The Foundation for Community Health
Community Transportation Grant Program
Evaluation Report

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Prepared by:
Karen Horsch, Ed.M.
Karen Horsch Consulting, LLC
Manchester, New Hampshire
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EXECUTIVE SUMMARY

Transportation is a substantial issue for the large rural region served by the Foundation for Community Health, creating barriers to accessing health care and other services and supports, and affecting the overall health and well-being of the region’s residents. Low population density, long distances between service locations, and lack of transportation infrastructure all contribute to transportation challenges. The changing demographic characteristics of the region—including an aging population and a rise in low-income families—has led to increased demand for transportation services.

Since 2004, the Foundation for Community Health (FCH) has supported community-based transportation services for rural residents of the 17 towns in the Foundation’s service region. These services have primarily included the provision of non-emergency medical transportation (NEMT), although transportation to other locations is sometimes also provided. The three programs supported by the Foundation include:

- **Geer Dial-a-Ride** (Geer), operated by Robert C. Geer Memorial Hospital, provides door-to-door transportation for non-emergency medical appointments, shopping, and day-to-day errands. Geer serves residents of North Canaan, Falls Village, Salisbury, Cornwall, and Sharon.
- **Northeast Community Center (NECC) operates the Care Car and the Northeast Dutchess Transit Dial-a-Ride** services that provide transportation for non-emergency medical appointments, shopping, and socialization. Transportation is provided to residents of Millerton/Northeast, Wassaic, Amenia, Dover, Dover Plains, Stanford, Millbrook, and Pine Plains.
- **The Children and Adults Rural Transportation Service** (CARTS), operated by the Columbia County Healthcare Consortium, provides NEMT transportation to Columbia County residents including the FCH service area of Ancram and Copake.

The three programs share several characteristics: they all provide demand response transportation services; they provide door-to-door transportation; and none charges passengers for the rides, although donations are appreciated.

Between 2004 and 2016, FCH has invested $1,003,556 in these three transportation services, largely to support operations with some investment in vehicles. Over the past five years, FCH funding for transportation operations has remained constant at about $92,000 per year.

This evaluation examines how the availability of transportation services funded by FCH have enhanced the health and wellbeing of riders and had an impact on health care providers and community institutions. Data include ridership data provided by transportation programs, a rider survey conducted by all three programs, and interviews with grantee staff, riders, and staff at health care provider organizations. Key findings include:

**Transportation Access**

**Transportation services funded by FCH have addressed transportation barriers for residents in the service area.** In 2016, the most recent year for which complete data are available, the three FCH-funded transportation services provided a total of 11,817 rides, serving 306 (unduplicated) individuals in FCH’s service area. Each quarter, approximately 2,800-3,000 rides are provided. NEMT rides comprise the largest portion of rides provided by the three programs, 66% in 2016. NEMT rides include transportation for a variety of health needs including primary and specialty
care, lab tests and x-rays, and appointments for more frequent medical needs such as wound care, dialysis, physical therapy, and cancer treatment.

Use of FCH-funded transportation services has grown over the years. Transportation capacity has increased over the years of FCH funding. Between 2010 and 2016, the number of rides provided by FCH-funded transportation services increased by 52%. Between 2010 and 2016, the number of unduplicated riders served by FCH-funded transportation services increased.

Seniors, in particular, benefit from transportation services. Seniors took 65% of the rides in 2016 and comprised 79% of the unduplicated riders in 2016. Between 60-70% of the rides taken each quarter are by those over age 60.

Satisfaction

Passengers are highly satisfied with FCH-funded transportation services. A high proportion of respondents to the rider survey, 82%, rated the services they received as excellent. When asked about specific aspects of the transportation services, passengers overwhelmingly provided positive responses, noting the timeliness of services, cleanliness of vehicles, and helpfulness of dispatchers and drivers.

Impact of FCH-Funded Transportation Services on Riders and Families

Transportation services have increased riders’ ability to make and keep medical appointments. Quantitative and qualitative data indicate that the transportation services provided by Geer, NECC, and CARTS has helped passengers to access health care and keep medical appointments. Two-thirds of all rides provided by the three FCH-funded transportation providers were for medical appointments; 83% of respondents to the rider survey reported that the transportation services help them to get to medical appointments. Passenger and provider interviewees stated that transportation services have helped patients to access healthcare. Almost all passenger interviewees reported that they used to drive themselves to health care appointments, but were now unable to do so. While most passenger interviewees reported that they had individuals they could call on to provide transportation, this was not always realistic because of work and family demands. Provider interviewees reported that they work to ensure that patients facing transportation challenges are connected to services such as those supported by FCH.

