



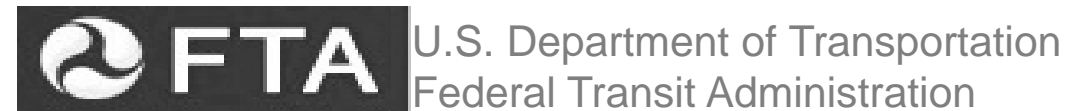
Transportation





Access Challenges in Rural Communities

January 14, 2020





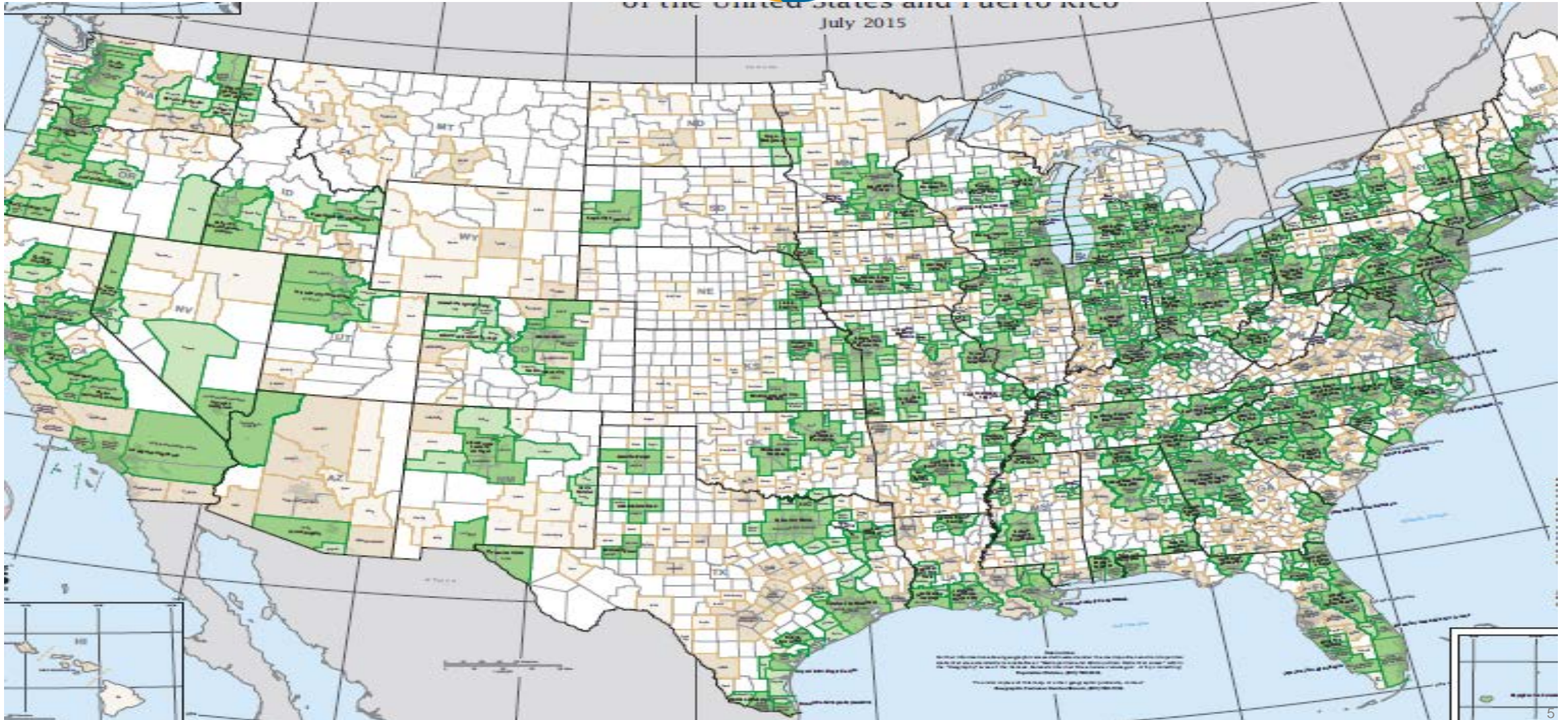
Agenda

- Access challenges in rural communities
- What tools and resources are available to assist community health programs interested in increasing access to healthy food, medical and social services and activities?
- How do I find transit?
- How have rural and tribal communities developed strategies for effective service?

