

**The Foundation for Community Health
Community Transportation Grant Program
Evaluation Report
EXECUTIVE SUMMARY**

November 2017

Transportation is a substantial issue for the large rural region served by the Foundation for Community Health, creating barriers to accessing health care and other services and supports, and affecting the overall health and well-being of the region's residents. Low population density, long distances between service locations, and lack of transportation infrastructure all contribute to transportation challenges. The changing demographic characteristics of the region—including an aging population and a rise in low-income families—has led to increased demand for transportation services.

Since 2004, the Foundation for Community Health (FCH) has supported community-based transportation services for rural residents of the 17 towns in the Foundation's service region. These services have primarily included the provision of non-emergency medical transportation (NEMT), although transportation to other locations is sometimes also provided. The three programs supported by the Foundation include:

- **Geer Dial-a-Ride** (Geer), operated by Robert C. Geer Memorial Hospital, provides door-to-door transportation for non-emergency medical appointments, shopping, and day-to-day errands. Geer serves residents of North Canaan, Falls Village, Salisbury, Cornwall, and Sharon.
- Northeast Community Center (NECC) operates the **Care Car** and the **Northeast Dutchess Transit Dial-a-Ride** services that provide transportation for non-emergency medical appointments, shopping, and socialization. Transportation is provided to residents of Millerton/Northeast, Wassaic, Amenia, Dover, Dover Plains, Stanford, Millbrook, and Pine Plains.
- The **Children and Adults Rural Transportation Service** (CARTS), operated by the Columbia County Healthcare Consortium, provides NEMT transportation to Columbia County residents including the FCH service area of Ancram and Copake.

The three programs share several characteristics: they all provide demand response transportation services; they provide door-to-door transportation; and none charges passengers for the rides, although donations are appreciated.

Between 2004 and 2016, FCH has invested \$1,003,556 in these three transportation services, largely to support operations with some investment in vehicles. Over the past five years, FCH funding for transportation operations has remained constant at about \$92,000 per year.

This evaluation examines how the availability of transportation services funded by FCH have enhanced the health and wellbeing of riders and had an impact on health care providers and community institutions. Data include ridership data provided by transportation programs, a rider survey conducted by all three programs, and interviews with grantee staff, riders, and staff at health care provider organizations. Key findings include:

Transportation Access

Transportation services funded by FCH have addressed transportation barriers for residents in the service area. In 2016, the most recent year for which complete data are available, the three FCH-funded transportation services provided a total of 11,817 rides, serving 306 (unduplicated) individuals in FCH's service area. Each quarter, approximately 2,800-3,000 rides are provided. NEMT rides comprise the largest portion of rides provided by the three programs, 66% in 2016. NEMT rides include transportation for a variety of health needs including primary and specialty care, lab tests and x-rays, and appointments for more frequent medical needs such as wound care, dialysis, physical therapy, and cancer treatment.

Use of FCH-funded transportation services has grown over the years. Transportation capacity has increased over the years of FCH funding. Between 2010 and 2016, the number of rides provided by FCH-funded transportation services increased by 52%. Between 2010 and 2016, the number of unduplicated riders served by FCH-funded transportation services increased.

Seniors, in particular, benefit from transportation services. Seniors took 65% of the rides in 2016 and comprised 79% of the unduplicated riders in 2016. Between 60-70% of the rides taken each quarter are by those over age 60.

Satisfaction

Passengers are highly satisfied with FCH-funded transportation services. A high proportion of respondents to the rider survey, 82%, rated the services they received as excellent. When asked about specific aspects of the transportation services, passengers overwhelmingly provided positive responses, noting the timeliness of services, cleanliness of vehicles, and helpfulness of dispatchers and drivers.

Impact of FCH-Funded Transportation Services on Riders and Families

Transportation services have increased riders' ability to make and keep medical appointments. Quantitative and qualitative data indicate that the transportation services provided by Geer, NECC, and CARTS has helped passengers to access health care and keep medical appointments. Two-thirds of all rides provided by the three FCH-funded transportation providers were for medical appointments; 83% of respondents to the rider survey reported that the transportation services help them to get to medical appointments. Passenger and provider interviewees stated that transportation services have helped patients to access healthcare. Almost all passenger interviewees reported that they used to drive themselves to health care appointments, but were now unable to do so. While most passenger interviewees reported that they had individuals they could call on to provide transportation, this was not always realistic because of work and family demands. Provider interviewees reported that they work to ensure that patients facing transportation challenges are connected to services such as those supported by FCH.

