

CULTIVATING SOLUTIONS

THE IMPACT OF TRANSPORTATION SERVICES ON OUR RURAL COMMUNITIES

MAY 2018 TRANSPORTATION FUNDING EVALUATION

THE ROAD TO GOOD HEALTH:

The Impact of Transportation Services on Rural Communities in the Northern Litchfield Hills of Connecticut and the Greater Harlem Valley of New York

Without timely and reliable transportation, people living in rural areas face many challenges obtaining needed health care services. In fact, 60 percent of community stakeholders in the northern Litchfield Hills of Connecticut and the greater Harlem Valley of New York identified unmet transportation needs as one of the top three barriers to health care access, according to a 2014 survey funded by the Foundation for Community Health (FCH).¹

Based on community feedback, the Foundation has been funding non-emergency medical transportation (NEMT) to help residents living in its 17-town service area² easily acquire health care and other services.

The positive effects of this funding are many, according to a 2017 independent, retrospective evaluation³ that included an analysis of ridership data, passenger surveys, and telephone interviews with grantees, riders and health care providers.



TRANSPORTATION IMPACT ON RIDER HEALTH AND WELL-BEING

Among riders who participated in a survey about FCH-funded transportation services:

83%

said they were able to keep medical appointments

43%

said they were healthier because of regular access to both routine and specialty care (e.g., dialysis, physical therapy, mental health services) treatment

20%

said they obtained prescription medications and other medical supplies consistently

31%

said they could stay socially connected to family, friends and the wider community

50%

said they could live independently in their homes (rather than moving into an assisted living community)

When asked if transportation services were not available, **22 percent** said they would make fewer medical appointments, while **16 percent** said they would consider moving to a more populated area.

Almost all passengers interviewed said they could no longer drive due to advanced age, physical disability, or a chronic medical condition. Relying on family or friends for all rides is unrealistic because of work schedules and family commitments.



“It is a lifeline,” a passenger said of Columbia County, New York’s, expanded transit services during a telephone interview. **“It has saved my life. I am housebound ... I can’t get to a doctor or PT (physical therapy) without this service.”**

Community-based, demand response, door-to-door transportation is focused on an individual rider’s need for flexible routing and scheduling between pick-up and drop-off locations. These transportation services do not operate on fixed hours or routes, meaning passengers must schedule rides several days or weeks in advance. These shared-ride services use vans or buses to transport elderly, disabled or Medicaid-eligible passengers door-to-door (i.e., from the threshold of a rider’s home to the threshold of his/her destination) with drivers assisting passengers on and off vehicles when necessary. None of the following three transportation grantees charge passengers for rides, although donations are accepted:

Geer Dial-A-Ride provides transit services for medical appointments, shopping and day-to-day errands for residents of North Canaan, Falls Village, Salisbury, Cornwall and Sharon in Connecticut. This service, operated by Geer Village Senior Community, operates three vehicles five days a week.

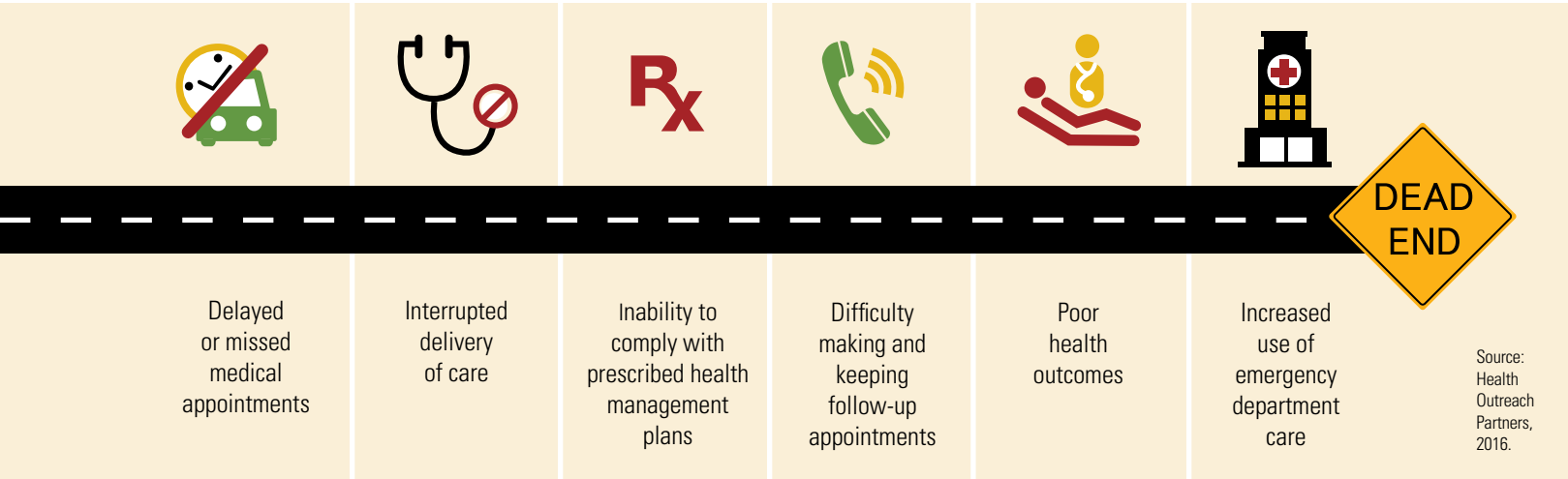
North East Community Center (NECC) furnishes transportation services for medical appointments (including rides to Connecticut health care providers that are closer than those in New York), errands, employment and social visits via North East Dutchess Transit (NEDT). The transit service operates three

vehicles (plus a small cadre of volunteer drivers using their own vehicles) five days a week throughout the county including FCH service area towns of Wassauc, Amenia, Dover, Millbrook, Millerton, Stanfordville and Pine Plains.