Access Challenges



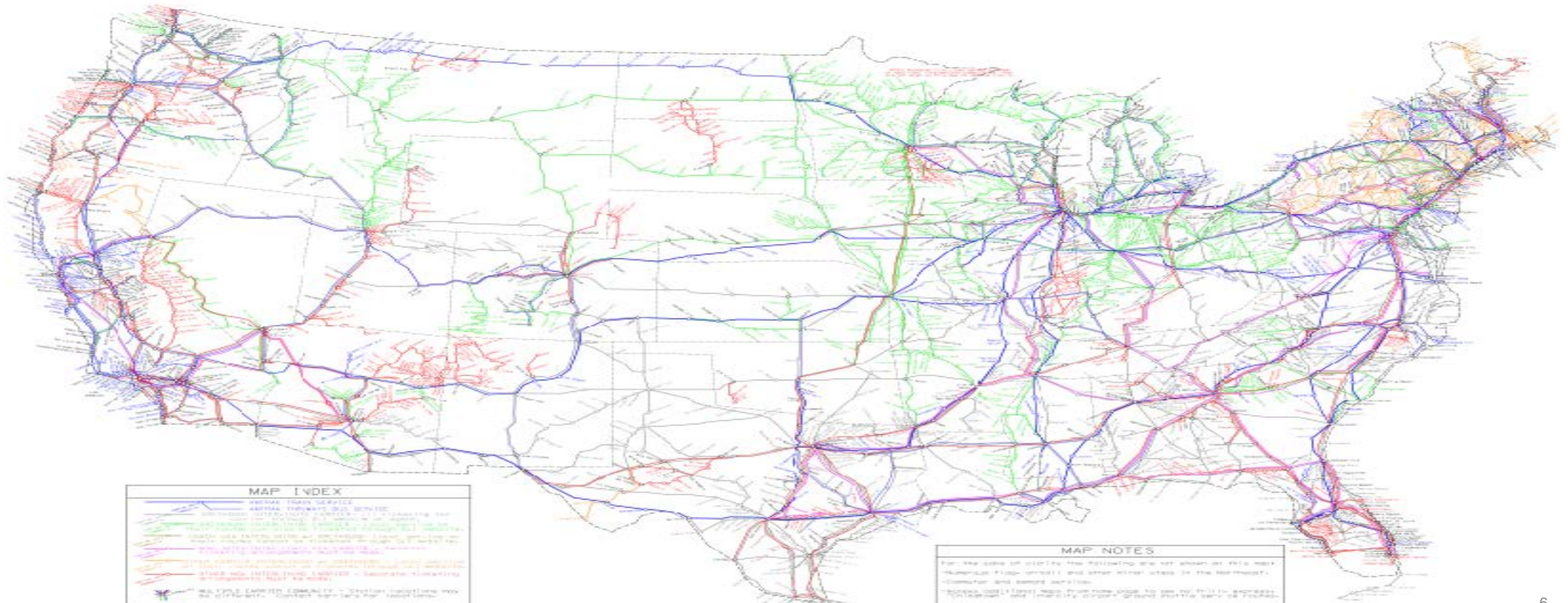
Rural and Urban





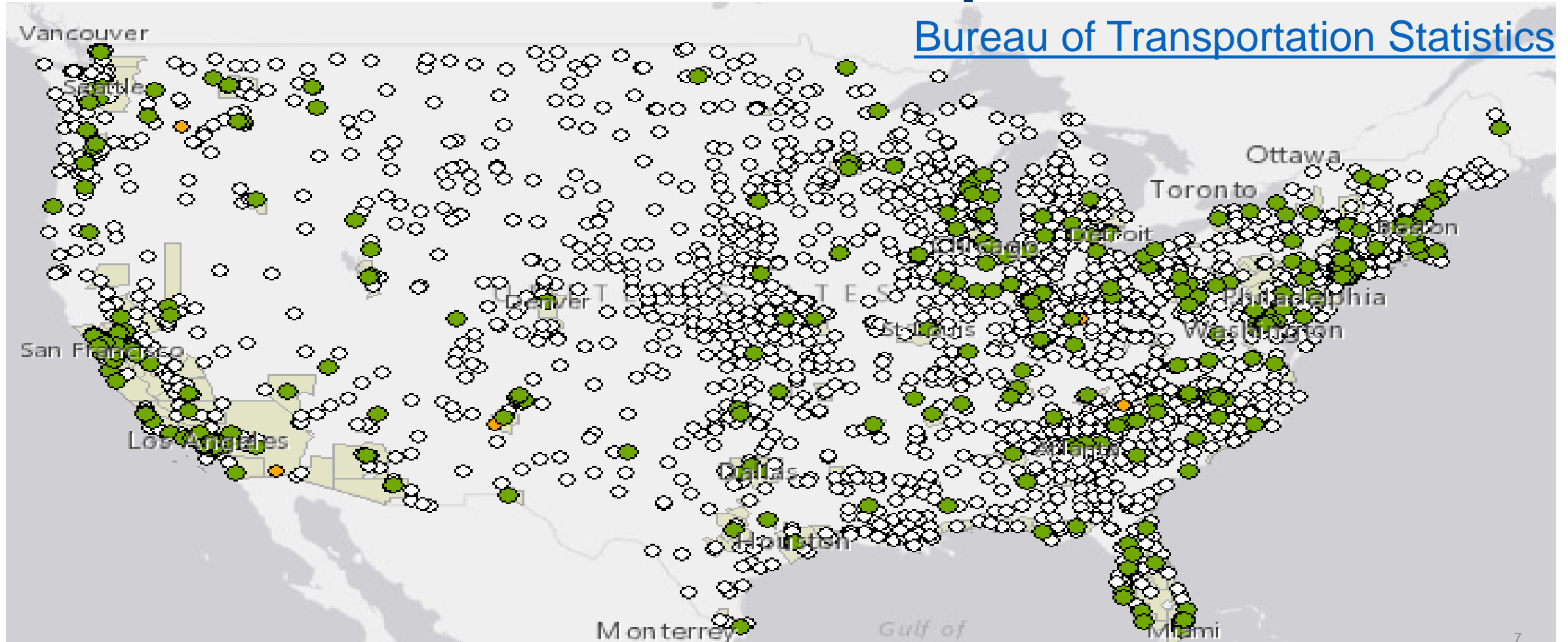
A National Network of Services

US Intercity Bus and Rail





What is out there: US Transit Map





Access Challenges and Shared Values

- The National RTAP transit and mobility vision is:
 - *safe*
 - *secure*
 - *compliant*
 - *efficient*
 - *effective*
- Rural and tribal transit reflecting the needs and values of communities, individually and nationally
- Through the National RTAP Review Board and the state RTAP manager and transit manager forums, the rural transit community can share interests and needs, and guide the development of products and services to achieve our vision
- Local/State Coordinated Human Service Transportation Plans



Use National RTAP Resources to:

- Create or update a training class
- Answer your questions about rural transit planning, operations, management, or funding
- Incorporate technology into your program or transit system
- Learn about the latest developments in rural transit, including funding opportunities
- Get expert advice from a peer transit provider
- Hear knowledgeable speakers without leaving the office

How Do I Find Transit?



How do I find transit: Steps 1 and 2

In a rural area you may not see a bus stop, but that is not the first step:

1. What do you or your clients need?

- Ask them. Where to where, when, and if they have a way, is it reliable?
- What is the travel-shed for your clinic? = sum of all the trip origins of clients
- If you know who your local transit operator is, ask them what information they need to help you translate your client needs into transportation-speak to define a service response

2. Google the name of the location you are working with and the word “transit” in one search. This is to find the closest transit provider.

- Try it with the county name if nothing comes up
- If you still get nothing **call the state DOT transit section** and ask about services in the area, potentially demand response transit (DRT) or social service grantees
- Your clients are eligible for demand response transit and non-emergency medical transportation (NEMT)