Transportation services have enhanced riders’ ability to access on-going specialty care and medical tests. Among transportation users are those who require on-going specialty medical care—for services such as cancer treatment, wound care, physical therapy, mental health services, and dialysis. These patients have frequent appointments (sometimes several times a week) and often for services that are long in duration and physically exhausting. Ensuring that patients can access these health care services is an important role played by FCH-funded transportation services, according to passenger and provider interviewees. Transportation services are also used to transport passengers to x-rays, and blood and other lab tests. This has become increasingly important as one hospital has curtailed blood draws at home.

Transportation services have helped riders have timely access to medication. Twenty percent of the passenger interviewees reported that they rely on transportation services to get to pharmacies to purchase their medications; for some patients this is critical to managing chronic conditions and maintaining good health.
Transportation services have contributed to better rider health. Forty-three percent of riders responding to the rider survey reported that transportation services have helped them to stay healthy. Passenger and provider interviewees shared examples of ways in which NEMT services contribute to improved patient health, including getting routine health care as well as to access specialty care such as regular eye care for patients with diabetes, hearing aids, wound care, prosthetics, and services that help them manage chronic disease. Passengers with kidney disease and providers shared the importance of transportation services to help patients access frequent dialysis treatments.

Transportation services have helped to reduce the need for hospitalization and emergency care. Regular health care enables patients and providers to work together to maintain health and address chronic conditions, as well as identify and prevent more serious escalation that could lead to an ER visit or hospitalization. Patient interviewees noted that transportation services have enabled them to better manage their health and get needed medical attention. Provider staff shared that transportation services have helped to ensure that patients are able to schedule and attend medical visits and in this way, reduces the likelihood that patients will end up in the emergency room or requiring hospitalization.

Transportation services have helped riders to access other services and stay socially connected. Although FCH-funded transportation services are most often used for non-emergency medical transportation, some riders use the services for quality of life visits such as shopping or errands and visits to family and friends. Rider survey responses indicate that 44% of respondents use transportation to meet needs and 31% use services to stay socially active. Staying connected to a network of friends and families has been shown to contribute to enhanced quality and length of life and reduced cognitive decline among seniors.

Transportation services have helped senior riders to stay independent and living at home. Half of rider survey respondents reported that the transportation services have helped them to remain living at home; some reported that they would have to consider moving were services not available to them. A few passenger interviewees stated that they live in more isolated parts of the region and do not drive, which creates challenges to getting around. Without the transportation services, they stated, they would likely not be able to stay in their homes.

Transportation services have reduced stress and worry of family and friends. Passengers who responded to the rider survey and those who were interviewed were asked what they would do if transportation services were not available. A little over a third reported that they would ask relatives or a friend or neighbor. Numerous interviewees spoke about the impact of transportation services on the family and friends of riders. Passenger interviewees reported that they have relied on friends and family for transportation services in the past or currently if they require more frequent transportation, but that this creates a substantial burden on others. For services such as dialysis or physical therapy, often more than one friend or family member is needed to provide transportation, which passengers and health care providers reported is very difficult.

Impact of FCH-Funded Transportation Services on Provider Organizations and the Community

Transportation services have helped to reduce no show rates at provider organizations. Although providers track no-shows, they are not able to distinguish these rates among patients with different transportation options or no transportation access. Anecdotally, however, provider interviewees reported that residents in the region face many challenges to keeping appointments
and maintaining health, including transportation barriers. Providers reported that those patients who are able to access transportation services are more likely to keep their appointments than those who have less reliable transportation options. This was attributable to both access to transportation and to the fact that transportation services staff call to remind riders about appointments and transportation plans. Several health care provider interviewees reported that they work closely with transportation dispatchers to coordinate rides for patients and a couple shared that they work actively to identify patients without transportation options and connect them to FCH-funded services. Reducing no show rates, research has shown, has a substantial cost impact on provider organizations.

