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Susannah Kricker
UVM

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Addressing Transportation Barriers to Health Care in Windham County, VT

Grace Cottage, Townshend VT

Susannah Kricker, UVM MS3

August, 2016

In collaboration with Bill Monahan of the Grace Cottage Community Health Team

Identifying the Problem

- ▶ The Grace Cottage Community Health Team cited transportation limitation as one of the biggest barriers to accessing health care in Windham County.
- ▶ The GC Community Health Needs Assessments from 2015 identifies **population density** as a component of this issue, stating that rural “transportation systems move smaller numbers of people over greater distances, which impacts the ability to secure adequate funding.”
- ▶ The Windham Mobility Study identified youths age 13-18, and people over 65 as the two groups most effected by mobility limitations. People >65, who make up roughly 15.5% of the Windham county population, often have complex health care needs.
- ▶ The Current, which operates 13 bus routes in Southeastern Vermont, does not have a regular service to Townshend. They do offer a dial-a-ride service to health care appointments for eligible patients however this does not meet all the transportation needs of Grace Cottage patients.

Research shows that...

- ▶ In a study drawing from the Vermont Diabetes Information System, there was found to be a positive, significant, relationship between driving distance from home to site of primary care and poorer glycemic control in a cohort of 973 adults with mean age 64.9.
- ▶ Another study looking at health care access among rural veterans found that distance was the most important barrier in seeking healthcare, and that limited health, function and financial resources compounded this barrier. “Improved transportation, flexible fee-based services, more structured communication mechanisms and integration with community resources will improve access to care and overall health status for rural veterans,” the authors concluded.

Community Perspective

- ▶ “The Current used to offer up to four rides per week, but now they have cut down to three, so I can’t make all my appointments” -Grace Cottage Patient
- ▶ “Lack of access to transportation and dental care are two of the biggest community issues at this time” - Claire Bemis, Grace Cottage Community Health Team
- ▶ It’s not enough to say ‘transportation barriers to health care:’ it is essential to look at the ways in which factors specific to this area create unique challenges in addressing transportation. For example, Medicaid benefits may be extended to a patient with no car, however around here there might be many family members sharing one car. So even though a patient owns a car, they might not have access to it on the day of their appointment. -Paraphrased from Bill Monahan, Grace Cottage CHT
- ▶ “We found that once community members were aware of available transportation options, usage of these services increased dramatically, and then we were able to see where there was still need. Demonstrating this need was a huge factor in applying for funding.” -Maureen Shattuck, Springfield Health Center CHT

Proposed Intervention

- ▶ In order to address transportation needs, a Transportation Assistance Program outline was developed and presented to the Community Health Team at Grace Cottage.
- ▶ The first phase of creating the outline was to research all existing transportation options in the area in order to raise awareness about potentially underutilized resources.
- ▶ Next, an interview was conducted with Maureen Shattuck of the Springfield Health Center Community Health Team. She offered advice about developing a transportation program. She also shared an algorithm for patient sensitive transportation planning.
- ▶ The final version of the program outline incorporated the results of research and the interview and went on to suggest further ways to provide comprehensive transportation options for Grace Cottage patients.

Transportation Assistance Program Outline

- ▶ The final document comprises the following 8 sections:
 1. **Introduction:** outlines demonstrated need for transportation services at GCH
 2. **Springfield Transportation Model:** outlines the Springfield program development
 3. **Needs Assessment:** recommends conducting a needs assessment survey (sample survey attached to project proposal)
 4. **Expanding Connecticut River Transit Services:** advice on promoting full utilization of these services and coordinating with local transportation agencies to increase services
 5. **Coordinating with Established Community Programs:** provides contacts for community groups committed to providing transportation assistance
 6. **Volunteer Driver Program:** suggests a model for a community based volunteer driver program
 7. **Incentivizing Volunteer Driving:** provides ideas for compensating and thanking volunteer drivers
 8. **Applying for Funding:** links to potential outside funding sources

Evaluation & Limitations

► Evaluation

- The initial needs assessment will create a baseline for further program evaluation.
- Maintain excel spreadsheets documenting the number of patients who are using CRT services to get to appointment and who are using community based transportation services to get to appointments.
- Once volunteer drivers program is initiated, document number of rides given by volunteer drivers.

► Limitations

- Grace Cottage does not have FQHC status, meaning that some of the finding and resources available in Springfield are not accessible to GC.
- There are liability issues involved in setting up Volunteer Driver Program through Grace Cottage. This may have to be coordinated as an outside program.

Current and Future Directions

- ▶ The Community Health Team recently presented the program outline to Hospital Administration.
- ▶ They established that there is a fund to provide gas cards for patients with financial barriers to transportation. These are now being offered to patients.
- ▶ The CHT has contacted a community organization about partnering with them in developing a volunteer driver program.
- ▶ **Future Directions include:**
- ▶ Establishment of a bus route along Rt. 30 with multiple trips per day.
- ▶ A fully functional volunteer driver program through a community organization that coordinates with the community health team to provide rides for **all patients** with transportation barriers not eligible for CRT services.
- ▶ Obtain funding in order to reimburse all volunteer drivers for mileage.

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