Above Average Fatality Rates, Income, and Employment

County Profile: 2013-2017

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Knox County, TN

Drug Overdose Mortality Rate

49.4 Deaths per 100k population
(Ages 15-64)32.2 Tennessee Drug Overdose Mortality
Rate

25.1 U.S. Drug Overdose Mortality Rate

742

Total Deaths

452,286

Population

Urban

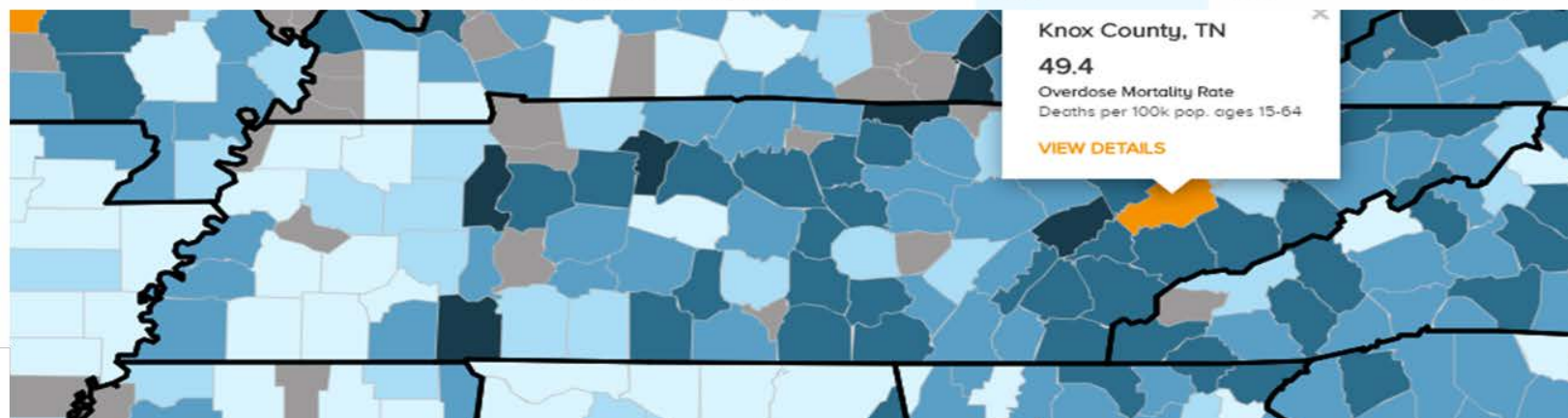
Urban / Rural

Choose County Profile Data Time Period

☐ 2008-2012☒ 2013-2017☐ Change from 2008-2012 to 2013-2017

SOCIO DEMOGRAPHIC

	Knox County	Tennessee	United States
Race / Ethnicity			
White (non-Hispanic)	82.7%	74.3%	61.5%
African American (non-Hispanic)	8.8%	16.7%	12.3%
Hispanic or Latino	4.0%	5.2%	17.6%
Asian (non-Hispanic)	2.1%	1.7%	5.3%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.1%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.2%	0.2%	0.7%
Age			
Under 15	17.7%	18.8%	19.0%
15-64	67.5%	65.8%	66.1%
65+	14.8%	15.4%	14.9%
Educational Attainment			
At least High School Diploma (25+)	90.9%	86.5%	87.3%
Bachelor's Degree or more (25+)	36.5%	26.1%	30.9%
Disability Status			
% Residents with a disability (18-64)	10.7%	13.6%	10.3%

[Opioid Misuse Tool](#)



Aligned agencies

– Demand partners

- Employers
- Agencies
- Medical facilities
- Other Destinations

– Supply partners

- Medical
- Senior
- Transit
- Intercity
- Employer supported

– Process Access

- Agency Annual Plans
- Transportation Plans
 - 3-5 year horizon
 - Amendment process
- Coordinated Transportation Plans
 - 3-5 year horizon
 - Amendment process
- Project development



HRSA Strategy to Assist Access

[HRSA Locator Tool](#)

Manhattan, KS, USA  75 miles 

Search Results:

[Filter Results](#)

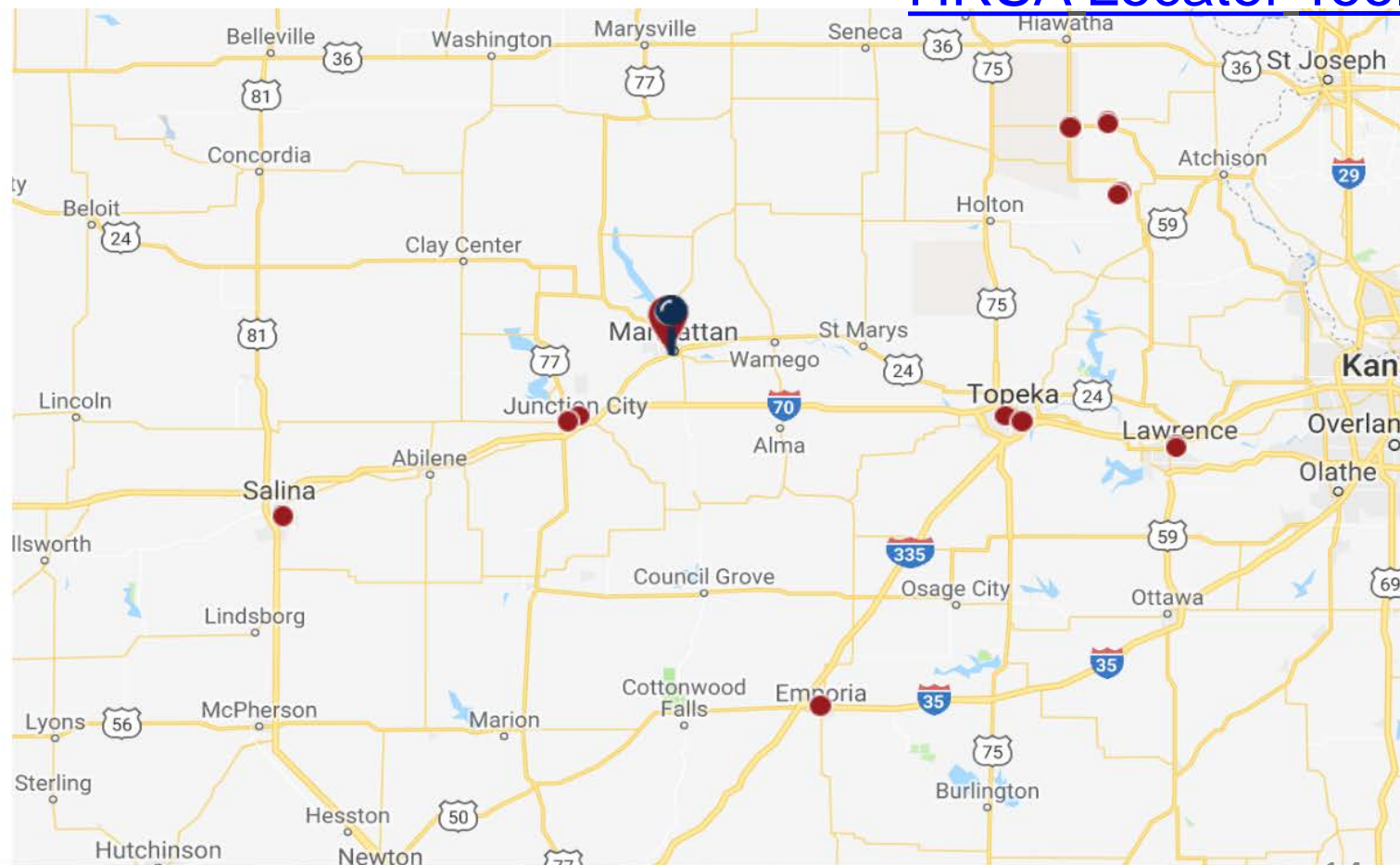
KONZA PRAIRIE COMMUNITY HEALTH CENTER RILEY COUNTY MANHATTAN CLINIC

Operated by Konza Prairie Community Health Center Inc
2030 Tecumseh Rd
Manhattan, KS, 66502-3512
Tel: 785-320-7291
Distance: ~1.23 miles

[Directions](#) 