Transportation services have enhanced riders' ability to access on-going specialty care and medical tests. Among transportation users are those who require on-going specialty medical care—for services such as cancer treatment, wound care, physical therapy, mental health services, and dialysis. These patients have frequent appointments (sometimes several times a week) and often for services that are long in duration and physically exhausting. Ensuring that patients can access these health care services is an important role played by FCH-funded transportation

services, according to passenger and provider interviewees. Transportation services are also used to transport passengers to x-rays, and blood and other lab tests. This has become increasingly important as one hospital has curtailed blood draws at home.

Transportation services have helped riders have timely access to medication. Twenty percent of the passenger interviewees reported that they rely on transportation services to get to pharmacies to purchase their medications; for some patients this is critical to managing chronic conditions and maintaining good health.

Transportation services have contributed to better rider health. Forty-three percent of riders responding to the rider survey reported that transportation services have helped them to stay healthy. Passenger and provider interviewees shared examples of ways in which NEMT services contribute to improved patient health, including getting routine health care as well as to access specialty care such as regular eye care for patients with diabetes, hearing aids, wound care, prosthetics, and services that help them manage chronic disease. Passengers with kidney disease and providers shared the importance of transportation services to help patients access frequent dialysis treatments.

Transportation services have helped to reduce the need for hospitalization and emergency care. Regular health care enables patients and providers to work together to maintain health and address chronic conditions, as well as identify and prevent more serious escalation that could lead to an ER visit or hospitalization. Patient interviewees noted that transportation services have enabled them to better manage their health and get needed medical attention. Provider staff shared that transportation services have helped to ensure that patients are able to schedule and attend medical visits and in this way, reduces the likelihood that patients will end up in the emergency room or requiring hospitalization.

Transportation services have helped riders to access other services and stay socially connected. Although FCH-funded transportation services are most often used for non-emergency medical transportation, some riders use the services for quality of life visits such as shopping or errands and visits to family and friends. Rider survey responses indicate that 44% of respondents use transportation to meet needs and 31% use services to stay socially active. Staying connected to a network of friends and families has been shown to contribute to enhanced quality and length of life and reduced cognitive decline among seniors.

Transportation services have helped senior riders to stay independent and living at home. Half of rider survey respondents reported that the transportation services have helped them to remain living at home; some reported that they would have to consider moving were services not available to them. A few passenger interviewees stated that they live in more isolated parts of the region and do not drive, which creates challenges to getting around. Without the transportation services, they stated, they would likely not be able to stay in their homes.

Transportation services have reduced stress and worry of family and friends. Passengers who responded to the rider survey and those who were interviewed were asked what they would do if transportation services were not available. A little over a third reported that they would ask relatives or a friend or neighbor. Numerous interviewees spoke about the impact of transportation services on the family and friends of riders. Passenger interviewees reported that they have relied on friends and family for transportation services in the past or currently if they require more frequent transportation, but that this creates a substantial burden on others. For services such as dialysis or physical therapy, often more than one friend or family member is needed to provide transportation, which passengers and health care providers reported is very difficult.

Impact of FCH-Funded Transportation Services on Provider Organizations and the Community

Transportation services have helped to reduce no show rates at provider organizations.

Although providers track no-shows, they are not able to distinguish these rates among patients with different transportation options or no transportation access. Anecdotally, however, provider interviewees reported that residents in the region face many challenges to keeping appointments and maintaining health, including transportation barriers. Providers reported that those patients who are able to access transportation services are more likely to keep their appointments than those who have less reliable transportation options. This was attributable to both access to transportation and to the fact that transportation services staff call to remind riders about appointments and transportation plans. Several health care provider interviewees reported that they work closely with transportation dispatchers to coordinate rides for patients and a couple shared that they work actively to identify patients without transportation options and connect them to FCH-funded services. Reducing no show rates, research has shown, has a substantial cost impact on provider organizations.

Transportation services have contributed to a lower overall cost of care. Ensuring that patients make their appointments is critical, providers explained, to monitoring health and ensuring compliance with care plans. Providers shared that transportation services help to keep patients out of the emergency room and hospitals, contributing to a lower overall cost of care, to them and to patients. Several providers talked about the consequences of ER admission for patients who did not get needed dialysis or wound care.