Transportation services have contributed to a lower overall cost of care. Ensuring that patients make their appointments is critical, providers explained, to monitoring health and ensuring compliance with care plans. Providers shared that transportation services help to keep patients out of the emergency room and hospitals, contributing to a lower overall cost of care, to them and to patients. Several providers talked about the consequences of ER admission for patients who did not get needed dialysis or wound care.

Transportation services have also positively impacted other community businesses. About one third of total rides provided by FCH-funded transportation providers are to non-medical destinations including shopping, employment, and other community-based organizations. Having access to these destinations contributes to overall economic activity in the community, although this impact is difficult to quantify.

Transportation Costs and Sustainability

Second quarter 2017 data reported by grantees indicate that the average cost per ride of transportation provided by FCH-funded services was $38.13 and the average cost per mile was $2.82. There was variability across the three services, with the cost per ride ranging from $23.12 to $50.24 and the cost per mile ranging from $1.73 to $3.91. This variability is due to differences in program size and capacity, utilization patterns, and for the cost per ride, differences in the distances traveled by passengers in each program. These costs are similar to the costs in 2014 for demand-response services for rural transit in Region I (of which Connecticut is a part): $41.46 per ride and $2.60 per mile. These costs are higher per ride but lower per mile than those estimated for rural transit in Region II (of which New York State is a part) in 2014: $11.61 per ride and $3.47 per mile.1 The three transportation providers rely on other funding in addition to FCH support including other foundation funding, contributions from local towns, public agencies, and in the case of one provider, Medicaid. While FCH funding supports a small portion of operations (between 8% and 19%), this support has been critical according to provider interviewees, and helps to leverage additional funding. Transportation providers tend to serve lower income residents, including seniors on fixed incomes and younger people who don’t have their own vehicles, and rely on donations from riders to offset some expenses. However, these contributions cover only a small portion of operations.

Conclusions and Recommendations

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1 Source: Rural Transit Fact Book 2016, Table 32. Note that the Fact Book uses data from 2014, the most recent data available. Due to lack of more current data for rural regions nationally, it is unclear how the costs of FCH-funded demand-response transportation services in 2017 compare to 2017 costs nationally. It is important to note as well that miles covered on average per ride differs substantially across programs. In the FCH-funded programs, the average mileage per ride ranged from 11 to 29. No comparable data are provided in the Fact Book.
Analysis of quantitative and qualitative data points to several conclusions about FCH-funded transportation services:

- Transportation services meet a need in the community and have addressed transportation barriers for residents in FCH’s service area, particularly seniors and those who need medical services.
- Transportation services have grown since FCH funding of service began and currently average between 11,500 and 12,500 rides per year serving about 380 unduplicated riders.
- Transportation providers provide high quality services: services are quickly and easily booked, staff are courteous and helpful, vehicles are clean and drivers drive safely.
- Transportation services have contributed to supporting riders’ health by ensuring that they are able to make and keep medical appointments, access needed specialty, medication, and medical tests and generally maintain continuity of health care.
- Transportation services have helped riders to connect to other services such as shopping and social services and maintain relationships with family and friends, an important component to mental health and longevity among seniors.
- Transportation services have helped seniors to remain independent and living at home.
- Transportation services have helped to reduce stress and worry for riders’ families and friends, who would be called upon were the services not available.
- Transportation services have helped to reduce no show rates and thus costs to provider organizations and also contributed to reduced hospitalizations and emergency care.
- Transportation services also make a positive impact on other community institutions, including employers and other businesses.

Several recommendations emerge from this analysis:

- **Continue to support demand response transportation in the FCH region.** Analysis of past and current trends in ridership as well as the region’s demographics suggest that transportation services in the region will continue to be needed. Given the nature of the region, it is unlikely that demand can be efficiently met by services other than demand response programs. Demographic shifts, including a rising portion of aging baby boomers coupled with longer life expectancy and a migration of low-income families to the region, suggest that demand for transportation services is likely to rise overall.

- **Continued to support efforts to enhance efficiency of services.** A recent FCH-funded study of transportation operations at one program pointed to strategies to enhance efficiency. Acting on these recommendations, and supporting other studies and efforts to identify efficiencies should be considered.

