Transportation
Access Challenges in Rural Communities
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

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

### Socio Demographic

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<th></th>
<th>Knox County</th>
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<tr>
<td>Bachelor's Degree or more (25+)</td>
<td>36.5%</td>
<td>26.1%</td>
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<td>Disability Status</td>
<td>10.7%</td>
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Opioid Misuse Tool

Impacting Lives in our Local Communities

January 14-16, 2020
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

Search 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

HRSA Locator Tool
Link to Google Maps: Is there Transit?

Transit Itinerary for HRSA Clinic
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

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).

<table>
<thead>
<tr>
<th>No.</th>
<th>Brief Title Identified Patient Population/ Community Health Need</th>
<th>Brief Description Identified Patient Population/ Community Health Need</th>
<th>Organization Potential partner to collaborate/ coordinate</th>
<th>Organization Point of Contact Name</th>
<th>Title/Role</th>
<th>Notes for Follow-Up</th>
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</table>
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?**
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

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

Rockville, MD

Impacting Lives in our Local Communities

January 14-16, 2020
## 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
Dial-a-Ride: Shopping Bus and Mealsite Bus

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
Robin Phillips
Executive Director
Rphillips@nationalrtap.org
202-780-4595 office
781-697-7194 cell

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
Promoting Customer-Centered Mobility Strategies
that advance good health, economic vitality, self-sufficiency, and community

Quick Links
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?

- 59.1% A moderate problem
- 28.0% A serious problem
- 12.8% A minor problem
- 0% Not a problem
- 0% I don't know

Scan of 188 HRSA-funded clinics
Health Outreach Partners
No-Show Rates: Rural HRSA-Funded Clinics
Top 3 reasons for missed appointments:

- Lack of or unreliable transportation: 45%
- Cost of transportation to appointment: 41%
- Job schedule/unable to take time off work: 39%
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.

www.nadtc.org

Co-Director, Carol Wright Kenderdine
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
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!

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