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Your *First STOP* for
Rural Health
INFORMATION



Improving Access to Transportation in Rural Communities

Housekeeping

- Q & A to follow – Submit questions using Q&A area
- Slides are available at <https://www.ruralhealthinfo.org/webinars/transportation>
- Technical difficulties please call 866-229-3239

Featured Speakers



Tricia Stauffer, MPH, Principal Research Analyst at the NORC Walsh Center for Rural Health Analysis



Katherine Freund, Founder and President of ITNAmerica



Mary Gordon, HealthTran Program Manager



Doris Boeckman, Principal partner of Community Asset Builders, LLC

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Rural Transportation Toolkit

February 12, 2018

Tricia Stauffer, MPH
NORC Walsh Center for Rural Health Analysis

Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
 - Michael Meit, MA, MPH
 - Alana Knudson, PhD
 - Alycia Bayne, MPA
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Amanda Corbett, MPH
 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

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Rural Health Outreach Tracking and Evaluation Program

- Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- Outreach Authority grantees seek to expand rural health care access, coordinate resources, and improve quality

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Rural Evidence-Based Toolkits

1. Identify evidence-based and promising community health programs in rural communities

2. Study experiences of these programs including facilitators of their success

3. Disseminate lessons learned through Evidence-Based Toolkits



Rural Health Information Hub: <https://www.ruralhealthinfo.org/>

The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Evidence-Based Toolkit on Transportation

- Rural communities are implementing programs to address transportation issues.
- These programs aim to:
 - Improve access to transportation
 - Overcome transportation barriers
 - Improve transportation safety or infrastructure
- The toolkit is designed to disseminate promising practices and resources.

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The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Project Activities

- Reviewed FORHP grantees' applications and literature
- Conducted telephone interviews with nine programs and four experts in the field
- Developed a toolkit with resources about how to plan, implement, and sustain programs
- Toolkit is available on the Rural Health Information Hub Community Health Gateway:



<https://www.ruralhealthinfo.org/community-health/transportation>

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Rural Transportation Toolkit

The screenshot shows the RHIhub website interface. At the top, there is a navigation bar with the RHIhub logo and a search bar. Below the navigation bar, there are several menu items: Online Library, Topics & States, Community Health Gateway, Tools for Success, and RHIhub Publications & Updates. The main content area features a sidebar with a list of modules under the heading 'IN THIS TOOLKIT Modules'. The main content area displays the 'Rural Transportation Toolkit' page, which includes a welcome message and a description of the toolkit's purpose. On the right side, there is a 'RHIhub This Week' section with a sign-up form for a weekly newsletter and a 'SHARE THIS PAGE' section with social media icons for Facebook, Twitter, LinkedIn, and Email.

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Organization of the Toolkit

IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation
- 5: Evaluation
- 6: Sustainability
- 7: Dissemination
- About This Toolkit



2: Program Models

- Models to Improve Access
- Models to Overcome Barriers
- Models to Improve Safety or Infrastructure

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Models to Improve Access

1. **Public transportation** like fixed-route bus systems
2. **Volunteer models** with or without mileage reimbursement, trip/time banking
3. **Voucher models** or “taxi vouchers”
4. **Coordinated services** among programs
5. **Mobility on demand** integrates pre-existing modes of transportation
6. **Ridesharing**, including vehicle sharing, carpooling, vanpooling, and real-time ridesharing
7. **Connector services** or feeder services
8. **Mobility management** helps customers to learn how to use transit

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Models to Overcome Barriers

Models:

1. **Mobile clinics** can provide services like immunizations, screenings, dental services
2. **Telehealth** uses telecommunication technology to deliver care from a distance
3. **School and workplace-based health**, typically offering primary care services
4. **Home visiting programs**, particularly for people who are at high risk or less likely to travel to a clinic



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Models to Improve Safety or Infrastructure

Models:

1. **Active transportation models** support non-vehicular activity like walking and biking
2. **Models that increase access to public transportation** improve the safety of accessing transit modes
3. **Road safety models** include various traffic calming techniques

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Lessons Learned

- Key barriers to transportation in rural areas:
 - Safety and infrastructure issues
 - Distance
- Partnerships and coordination with stakeholders is key
- Plan for maintenance and upkeep of transportation routes, vehicles, and facilities
- Marketing your program is important for success
- Considerations for different populations

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ITNCountry: Transportation for Rural and Small Communities

*Katherine Freund, ITNAmerica
Founder & President*



www.ITNAmerica.org

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Overview



- What is ITNAmerica?
- What is ITNCountry?
- How do you connect?

www.ITNAmerica.org

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Our Mission



ITNAmerica promotes lifelong mobility for seniors. We support sustainable, community-based transportation by leading a national transportation network grounded in research, policy analysis and education.