- **Capitalize on the growing attention of health care providers to the social determinants of health to identify ways the health system can support community-based transportation services.** The changing healthcare landscape—with its growing attention to patient-centered medical homes, accountable care organizations, and quality measures—has led to greater attention by health care systems on the larger social factors that affect health. This attention provides opportunities to highlight the role of transportation. Partnerships between community transportation providers and health care systems should be considered. Additionally, it is worth considering whether to approach private, for-profit health care providers, especially those that see patients frequently, to contribute to transportation services on behalf of their patients.
INTRODUCTION

Transportation is a substantial issue for the large rural region served by the Foundation for Community Health, creating barriers to accessing health care and other services and supports, and affecting the overall health and well-being of the region’s residents. Low population density, long distances between service locations, and lack of transportation infrastructure all contribute to transportation challenges. The changing demographic characteristics of the region—including an aging population and a rise in low-income families—has led to increased demand for transportation services.

Since 2004, the Foundation for Community Health (FCH) has supported community-based transportation services for rural residents of the 17 towns in the Foundation’s service region. These services have primarily included the provision of non-emergency medical transportation (NEMT), although transportation to other locations is sometimes also provided. The three programs supported by the Foundation include:

- **Geer Dial-a-Ride** (Geer), operated by Robert C. Geer Memorial Hospital, provides door-to-door transportation for non-emergency medical appointments, shopping, and day-to-day errands. Geer serves residents of North Canaan, Falls Village, Salisbury, Cornwall, and Sharon. The service operates two buses (wheelchair accessible) and one minivan five days a week. Local and longer distance medical transportation is provided on a limited basis. In addition to funding from FCH, Geer receives funding from towns and the Western Connecticut Area Agency on Aging.

- **Northeast Community Center (NECC)** operates the Care Car and the Northeast Dutchess Transit Dial-a-Ride services that provide transportation for non-emergency medical appointments, shopping, and socialization. The Care Car, which was started in 1988, is a volunteer driver service. Transportation is provided to residents of Millerton/Northeast, Wassaic, Amenia, Dover Plains, and Pine Plains. Most trips are local but longer trips are possible if a volunteer is willing. The Dial-a-Ride service began in 2012 and operates one wheelchair-accessible bus. The service operates five days a week with some flexibility for Saturday rides. The Dial-a-Ride serves residents of Wassaic, Amenia, Dover, Millbrook, Millerton, Pine Plains, and Stanford and provides rides within Dutchess County. In 2012, with support from FCH, NECC negotiated with state and federal funders to enable it to provide transportation to medical providers in Connecticut (who are a shorter distance than some in New York). Seniors and those with disabilities receive first priority. Funding is provided by FCH, the New York State Department of Transportation, Dutchess County, local towns, and community foundations.

- **The Children and Adults Rural Transportation Service (CARTS)**, operated by the Columbia County Healthcare Consortium, provides NEMT to Columbia County residents including the FCH service area of Ancram and Copake. The largest of the three programs, CARTS operates ten vehicles including sedans, minivans, and a multi-passenger wheelchair accessible minibus. CARTS provides local and long distance medical transportation. CARTS is a Medicaid transportation provider, although the program also serves non-Medicaid clients. Funders include FCH, Department of Health, Medicaid, and Columbia County.

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2 Non-Emergency Medical Transportation (NEMT) refers to transportation services that help residents get to and from medical care for non-life-threatening circumstances such as primary care, specialty care, dental care, behavioral health services, and pharmacy services. (Holt, Wexler & Farnam, 2007)
The three programs share several characteristics. First, they all provide demand response transportation services meaning that they schedule pick-up and drop-off times and locations with their passengers (they do not operate fixed hours on fixed routes). This requires that passengers schedule their rides ahead of time, several days for most local trips and more notice for longer distances. Second, these programs provide door-to-door transportation meaning that passengers are picked up from the threshold of their homes and brought to the threshold of their destinations (rather than delivered curb to curb), a service especially beneficial for seniors and people with disabilities. Finally, none charges passengers for the rides, although donations are appreciated (CARTS bills Medicaid for eligible Medicaid beneficiaries).

Between 2004 and 2016, FCH has invested $1,003,556 in these three transportation services, largely to support operations, with some investment in vehicles. (Fig.1) Over the past five years, FCH funding for transportation operations has remained constant at about $92,000 per year (in 2014 additional funding was provided for a vehicle). Overall, FCH supports a small portion of the programs’ total budgets, between 8% and 19% in 2017.