The Children and Adults Rural Transportation Service (CARTS) provides only NEMT for Columbia County residents including FCH’s service area towns of Ancram, Ancramdate, Copake and Copake Falls. A service of the Columbia County Community Healthcare Consortium, Inc., CARTS operates ten vehicles five days a week.

TRANSPORTATION IMPACT ON THE HEALTH CARE SYSTEM

Health care provider interviewees reported fewer missed medical appointments thanks to the Foundation’s transportation grants.



Source: Health Outreach Partners, 2016.



Health care provider interview responses also support the conclusions of several national research studies — NEMT services have contributed to fewer missed health care appointment, hospitalizations and emergency department visits, which can lead to **improved overall health and well-being**, as well as potentially lower health care costs.

Transportation Grant Program Investments

Knowing that an increasing elderly and low-income population, an inadequate transportation infrastructure, and long distances between patients and health care providers, all have contributed to a growing demand for NEMT in its service area, the Foundation has invested **\$1,135,970** between 2004 and 2017.

With an average annual investment of **\$81,140** for operations (some funds were used to purchase vehicles in 2006 and 2014), FCH’s modest support – between 8 percent and 19 percent of each grantee’s annual transit operating budget – has improved transportation access significantly.

“The (transportation services) offer a pathway to patient care that decrease utilization of the ER (emergency room) and unnecessary appointments,” said a family care provider of Columbia County, New York, patients. **“They are able to go to the doctor on a regular basis.”**

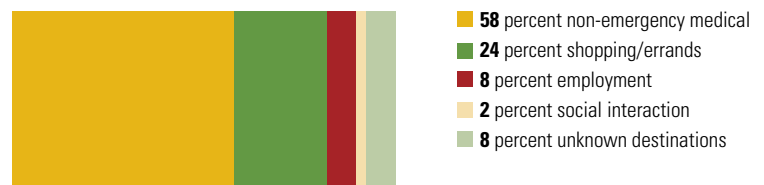
TRANSPORTATION IMPACT ON TRANSIT ACCESS

The three transportation grantees not only provided **86,582⁴** rides between 2010 and 2017, but also increased the number of rides by **32 percent** and the number of unduplicated riders⁵ by **42 percent** during the same time period.

In 2017, grantees provided a total of **11,381** rides to 496 unduplicated passengers. During the same year, senior citizens over age 60 took nearly **70 percent** of all rides and comprised **56 percent** of all unduplicated riders, while disabled passengers secured **31 percent** of rides and accounted for **30 percent** of unduplicated riders. As shown below, NEMT services accounted for **58 percent** of all rides.

Transportation by Purpose in 2017

FCH’s grantees provided 11,381 rides to 496 unduplicated riders



Source: The Foundation for Community Health Community Transportation Grant Program Evaluation Report, 2017.

TRANSPORTATION IMPACT ON RIDER SATISFACTION

Survey data demonstrates the importance of transportation services in improving riders' quality of life. Among passenger survey respondents, **31 percent** reported using transit services to stay socially connected to family and friends, and engage in the broader community.

The 2017 evaluation also found that passengers were overwhelmingly satisfied with FCH-funded transportation services. In fact, **83 percent** of survey respondents rated transit services as "excellent" and **18 percent** rated them as "good," specifically mentioning the quality of drivers, timeliness of service, and transportation staff efforts to coordinate trips and meet passenger needs.

"They are very accommodating.... The bus drivers are good to us," said a GEER rider. "There is no other way to get around in this very rural area (of Connecticut)."

Transportation Grant Program: Next Steps

When asked about service improvements, both passengers and health care providers suggested:

- **Expanding overall capacity to fulfill unmet transportation needs**
- **Additional weekday and weekend hours**
- **More frequent service to long distance destinations**

Based on evaluation results and a growing demand for transit services in its service area, FCH will continue funding its transportation grant program. For example, the Foundation financed transportation proficiency studies to help grantees identify potential operational and financial efficiencies.

For more information, please contact Gertrude O'Sullivan, Director of Communications and Special Programs, at gertrude@fchealth.org.



ENDNOTES

- 1 Horsch, K. *A Study of Community Health Needs Conducted for the Foundation for Community Health*. Karen Horsch Consulting, LLC. 2014.
- 2 In Connecticut: Canaan, Cornwall, Warren, Falls Village, Goshen, Kent, Norfolk, Salisbury/Lakeville and Sharon. In New York: Amenia/Wassaic, Ancram, Copake, Dover/Dover Plains/Wingdale, Millbrook/Washington, Millerton/North East, Pine Plains and Stanfordville.
- 3 Please visit www.fchealth.org to review *The Foundation for Community Health Community Grant Program Evaluation Report* and a separate executive summary, which relies on data through the second quarter of 2017.
- 4 Rides are defined as transporting one person from point A to point B.
- 5 The same passenger may take multiple rides, but he/she is counted as one unduplicated rider.

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The Foundation for Community Health (FCH) is a private, non-profit philanthropy dedicated to improving the health and well-being of people living in the northern Litchfield Hills of Connecticut and the greater Harlem Valley of New York, through grantmaking, technical assistance, capacity building, advocacy and research. The Foundation is a supporting organization of the following: Berkshire Taconic Community Foundation, Inc.; Community Foundations of the Hudson Valley, Inc.; and the Northwest Connecticut Community Foundation, Inc. FCH strives to improve access to quality rural health care services; build effective and innovative collaborations; and promote the implementation of prevention and early intervention strategies. Initially, FCH was funded by assets from the 2003 sale of Sharon Hospital from a for-profit to a non-profit institution.

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