ITNAmerica is the first national, non-profit transportation network for senior mobility.

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13 Affiliates and 34 Trusted Transportation Partners



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www.ridesinsight.org/



1-855-60-RIDES

National website and
hotline helping seniors
and visually impaired
adults find transportation



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Characteristics of an ITN Affiliate

- **Recreates private automobile ownership**
 - Uses automobiles to provide rides 24 hours a day, 7 days a week;
 - Door-through-door, arm-through arm;
 - Available for any purpose, without restriction to all ITN® members;
- **Core business innovations**
 - Personal Transportation Account™
 - Flexible approach to resources
 - CarTrade™
 - Cash
 - Transportation Social Security™
 - Co-payments—Ride & Shop™, Healthy Miles™, Ride Services™
- Sustainable through fares from those who use the service and voluntary local community support, without the use of taxpayer dollars;
- Connected through common information system, brand, business model, systems



The Big Picture: Total rides as of Jan. 5, 2018

- **967,672** total rides
- **396,099** (40.93%) total rides by volunteers
- **5.29 miles** average trip
- **205,874** (21.27%) rides to visually impaired

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Age (average for all years)

- **7.9%** younger than 65
- **13.5%** 65-74
- **34.8%** 75-84
- **43.8%** 85 and older
- **80.78** mean

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Gender (average for all years)

- 19.7% male
- 80.3% female

Health Status (average for all years)

- 7.2% excellent
- 24.1% very good
- 38.4% good
- 25.1% fair
- 5.2% poor



Income (average for all years)

- 40.8% less than \$25,000
- 31.7% \$25,000 – \$49,999
- 13.9% \$50,000 – \$74,999
- 7.0% \$75,000 – \$99,999
- 6.6% \$100,000 and up

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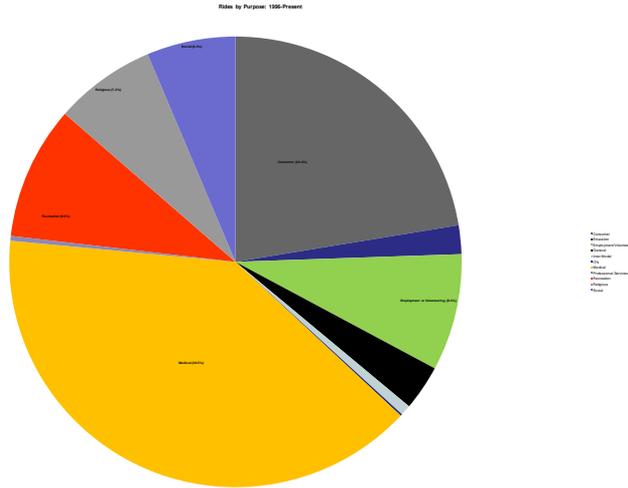
Driving Status (average for all years)

- 51.9% current driver's license
- 38.9% owns a vehicle
- 26.5% current driver

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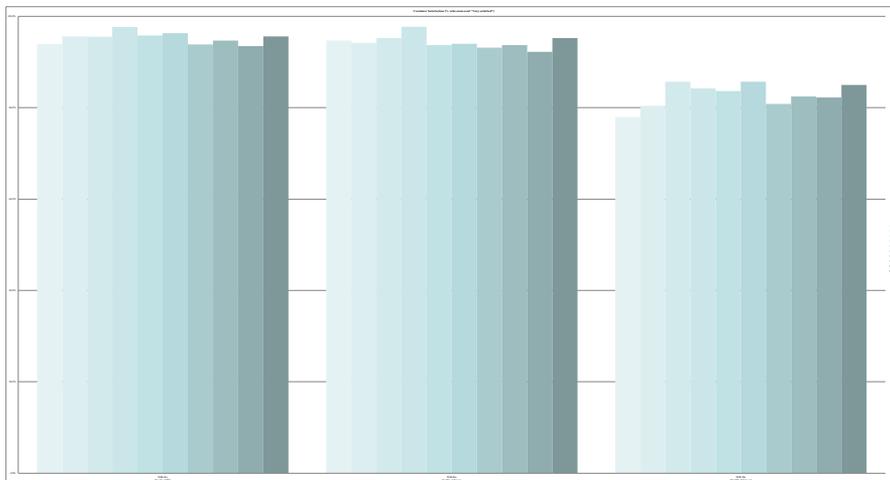
Rides by Purpose: 1996-Present



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Customer Satisfaction 2007 - 2016



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Personal Transportation Account: A Mobility Portfolio that Expands Available Resources



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ITNCountry: Scaling ITN's Innovations



- ITN simplified and on-line
 - A program rather than a separate organization
 - Technology—smart phone enabled technology
 - Affordable enough to pay for with bake sales and car washes
 - Local people and local connections
 - Connected—nationally
 - 24/7 service—community decision
 - Volunteers—may use 100% volunteers or paid staff
 - Support systems & programs will be on-line

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Who can be a part of ITNCountry?