*Purchase of a van for Northeast Dutchess Care Car in 2006 ($20,000) and a minibus for CARTS in 2014 ($50,000).

**EVALUATION APPROACH**

This report summarizes the results of an evaluation of FCH-funded transportation services conducted between June and November 2017. The evaluation examines two overarching evaluation questions:

1. **How has the availability of transportation services funded by the Foundation enhanced the health and well being of riders?**
   - How many and what types of riders have utilized transportation services and with what frequency?
   - For what purposes have riders utilized transportation services and with what frequency?
• To what extent have transportation services enabled riders to utilize services that enhance their health, their mental health, and their quality of life?

2. To what extent has the availability of transportation services funded by the Foundation had an impact on the community?
• What impact have transportation services had on healthcare providers and other community institutions and services?
• What impact have transportation services had on the riders’ economic stability and role they play in the community?
• What impact have transportation services had on friends and relatives of riders?

The data collected for this study are both quantitative and qualitative and come from the following sources:
• Ridership Data. Annually-reported data about ridership provided by the three grantee organizations gives a picture of the number of rides, riders, destinations, distances traveled and costs of rides. While some of these quantitative data were collected consistently across grantees, a few were defined differently by grantees and thus, are not comparable. These issues have been addressed and more consistent definitions are now being used in reporting to FCH.
• Rider Survey. Each year, grantees administer a ridership survey to gather feedback from riders about services, satisfaction, and needs. In 2017, FCH staff worked with grantees to ensure that the same questions were asked and similar information could be collected. The survey (Appendix A) was administered by grantees between spring and fall 2017 and 83 riders responded.
• Interviews with Grantee Staff. One hour semi-structured phone interviews (questions in Appendix B) were conducted with the leadership of each of the three programs. The interviews explored the history and need for the program, the services and fee structures, service usage, collaboration, and perceived impact.
• Interviews with Riders. Fifteen minute phone interviews (questions in Appendix C) were conducted with ten passengers across the three programs to learn more about why customers use transportation services and how they and their families benefit. Contact information was provided by the transportation programs.
• Interviews with Staff at Health Care Provider Organizations. Fifteen minute phone interviews (questions in Appendix C) were conducted with nine health providers and staff served by the programs to learn more about patients’ needs relative to transportation, and the impact of transportation services on both patients and health care organizations. Contact information was provided by the programs.

FINDINGS

This section presents the key findings related to the transportation programs in four areas: (1) access to transportation; (2) satisfaction with services; (3) impact on riders and families; and (4) impact on provider organizations and the community. This section ends with a discussion of transportation costs.

Transportation Access

Research identifies transportation as a substantial barrier to accessing health care and other services and to aging safely in place in many communities:
- In a meta-analysis of transportation studies nationally, researchers found that in 25 separate studies, 10–51% of patients reported that transportation was a barrier to health care access. (Syed, Gerber & Sharp, 2013)
- A study of rural residents in Connecticut found transportation to be the most severe barrier to accessing healthcare services for people living in rural areas, and the greatest unmet need. (Holt, Wexler & Farnam, 2006)
- Sixty percent of community stakeholders (health care providers, social service professionals, the faith community, government representatives, businesspeople, and community residents) responding to a survey conducted for FCH in 2014 identified lack of transportation as one of three top barriers to health care access. (Horsch, 2014)
- Elderly and individuals with disabilities in particular face the burden of transportation barriers when trying to get health care and other services. (Goins, Williams, Carter & Soloviena, 2005; Iezzoni, Killeen & O’Day, 2006; Syed, Gerber & Sharp, 2013)
- A 2004 study found that seniors who no longer drive make far fewer visits to the doctor, trips to eat out and shop, and visits to friends and families than drivers of the same age (Bailey, 2004).

**Transportation services funded by FCH have addressed transportation barriers for residents in the service area.**

In 2016, the most recent year for which complete data are available, the three FCH-funded transportation services provided a total of 11,817 rides, serving 306 (unduplicated) individuals in FCH’s service area. (Fig.2) Each quarter, approximately 2,800-3,000 rides are provided.