KONZA PRAIRIE COMMUNITY HEALTH CENTER

Junction City, KS, 66441-4201

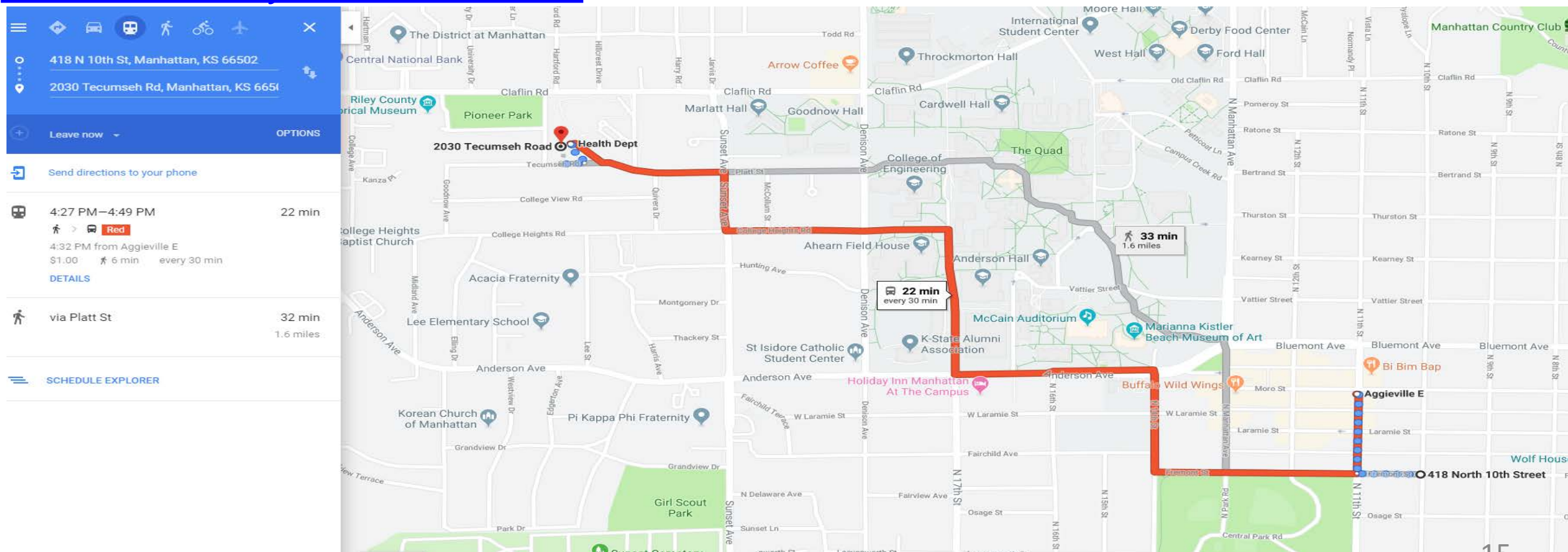


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Link to Google Maps: Is there Transit?

Transit Itinerary for HRSA Clinic





How do I find transit: Steps 3 to 5

3. If there is transit in the area, talk to them.

- Ask whether they have a transit plan, get a copy; it may just be a project list.
- If they receive FTA Section 5310 funds, they have a coordinated human service and transportation plan. (Or the state may have one statewide plan).

4. Go to Google Transit and put in a trip between your project location and the nearest grocery store.

- Does anything come up?
- If you don't get anything, go to the closest larger community and propose a trip to the next larger city. This will surface any proximate intercity rail or bus services.

5. Meet with the closest transit provider to talk about the transportation issues your program and clients are facing.

- Have you surveyed your clients to identify what their transportation needs are for your program and other areas in their life?
- Ask the transit program how you can work with them to identify costs for meeting those needs and strategies for meeting those needs.



How do I find transit: Step 6 - Partnering

6. Define a project to meet the needs of your clients

- **Does the transit agency want to work with you?**
 - They may not have any resources or may be maxing out their existing resources.
 - They may have ideas for strategies that build on existing resources and cost allocation methodology.
- **What resources can you bring to the table to help develop the services for your clients?**
 - Ability to talk to your clients about transportation needs.
 - Potential to support travel costs with program funds.
 - Assistance writing grants or letters of support for potential grant projects
 - Coordinating or convening community partners.



Including Transportation in Your Program

A Guide for Rural Health Care Collaboration and Coordination

40 / 68



A Guide for Rural Health Care Collaboration and Coordination

Element 1 Tool: Potential Partner Organization Inventory (Sample Template)

Brief Description: The following is a sample template to help organize a list of potential partner organizations based on review of your current patient population need(s).

No.	Brief Title Identified Patient Population/ Community Health Need	Brief Description Identified Patient Population/ Community Health Need	Organization Potential partner to collaborate/ coordinate	Organization Point of Contact Name	Title/Role	Partner Organization Type													Notes for Follow-Up
						Local Business	Education	Faith-Based Org.	Agriculture	Health care	Public health	Social service	SDOH*	Law Enforcement	Econ. Dev.*	Political leader	Consumer Org.	Other	
1																			
2																			
3																			
4																			
5																			

18



Simple or More In-depth

Where did you come from today to get here?

☐ Home

☐ Work

☐ _____

How did you get here?

☐ Personal vehicle

☐ Friend drove

☐ Transit

☐ Taxi

☐ Hitched a ride

Your Next Trip here?

☐ Same as today

☐ Most likely travel mode _____

☐ Most reliable transportation _____

Other transportation needs? _____

STAKEHOLDER INTERVIEW GUIDE QUESTIONS

1. What "services" does your organization provide and do you directly service clients/customers?
2. Do you directly provide any transportation services? If yes,
 - a. Who is eligible for your transportation services?
 - b. What of vehicles do you use and how many do you have?
 - c. How many rides do you have?
3. Do you fund transportation services from other providers (i.e. buy tickets or passes, subsidize their operations etc.)?
4. How do clients/customers/workers/ typically access you location?
 - a. At What times / days of the week?
5. Do you feel transit is an important component of this community? Why or why not?
6. What markets do existing services cover well today? E.g. seniors? Particular communities, Particular trip types?
7. What markets do existing services NOT cover well today? Are there in a. Destinations served b. Trip types completed c. Time of travel offered d. Other
8. Do you see any future trends that will modify the size or nature of these markets the future? E.g major hospitals or service centers' re-location to/from the region, major senior residential developments, other growth in senior populations etc.
9. Are there barriers to existing services (fares too high, eligibility restrictions, capacity limitations etc.)
10. Are there cultural barriers that need to addressed (Language etc.)? What opportunities are being considered to address them?
11. What might attract more riders?
 - a. More frequent service?
 - b. Service at different times of day?
 - c. Service on different days of week?
 - d. Service new destinations/communities?
 - e. Reduced fares?
 - f. Better information on how to ride transit?
 - g. Better security?