- Any charitable non-profit organization, such as
 - Agency on Aging
 - AARP volunteer organization
 - Church
 - Service organization
 - Fish program
 - Volunteer driver service
- Any government organization, such as
 - Town, county, village, etc.
 - Public safety department
 - Senior center
 - Council on aging
 - Age friendly community effort
 - Transit service

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From Vision to Reality: Scaling ITN by Lowering Costs & Expanding Reach

- **Phase I:** On-line learning system (done)
- **Phase II:** Moving ITNRides to the Salesforce platform (in process)
- **Phase III:** Americorps application—transportation infrastructure (in process—seeking more partners)
- **Phase IV:** Pilot tests in several states (seeking more partners)
- **Phase V:** National rollout (seeking partners)

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Summary

- **ITNCountry** is a non-profit, do-it-yourself transportation network company (TNC) that provides the tools for small and rural communities to create non-profit shared mobility
- **ITNCountry** offers communities the opportunity to configure the innovative ITN system to their own local needs and at the same time, be part of a national non-profit system
- **ITNAmerica** is currently recruiting interested communities in all states to participate in the pilot test and rollout phases

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Regeneron sponsors free eye health care rides at all ITN Affiliates

ITNAmerica is proud to recognize Regeneron Pharmaceuticals, Inc. as a corporate sponsor committed to helping raise awareness of the challenges associated with vision impairment, low vision, senior mobility issues and the shortage of locally-available transportation options for seniors. As the National Pharmaceutical Eye-care Services Sponsor for ITNAmerica and our affiliate communities, Regeneron Pharmaceuticals is proud to support ITN's mission to promote safe senior mobility. Visit Regeneron at www.regeneron.com

REGENERON
 science to medicine™

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HealthTran

...SOLVING TRANSPORTATION BARRIERS.

WITH PEOPLE DRIVEN SOLUTIONS

Missouri Rural Health Association
HealthTran
Mary Gordon; mary@cabllc.com 573-616-2740

THE MISSION & SUPPORT

- **MISSION**
 - **Patient Centric**-putting people first.
 - **Health Care Access**-improve patient health outcomes
 - **Quality Data**-Advocacy for including transportation within healthcare & increase transportation infrastructure.
 - The **MFH Special Projects grant** was submitted and awarded Dec. 2013 for \$499,906-Nov. 2016.
- MODOT** Mobility Management funding supports HealthTran in providing coordination service. Beginning 2015-present.
- FTA-NCMM Design Challenge** Grant 2015 helps focus HealthTran on sustainability.
- UnitedHealthcare** grants support the vision and Mission of MRHA. Two pilot grants 2016-2017 and a three year commitment 2017-2020 to increasing access to care.
- National recognition:** FTA, NCMM, Politico Magazine, CTAA and RHI.

PILOT SUCCESS LEADS TO SUSTAINABLE PROGRAM

PILOT RESULTS:

4,729 rides completed in 10 months.

733 patients had access to care

100% rider satisfaction

83% INSURED /17% Uninsured

72%-75% Patient responses: Have NOT been readmitted to ER or hospital.

70% 50 or Older

88% Disabled/Mobility Concerns

Proved healthcare investing in transportation is a WIN-WIN

2018 "NEW" MRHA PROGRAM

Membership model

2018 Implementing platform/App technology to increase efficiency, better data tracking, and cost effective.

Formula to determine forgone revenue for health providers.

Increasing transit options to reduce cost.

HEALTHTRAN LAUNCH set for March 2018

Flexibility to meet individual or community needs-any size.

JANUARY 2018

WHAT WE LEARNED

Assessments-DATA DRIVES CHANGE
Reports must be easy to create and flexible to meet need

Listen to the Patient, Health & Transit Providers. Always Stay True to the Mission

Share Knowledge: FTA Rides to Wellness, NCM, CTAA Don't Reinvent the Wheel

Adapt-Don't be Afraid to Try and try again

Silo VS Community: Relationships Build Success. It takes a Village to build transportation infrastructure

Coordination of Transportation & Medical Appointments NEEDED transportation for everyone

Improved Technology needed to streamline service-improve efficiency Reduce time & skills needed to schedule a ride

Training Curriculum Needed for health provider staff. Conference, webinars, & one-on-one

Community Outreach Key to Service Champion

Sustainability: Past the Grant READY TO LAUNCH

JANUARY 2018

Missouri Rural Health Association- HealthTran Program

- Addresses rural transportation limitations and barriers with a primary focus on health.
- Flexible system that can coordinate and schedule rides within minutes or a month in advance.
- Increases transportation options, using existing transportation providers and creating new service.
- Combines technology and people to provide support, training, driver recruitment, marketing and dedicated staff to
 - reduce missed appointments and inappropriate ED use
 - generate income through increased encounters
 - improve health outcomes through access to care

Added bonus – income generating opportunities.

