

Building, Expanding and Sustaining Transportation Programs: Key Lessons from HOP's "Overcoming Obstacles to Health Care: Transportation Models that Work" Project

Transportation is a key barrier to accessing health care for many underserved populations. In order to facilitate better access for individuals struggling to receive quality health care, health and social service providers need to be prepared to provide supportive services like transportation. Yet, this task can prove difficult. Many organizations are unprepared to meet the challenges inherent in developing transportation services. For example, providing transportation often requires organizations to address liability issues, purchase and maintain vehicles, budget for fuel expenses, ensure transportation staff are culturally and linguistically competent, and secure adequate funding to support the transportation program. Despite these challenges, many health centers and other community based organizations (CBOs) have successfully expanded their supportive services to include transportation in order to best meet the needs of individuals and their communities.

In order to provide examples of viable transportation models, Health Outreach Partners (HOP) launched a three-year project funded by the Kresge Foundation. Through this project, HOP identified and investigated six organizations that are successfully addressing transportation as a barrier to health care access. The case study sites, from health centers and CBOs in rural, suburban, and urban communities across the county, include: Helping Our Women in Provincetown, Massachusetts; Finger Lakes Community Health in Geneva, New York; Seniors First in Auburn, California; El Rio Community Health Center in Tucson, AZ; Morton Health Services in Tulsa, Oklahoma; and Kokua Kalihi Valley Comprehensive Family Services in Kalihi Valley, Hawaii. The case study organizations adopted a host of innovative solutions to limited transportation access among low-income, vulnerable populations in their respective communities including some combination of the following:

- Collaboration with local airlines and regional transit authorities;
- Developing volunteer-driver based programs;
- Using mobile health units to take health and social services into the community;
- Using telehealth to reduce the need for transportation to specialist care; and,
- Operating door-to-door shuttle services.

Each organization identified existing transportation gaps in their community and worked with key partners to develop much needed solutions.

Many of these organizations have significantly strengthened and grown their efforts over the years based on experience, changing transportation needs, and lessons learned. Throughout HOP's work with the case study sites, a few key themes emerged regarding how to build and maintain a successful transportation model. There are six key components to success that consistently emerged across the sites. For organizations that are interested in establishing or expanding existing transportation services, HOP recommends considering the following:

- 1) **Adopt Diverse Strategies:** All of the case study sites had more than one strategy to overcome the transportation barriers facing their respective communities. Multiple strategies were used together to effectively increase access to health care and other social services. For example, several organizations had both curbside services and fixed route services, each serving a different need. Other sites adopted mobile health services provided in conjunction with other transportation assistance like individual transport via paid staff, volunteers or transportation vouchers for a local public transportation option or cab service.
- 2) **Customize Strategies:** Strategies that work well in one location and for one population may not work well elsewhere for a number of reasons. From partnering with local airlines to using telehealth, a wide variety of approaches were selected based on the unique needs of the service population, geography, and gaps in available resources and transportation options. Each of the models were initiated to address a well-documented, established transportation gap experienced by in their respective communities. Organizations interested in providing transportation services should only do so after conducting an adequate needs assessment and inventory of existing transportation related services and resources.

3) **Foster Organizational Commitment:** All of the case study sites had a strong organizational commitment to providing solutions to transportation barriers. Across the board, the case study sites were willing to make a substantial financial and personnel commitment to building, executing, and growing transportation services. It was repeatedly noted that providing transportation was expensive, time-consuming, and complicated; however, it was considered necessary at an organizational level and, therefore, a priority. Building internal support, including at the upper management or Board of Director level, for any proposed new or expanded transportation service is critical to the long-term sustainability and success of the effort.

4) **Hire Dedicated, Competent Staff:** All of the case study sites provided transportation services to vulnerable, underserved populations. Building trust and offering services in a respectful, culturally competent manner was key to the success of the models. It is not enough to offer transportation services, the right staff members with a specific skillset are needed as well. Every case study site emphasized the importance of having staff and volunteers who are committed, competent, professional, and reliable. Often the relationship between the driver, the schedulers, and the riders is key in ensuring access to quality services with the added benefit of helping individuals feel cared for and comfortable with the organization overall.

5) **Diversify Funding Streams:** Providing transportation services can require a significant investment in vehicles, personnel to coordinate or provide the service, liability insurance, and maintenance of equipment. For many of the case study sites, the large majority of transportation expense was not a reimbursable service. Therefore, support comes from grants, foundations, donations, contracted service income, or general operating funds. All of the case study sites used some combination of the above to financially support their transportation programs. In many instances, the organizations were very creative in culling together funding and were continually looking for opportunities to solicit financial support. The process of obtaining adequate financial resources requires networking, organizing, maximizing relationships, and in many cases, going outside of established funding sources and partnerships. For example, several of the case study sites secured funding for contracted services from hospitals to assist with transportation needs of patients. Other sites had extensive fundraising efforts, foundation support, and funding from a variety of federal agencies. In short, any organization interested in building or expanding a transportation program should be prepared to invest time, effort, and creativity when planning for financial sustainability.

6) **Develop Partnerships:** All case study sites had an extensive partner network that included some combination of government agencies, health and social service providers, elected officials, transportation authorities, private transportation providers, volunteers, and educational institutions. Many of the case study sites organized transportation services in conjunction with other agencies to avoid duplication of services. In addition, several sites involved these agencies in the planning and execution of their own services in order to ensure buy-in. All of the organizations were actively involved with a wide variety of key stakeholders regarding transportation. This expansive approach to partnerships was often cited as a key component of success of the individual models. Organizations interested in developing a transportation model should actively work to engage other organizations as partners and coordinate or share resources whenever possible.

Communities vary widely in terms of their underserved population demographics, physical environment (rural vs. urban), transportation infrastructure, and resources available. It is impossible to come up with a one-size-fits-all solution to transportation. However, there are helpful themes and lessons learned from health centers and CBO's already providing transportation that can be used as a framework to help other organizations develop or expand transportation services. Specifically, other communities can work to respond to an established need with the resources available within that community, build strong community coalitions, tap into local businesses, establish relationships with local elected officials, and cultivate volunteer resources. These six successful transportation models can offer much-needed support and guidance to other organizations and communities facing similar transportation challenges.

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