).

## References and Resources:

[Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation: Proceedings of a Workshop. Released: September 26, 2016.](#) National event and proceedings document that focused on healthcare outcomes through mobility and transportation connections.

Grage, W. F. & Lynott, J. (2015). [Expanding Specialized Transportation: New Opportunities under the Affordable Care Act.](#) Washington, DC: AARP Policy Institute.

[National Center for Mobility Management, Rides to Wellness Summit.](#) Link to NCMM resources related to Federal Rides to Wellness meetings, policies, and activities.

[National Center for Mobility Management, Healthcare and Transportation Resources.](#) Link to NCMM materials related to healthcare and transportation.

[National Aging and Disability and Transportation Center.](#) FTA funded national technical assistance center with the goal promoting the availability and accessibility of transportation options for older adults, people with disabilities and caregivers. The Center includes a focus on FTA Section 5310 grant opportunities.

[Transportation Public Health Link \(TPH Link\).](#) Organization that focuses on creating links between public health and transportation.

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The National Center for Mobility Management (NCMM; [www.nationalcenterformobilitymanagement.org](http://www.nationalcenterformobilitymanagement.org)) is a national technical assistance center created to facilitate communities in adopting mobility management strategies. The NCMM is funded through a cooperative agreement with the Federal Transit Administration, and is operated through a consortium of three national organizations – the American Public Transportation Association, the Community Transportation Association of America, and Easterseals. Content in this document is disseminated by NCMM in the interest of information exchange. Neither the NCMM nor the U.S. DOT, FTA assumes liability for its contents or use.