JANUARY 19, 2018

Launch Readiness- Identify

- Health Provider or Community Champion
- Service Area
- Hubs-where people need to go
- Transit options & gaps
- Resources & support
- Population to be served
- Potential revenue: complete formula
- Local drivers: Veterans, professionals, citizens

JANUARY 19, 2018

MRHA Memberships

- Health and wellness providers, non-and for-profits

MRHA understands improving population health must address the social determinants of health, including access to care, food, employment and more.

- Membership is based on utilization of the HealthTran program, or through a general membership supporting the MRHA mission. Learn more at the www.morha.org website.
- HealthTran memberships begin at \$37.50 per month
- \$99 per Log-In one-time setup fee

JANUARY 19, 2018

HealthTran Startup-Launch

- Launch Fee based on need-size. \$15,000-\$100,000. One time cost.
- Grant Opportunity (limit 4 per year) Reimbursement of \$1 per mile scheduled and completed up to 5,000 miles maximum within the first 90 days.
- 120 day assistance includes: 2 site visits, 4 webinars, determine service area, need (population, distance-mileage, generated income estimate), drivers (recruitment, training, checks, inspections, insurance), software installment, reports/billing, and staff training. A community presentation & marketing/media.

JANUARY 2018

Premium Service & Support

HealthTran is adaptable and flexible to meet the needs of rural Missouri. Provide a quality service with reduced staff time

- On-line Portal-No software to install: Tools for Community Health Workers, Care Managers, Social Workers and appointment schedulers.
- HIPPA Compliant
- *Provides reporting ability by organization, client, and more*
- *Quality transport providers: Background checks, drug testing, vehicle inspection, and training*
- *Customer service support, staff training, and strategic program expansion when needed.*

JANUARY 2018

Value of Access-Health

- In Missouri, missed appointments range from 20%-40%.
- The HealthTran model takes a conservative approach and estimates that only 25% (1 out of every 4) of all missed appointments are due to transportation.
- The following example assumes 5 providers with a missed appointment rate of 30%, \$125 billable per appointment, and 25% related to a transportation barrier.

JANUARY 2018

Determine Foregone Revenue

In One Month

Total Monthly Appointments	# of missed appointments in a month (if 30% are missed).	# of missed appointments due to transportation barriers (assumes 25% of total missed)	Lost or foregone revenue as a result of transportation barriers (at \$125 per visit)
2,420	726	182	\$22,688

JANUARY 19, 2018

Annual Determine Foregone Revenue

In One Year

Total Annual Appointments	# of missed appointments in a annual (if 30% are missed).	# of missed appointments due to transportation barrier (assumes 25% of total missed)	Lost or foregone revenue as a result of transportation barriers (at \$125 per visit)
29,040	8,712	2,178	\$272,250

JANUARY 2018

Financial Impact

If appointment completion is improved by 50%, your organization could increase billables by

\$136,126
annually.

JANUARY 2018

Potential Redirect of Funds

50% of increased billables could be redirected annually for future transportation to sustain future billable revenue.

\$68,063

JANUARY 2018

What are the Benefits?

Increase Health Outcomes

Improve Bottom Line

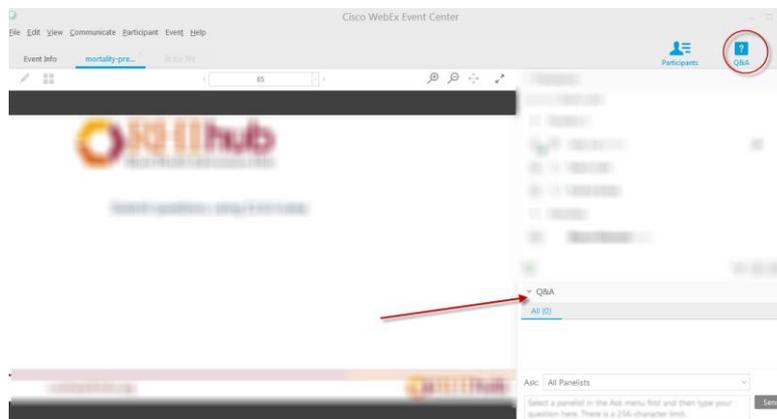
Break Down Silo's

Local Income Potential

Linking Services-Build a Net

JANUARY 2018

Questions?



Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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