Existing Needs Assessment

- **Find the plan:**
 - Coordinated Human Service Transportation Plan
 - Transportation Development Plan
 - Transit Plan
- **Check the plan for projects**
- Find out who is on the committee
 - Get on the committee
 - Send a letter to the committee
- **When is the next update?**
- How do you submit projects?

Chapter 2 Identifying Gaps

In order to develop achievable goals, noticeable gaps in transportation services in Cambria County will be identified below. In doing so, we will be able to work towards closing those gaps and providing a more robust and coordinated transportation network that will allow better access to the customer.

Gaps in transportation services derive from the lack of coordination. Cambria County is fortunate to have a solid network of transportation providers but is lacking a clear and concise plan for the future. Identifying the transportation needs of the customer will help human service agencies develop **an all-inclusive strategic plan and work together to achieve a common goal.**

Current gaps in transportation services vary, as there are three different types of available transportation services: public, private and non-profit. Additionally, the customer base relative to human services has been identified as **persons with disabilities, older adults, and people below the poverty line.**

Coordination of the above mentioned types of transportation will close the identified gaps and provide the identified customers with more options for transportation services.

Cambria County Coordinated Public Transit Human Services Transportation Plan

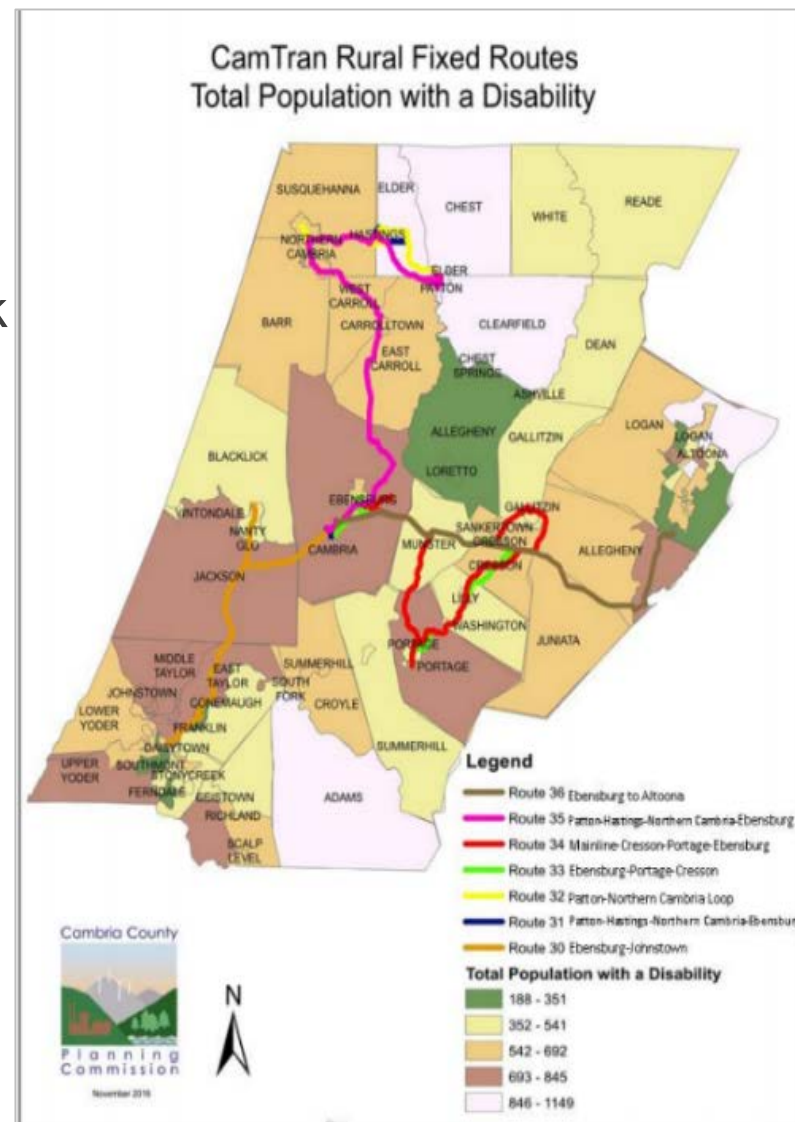




How do I find transit: Step 7 - Funding

7. What is the project funding process?

- Ask the agency managing the plan to describe the process. Ask the state transit program the same question. There are resources for planning and projects at the state level and the local level. In communities over 50k there are Metropolitan Planning Organizations that include transit plans.
- FTA receives an annual appropriation. The state allocates and subgrants the money differently in every state. The state spending plan is a 4 year horizon. A project must be in a PLAN to be funded.
- You can amend plans, or sometimes descriptions are so vague you can be added into the detail with a minimum of work.
- Transit Programs and State DOTs want to help you. Letting them know what your needs are helps them.



Challenges and Strategies

Considerations and Examples



Transit Vocabulary/Service Strategies

- **Demand Response Transit:** The rider calls in and schedules a trip through the local transit system or program. Also called DRT or Dial-a-Ride. Used as a paratransit strategy.
- **Fixed Route Transit:** Fixed stops and times for service on a defined route.
- **Time Point Service:** The bus schedule gives the time for a bus to be at a stop, but there is flexibility in the route.
- **Deviated Fixed Route Service:** Any rider can call in and request a deviation off the route by a distance defined by the agency.



Transit Vocabulary/Service Strategies (Cont.)

- **Circulator:** These often go between downtown and residential, medical, or employment centers with set route and stops. It is like an airport shuttle.
- **Shopper shuttle:** This strategy used for long distance access to food, transportation, or medical hubs. They are usually infrequent and allow people to access services and go home in the same day.
- **Vanpool:** A rider is a driver and either picks up other at home or at a parking lot. Sponsored by employers or transit agencies.
- **Feeder service:** A service timed meet with regional or national intercity services.




Regional Intercity Access

US Intercity Bus and Rail






Regular Travel Options in Rural Areas

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Vanpool Program





CATA launched a community **VANPOOL PROGRAM** in October 2007 with six vanpool groups. The program has grown to over 35 vanpool groups. All vanpools must begin or end in the State College/Bellefonte areas. Groups are currently coming from the Lewistown, Lock Haven, Huntingdon, Philipsburg, Altoona, Hollidaysburg, Cresson, Loretto, Snow Shoe, and Tyrone areas.

A vanpool group is typically 7 – 15 people who share their commute. The vanpool travels from home (or a pre-arranged meeting place) to work, school, or other destination. To be cost-effective, the vanpool group should travel at least 40 miles round trip each day.