Transportation services have also positively impacted other community businesses. About one third of total rides provided by FCH-funded transportation providers are to non-medical destinations including shopping, employment, and other community-based organizations. Having access to these destinations contributes to overall economic activity in the community, although this impact is difficult to quantify.

Transportation Costs and Sustainability

Second quarter 2017 data reported by grantees indicate that the average cost per ride of transportation provided by FCH-funded services was \$38.13 and the average cost per mile was \$2.82. There was variability across the three services, with the cost per ride ranging from \$23.12 to \$50.24 and the cost per mile ranging from \$1.73 to \$3.91. This variability is due to differences in program size and capacity, utilization patterns, and for the cost per ride, differences in the distances traveled by passengers in each program. These costs are similar to the costs in 2014 for demand-response services for rural transit in Region I (of which Connecticut is a part): \$41.46 per ride and \$2.60 per mile. These costs are higher per ride but lower per mile than those estimated for rural transit in Region II (of which New York State is a part) in 2014: \$11.61 per ride and \$3.47 per mile.¹ The three transportation providers rely on other funding in addition to FCH support including other foundation funding, contributions from local towns, public agencies, and in the case of one provider, Medicaid. While FCH funding supports a small portion of operations (between 8% and 19%), this support has been critical according to provider interviewees, and helps to leverage

¹ Source: *Rural Transit Fact Book 2016*, Table 32. Note that the *Fact Book* uses data from 2014, the most recent data available. Due to lack of more current data for rural regions nationally, it is unclear how the costs of FCH-funded demand-response transportation services in 2017 compare to 2017 costs nationally. It is important to note as well that miles covered on average per ride differs substantially across programs. In the FCH-funded programs, the average mileage per ride ranged from 11 to 29. No comparable data are provided in the *Fact Book*.

additional funding. Transportation providers tend to serve lower income residents, including seniors on fixed incomes and younger people who don't have their own vehicles, and rely on donations from riders to offset some expenses. However, these contributions cover only a small portion of operations.

Conclusions and Recommendations

Analysis of quantitative and qualitative data points to several conclusions about FCH-funded transportation services:

- Transportation services meet a need in the community and have addressed transportation barriers for residents in FCH's service area, particularly seniors and those who need medical services.
- Transportation services have grown since FCH funding of service began and currently average between 11,500 and 12,500 rides per year serving about 380 unduplicated riders.
- Transportation providers provide high quality services: services are quickly and easily booked, staff are courteous and helpful, vehicles are clean and drivers drive safely.
- Transportation services have contributed to supporting riders' health by ensuring that they are able to make and keep medical appointments, access needed specialty, medication, and medical tests and generally maintain continuity of health care.
- Transportation services have helped riders to connect to other services such as shopping and social services and maintain relationships with family and friends, an important component to mental health and longevity among seniors.
- Transportation services have helped seniors to remain independent and living at home.
- Transportation services have helped to reduce stress and worry for riders' families and friends, who would be called upon were the services not available.
- Transportation services have helped to reduce no show rates and thus costs to provider organizations and also contributed to reduced hospitalizations and emergency care.
- Transportation services also make a positive impact on other community institutions, including employers and other businesses.

Several recommendations emerge from this analysis:

- **Continue to support demand response transportation in the FCH region.** Analysis of past and current trends in ridership as well as the region's demographics suggest that transportation services in the region will continue to be needed. Given the nature of the region, it is unlikely that demand can be efficiently met by services other than demand response programs. Demographic shifts, including a rising portion of aging baby boomers coupled with longer life expectancy and a migration of low-income families to the region, suggest that demand for transportation services is likely to rise overall.
- **Continued to support efforts to enhance efficiency of services.** A recent FCH-funded study of transportation operations at one program pointed to strategies to enhance efficiency. Acting on these recommendations, and supporting other studies and efforts to identify efficiencies should be considered.
- **Capitalize on the growing attention of health care providers to the social determinants of health to identify ways the health system can support community-based transportation services.** The changing healthcare landscape—with its growing attention to patient-centered medical homes, accountable care organizations, and quality measures—has led to greater attention by health care systems on the larger social factors

that affect health. This attention provides opportunities to highlight the role of transportation. Partnerships between community transportation providers and health care systems should be considered. Additionally, it is worth considering whether to approach private, for-profit health care providers, especially those that see patients frequently, to contribute to transportation services on behalf of their patients.

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