1-17-2018

Transportation Barriers to Healthcare in Adults 65+ in the Greater Burlington Area

Britta Kilgus  
UVM Larner College of Medicine

Michael Persaud  
UVM Larner College of Medicine

Nicholas Selig  
UVM Larner College of Medicine

Harris Syed  
UVM Larner College of Medicine

Vanessa Trieu  
UVM Larner College of Medicine

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery

Part of the Community Health and Preventive Medicine Commons, and the Health Services Research Commons

Recommended Citation  
Kilgus, Britta; Persaud, Michael; Selig, Nicholas; Syed, Harris; Trieu, Vanessa; Wall, Danielle; Hou, Wendy; Hou, Yiping; Soderquist, Leah; and Hutchins, Jeanne, "Transportation Barriers to Healthcare in Adults 65+ in the Greater Burlington Area" (2018). Public Health Projects, 2008-present. 264.  
https://scholarworks.uvm.edu/comphp_gallery/264

This Book is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at ScholarWorks @ UVM. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Transportation Barriers to Healthcare in Adults 65+ in the Greater Burlington Area
Britta Kilgus, Michael Persaud, Nick Selig, Harris Syed, Vanessa Trieu, Danielle Wall, Wendy Hou, Leah Soderquist, Jeanne Hutchins, MA
University of Vermont Larner College of Medicine, United Way of Northwest Vermont

Introduction
Missed appointments lead to poorer patient healthcare outcomes and a major economic burden on medical centers [1, 2]. Vermont’s population is one of the top ten oldest in the country per capita. 14.6% of the total population is 65 years or older and is estimated to increase to 25% by 2030 [3]. Transportation is an obstacle to accessing medical care for elderly patients in Vermont, resulting in delayed medical appointments [4]. The Special Service Transportation Agency (SSTA) is one currently available service for seniors to help overcome transportation barriers. While the types of transportation barriers faced by elderly populations have been identified in some rural and small urban areas, none have focused specifically on the Vermont community [5]. We surveyed senior citizens in Chittenden county to determine both the type of transportation barriers and medical care missed due to the lack of transportation.

Methods
• An original survey assessing the impact of transportation on health care was distributed in person and online via Front Porch Forum.
• Inclusion criteria were residents 65 years+ who scheduled 1+ health care appointments in the past year.
• Participants were asked to identify: How often transportation was an issue for attending healthcare appointments, specific barriers to obtaining transportation & type of health care appointments missed.
• Of the collected surveys (N = 251), 96 surveys indicating barriers to transportation and a “challenge asking family or friends” as their greatest barrier to transportation (p = 0.001).
• Participants were asked to identify how often transportation was an issue for attending healthcare appointments.
• Outcomes measured included: Modes of transportation used, types of appointments missed, and participant age, and insurance coverage.
• Fisher’s Exact Test was used to measure statistical significance.

Results
The high barriers group encountered 9 out of 10 specific transportation barriers more frequently than the low barriers group. There was an association between reported high barriers to transportation and a “challenge asking family or friends” as their greatest barrier to transportation (p = 0.001).

The high barriers group reported more appointments missed; eye exams were the most missed in this group. High barrier and low barrier groups both missed bloodwork and physical therapy the most.

Discussion
• There is a need to more accurately define the transportation barriers faced by elderly populations by using missed appointment data from medical centers.
• More research is needed to evaluate how missed appointments affect morbidity and mortality.
• Future studies should identify the effect of missed appointments on chronic conditions and the associated cost burden.
• Increase awareness on how to utilize existing services (i.e. SSTA).
• Limitations to our study included:
  o The high number of surveys meeting exclusion criteria (n = 155) limited statistical analysis
  o Future studies should better identify distinct differences in access to healthcare.

References