CATA provides the van, insurance coverage, maintenance, and a fuel card. The fleet card provides fuel for the vanpools tax-free and volume discounted – keeping costs even lower for the group. The driver is given access codes to use the card at the pump, and CATA gets the bill! The vanpool group shares the total cost of the operation, which is determined by a base price plus a per mile charge. Fares are billed to the

FORMS

- Participant Agreement
- Driver Agreement
- Driver Application
- Daily Log
- Reasonable Suspicion Incident Form
- CATA COMMUTE Conflict/Complaint Form
- Driver Disclosure Authorization
- Vanpool Participant Withdrawal Form
- Payment Receipt

INFORMATION

- Vanpool Handbook





Community Connections of NE Oregon

- **Wallowa County**
 - Demand response transit
 - Work shuttle
 - 4 days a week intercity connection
 - Summer circulator to State Park
 - Medicaid transportation
 - Veterans Shuttle
- **Union County**
 - Fixed Route service
 - Intercity and Regional Transit Hub
 - Medicaid transportation
 - Pilot service and Cost Benefit for medical trips
- **Baker County**
 - Deviated Fixed
 - Regional commuter connector
 - Shopper Shuttle to Halfway 1x per week
 - Medicaid transportation
 - Veterans transportation
- **Shared Strategies**
 - Coordinated planning
 - Shared Tech platform
 - Shared Admin through the triple A
 - Bike Bus access



NORTHEAST OREGON PUBLIC TRANSPORT

[HOME](#) ▾[Publications](#)[Regional Option](#)[Title VI](#) ▾[Outreach](#)[Contact](#)[Complaint](#) ▾

Dial-a-Ride: Shopping Bus and Mealsite Bus

[Dial-a-Ride](#)[Commute to Work Bus](#)[Joseph- La Grande Link](#)[Summer Shuttle](#)[Veteran's Medical Access](#)[Fares and Passes](#)

**Have a
Complaint?**

The Shopping Bus

The Shopping Bus operates on a Dial-a-Ride model. This means that while the bus is scheduled to run every Tuesday and Thursday, you must call in to reserve a ride for shopping and errands in Enterprise or Joseph. To reserve a ride you must call no later than 9:30 am on the day of service.

On Tuesday and Thursday the bus will leave Wallowa at 8:30 am and Lostine at 8:45 am. Pick up for Enterprise is 9:15 am and Joseph will fall between 10-10:30 am. These times are estimated roughly due to the Dial-a-Ride nature of the route. Some days will have more scheduled riders than others.

The Mealsite Bus:

The Mealsite Bus operates on a Dial-a-Ride model on Monday, Wednesday, and Friday. It travels from Enterprise to Joseph and it is open to the public. Trips can be scheduled on this bus between approximately 10 am and 2 pm, and while it primarily serves the mealsite it can be used by the general public for delivery in these locations (though the rider must pay a different fare). Transportation is available upon request for transportation to the Wallowa Mealsite.



Contact us

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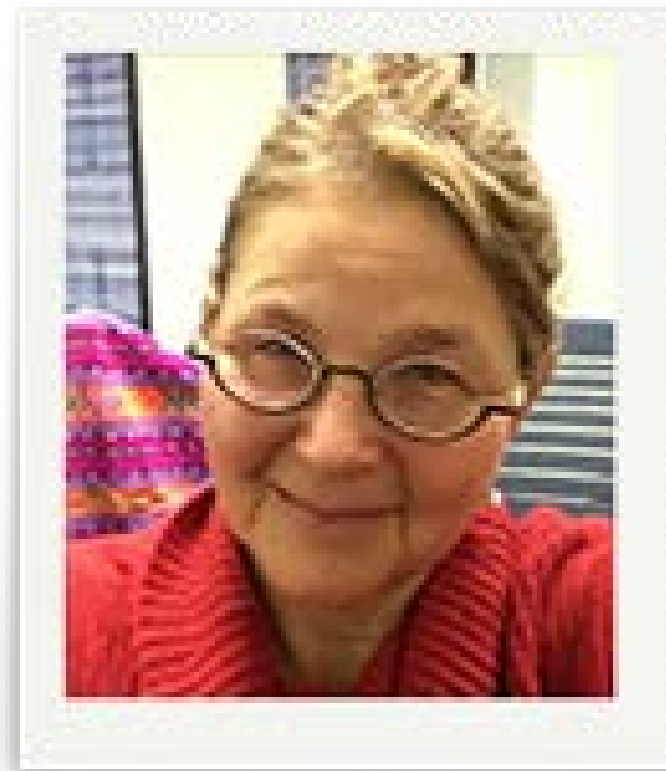
National Rural Transit Assistance Program

MA Office: 5 Wheeling Ave, Woburn, MA 01801

DC office: 718 7th Street, NW Washington, DC 20001

nationalrtap.org

888.589.6821



U.S. Department of Transportation
Federal Transit Administration



National Center for Mobility Management Customize 4 0 + New Edit Page Shortlink 3 Events Howdy, Amy Conrick

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Promoting Customer-Centered Mobility Strategies

that advance good health, economic vitality, self-sufficiency, and community

Quick Links

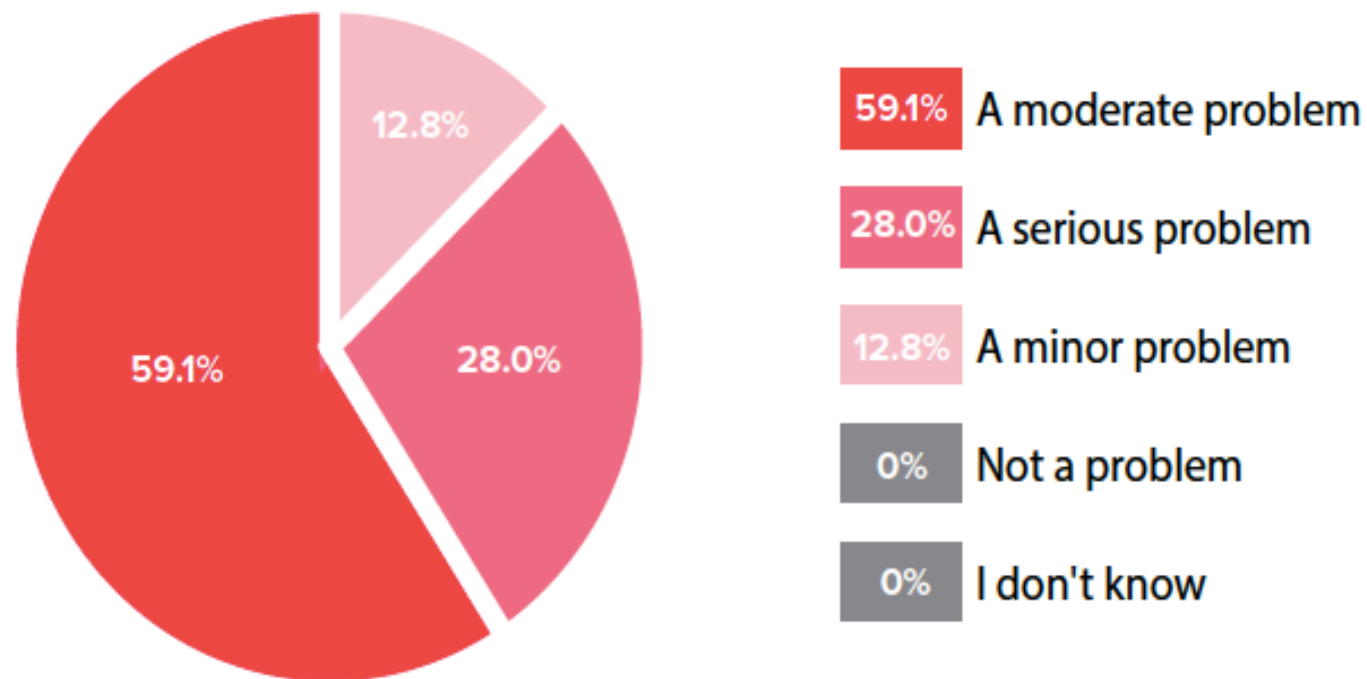


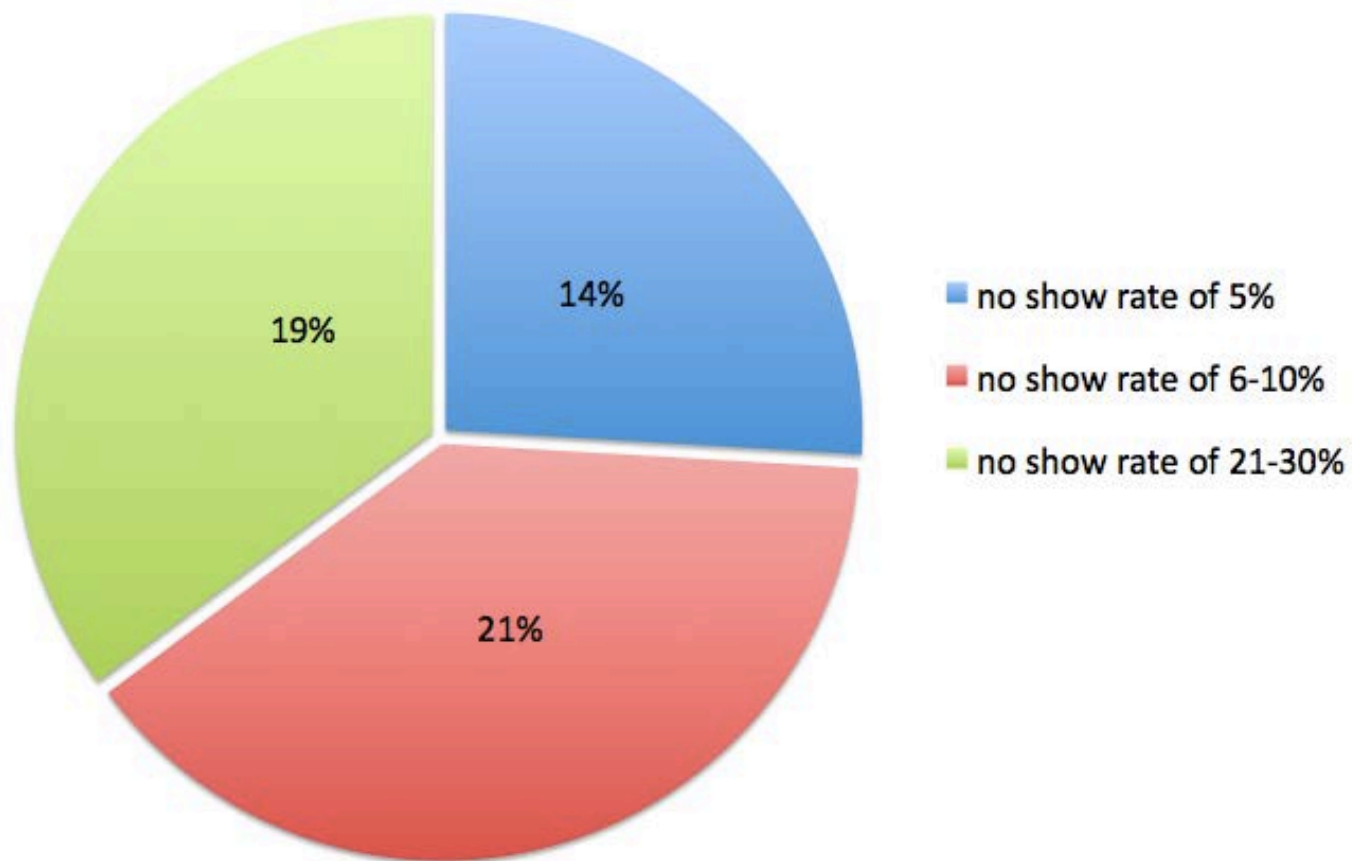


Scan of 188 HRSA-
funded clinics
Health Outreach Partners

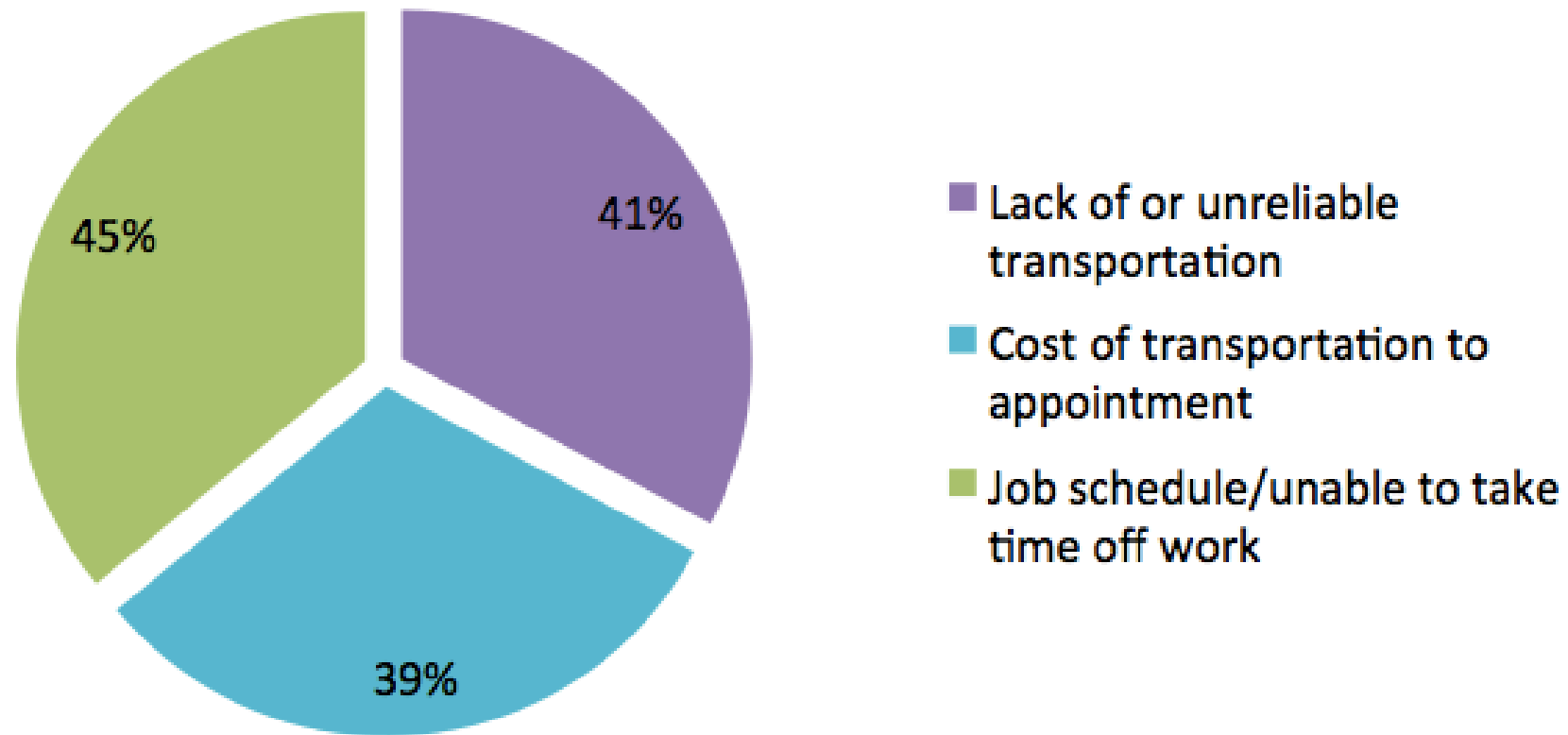
Figure 1: Missed appointments in health centers

To what extent are missed appointments (i.e. an appointment where the patient does not show up) a problem at your health center or practice?





No-Show Rates: Rural HRSA-Funded Clinics



Top 3 reasons for missed appointments



Cost of Missed Opportunities

- **Poorer health outcomes**, especially for chronic conditions, which can lead to a more acute complication (ER, hospitalization)
- **Diminished ability to follow a patient's condition** (diagnostic and screening tests, medication adjustment, referrals to other services)
- **Lost opportunity for patient education**
- Financial implications: \$150-\$274 **lost revenue** per missed appointment



With FTA support . . .

- Since 2015, has sponsored 28 planning grants multi-sector, community-based teams solving health care transportation access
- 10 of those 28 rural focus
- nc4mm.org/community_grants



Shiawassee Co., MI (pop 68,446)

- Planning grantee (awarded 2017)
- Focus question: How can we get clients (with some short notice) to addiction treatment and related appointments from all parts of the County to Corunna?
- Team members: Shiawassee Area Transportation Agency, Shiawassee Hope, Drug Court Case Manager, Recovery Pathways addiction counselors
- Solution: A community hub as a place for Drug Court participants to access local services and supports while also creating a space for participants to access transportation services



Allen County, KS (pop 12,500)

- Planning grantee (awarded Aug 2019)
- Focus question: How might we address the transportation needs of patients with chronic physical and mental health conditions in Allen County?
- Team members: Thrive Allen County (community action agency), Community Health Center of Southeast Kansas, Southeast Kansas Mental Health Center, Allen County Regional Hospital, First Presbyterian Church



South King County, WA (pop 12,500)

- Pilot grantee (awarded Aug 2019)
- Solution: Use patient rewards and incentives to motivate individuals to take a more active role in managing their health. At the time of their initial discharge, patients identified as being at a higher risk for rehospitalization will be enrolled in the Care Mobility Rewards Program. Clients will be given credits that can be redeemed for round-trip transportation to qualifying follow-up care needs, such as doctor appointments, pharmacy trips, or physical therapy.
- Team members: Hopelink (community action agency), King Co. Aging and Disability Services, Valley Medical Center, SHAG (Sustainable Housing for Ageless Generations), Sound Generations Senior Services, King Co. Housing Authority



Lessons learned

- Any solutions need to be designed with the community in a way that respects patients' dignity and unique set of needs
- Public transportation is a key component to serving rural patients
- Transportation isn't the only issue preventing patients from getting to appointments



Resources

- nc4mm.org/community_grants
- NCMM contacts – mobility managers, transportation problem solvers
- NCMM grants – planning and pilot
- NCMM website – “By Topic” Health and Transportation
- Upcoming research/state initiative: transportation’s role in reducing social isolation among older adults

Amy Conrick, conrick@ctaa.org, 202-415-9692



National Aging & Disability Transportation Center (NADTC)

MISSION: To promote the availability of accessible transportation options that serve the needs of **older adults, people with disabilities, caregivers, and communities.**



Co-Director, Carol Wright Kenderdine

www.nadtc.org



Co-Director, Virginia Dize



Major Objectives

- Person-centered technical assistance and information & referral services
- Training: webinars, online courses, in-person workshops
- Interactive communication and outreach strategies (eNews, blogs, YouTube, LinkedIn, Facebook, Twitter, vendor shows, etc.)
- Coordination & partnership strategies, including stakeholder engagement
- **Investment in community solutions through grants!** (Next round of application opportunities announced January 2020)



Innovative Community Transportation Solutions

[View the video online:](https://www.youtube.com/watch?v=_9jG0ji4wwQ&feature=youtu.be)

https://www.youtube.com/watch?v=_9jG0ji4wwQ&feature=youtu.be





Lessons Learned

- Partnerships are **critical**. Build cross-organizational partnerships and collaborate.
- When forming partnerships, it is important to remember that every organization moves at its own pace. Some partners are **willing to change** and **adopt new practices** quickly – others are not, and need time. **Patience is key!**
- Be **adaptable**
- Find a **champion**





Lessons Learned, continued

- **Inform** the community to **get strong community involvement**
- **Design a public engagement process** from the beginning
- Implement a **travel training program**
- **Anticipate** increased staff workload and **have a plan** to accommodate it
- Don't forget to **plan for an extended ramp-up** period





Lessons Learned, concluded

- Outreach materials for the community should be **short and simple**.
- Don't forget to have a **marketing budget!**
- Find solutions that can be **replicated** and **share them**
- Track more than just statistics – **track outcomes for people!**





Sustainability

- Create multi-sector partnerships that can serve as a **springboard for future efforts**
- Have a 2-year **funding plan in place** from the beginning, no matter how short or long your grant period is. Where will additional funds come from when the grant period ends?
- Share your outcomes with **decision-makers** at all levels: local, state and national. **Show how you make a difference in people's quality of life.**





Contact Us!

Thank You!

For more information on our past grantees (including their Capitol Hill briefing PowerPoints), resources, and to sign up for our eNews to find out about upcoming grant opportunities, go to:

www.nadtc.org

or email

contact@nadtc.org

or call

866-983-3222