![Fig. 2: Total Rides 2016-2017](image)

Non-emergency medical rides comprise the largest portion of rides provided by the three programs. (Fig.3) In 2016, 7,790 non-emergency medical rides were provided, 66% of all rides that year. Non-emergency medical rides include transportation for a variety of health needs including primary and specialty care, lab tests and x-rays, and appointments for more frequent medical needs such as wound care, dialysis, physical therapy, and cancer treatment. In the same year, 2,553 rides to shopping were provided, 237 rides to visit family.

66% of all rides in 2016 were for non-emergency medical needs

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3 Rides are defined as transportation for one person from one location to another.
or friends, and 812 rides to employment. In 2016, 425 rides were to other destinations including food banks, social services, family court, and exercise facilities. Average mileage per ride ranges from about 9-10 miles for one provider, 20 for another, and 25-30 for the third.

**Fig. 3: Rides by Type 2016-2017**

Interviewees shared their views that the three transportation programs meet an important need for transportation in FCH’s service area. There are few transportation options for residents of the region other than the services provided by CARTS, NECC, and Geer. There is a Poughkeepsie Loop Bus operated by Dutchess County Public Transit. However, the bus operates on fixed routes, on fixed hours, and provides curb-to-curb services which makes it difficult for many residents to access. Eligible Medicaid beneficiaries have access to other, privately-operated transportation services for medical appointments. Taxis are not available in all communities and they are costly.

**Use of FCH-funded transportation services has grown over the years.**

Transportation capacity has increased over the years of FCH funding. Between 2010 and 2016, the number of rides provided by FCH-funded transportation services increased by 52%. (Fig.4) The number of rides increased sharply between 2011 and 2012 largely because of the establishment of Dial-a-Ride services by NECC in 2012.

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4 All three programs provide medical trips but trips to other destinations varies by program. CARTS only provides medical transportation. Geer and NECC provide trips to shopping destinations. NECC provides trips to visit family and friends. Geer provides trips to employment.

5 Although FCH began funding transportation in 2004, consistent funding of all three programs, as well as standardized data collection across them, began in 2010.
Between 2010 and 2015, the number of unduplicated riders served by FCH-funded transportation services increased. (Fig. 5) Ridership increased between 2011 and 2012 when NECC established Dial-a-Ride services, although services were contracted and dispatched through the County. The number of unduplicated riders dipped between 2015 and 2016 because during this time, NECC took over direct administration of Dial-a-Ride services from the County, which necessitated re-establishing connection with riders.

Maximizing vehicle use to ensure access for the largest number of residents is a goal of the transportation programs according to grantee interviewees. The demand response nature of the transportation makes this challenging. Given the various destinations and needs of passengers (wheelchair accessibility for some) and the limited number of vehicles and drivers available, pre-scheduling and coordination of rides to the same destination where possible is critical.

Seniors, in particular, benefit from transportation services.

Seniors took 65% of the rides in 2016 (7,724) and comprised 79% of the unduplicated riders in 2016. Between 60-70% of the rides taken each quarter are by those over age 60. (Fig. 6) This is not surprising, and is comparable to national trends: seniors are less likely to drive and are more likely to need transportation more frequently, especially for medical services. Interviews with providers and transportation operators confirm that a large number of seniors rely on transportation services; they noted as well, however, that use of transportation services by low-income families in the region, including non-English speakers, is growing.
Satisfaction

Passengers are highly satisfied with FCH-funded transportation services.

Interview and rider survey results point to high satisfaction with the transportation services. A high proportion of respondents to the rider survey, 82%, rated the services they received as excellent.6

When asked about specific aspects of the transportation services, passengers overwhelmingly provided positive responses (Fig.7), noting the timeliness of services, quality of vehicles, and helpfulness of dispatchers and drivers.

Fig. 7: Passenger Feedback about Transportation Services

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No/ Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy to schedule rides (n=79)</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Calls answered in a timely way (n=80)</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Rides booked quickly (n=82)</td>
<td>91%</td>
<td>9%</td>
</tr>
<tr>
<td>Dispatchers courteous and respectful (n=81)</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Dispatchers helpful and clear with information (n=82)</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>Drivers drive safely (n=82)</td>
<td>98%</td>
<td>2%</td>
</tr>
<tr>
<td>Vehicles clean (n=82)</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>Able to arrive on time for appointments (n=78)</td>
<td>100%</td>
<td>0</td>
</tr>
</tbody>
</table>

Interviewees—both passenger and providers—were effusive in their praise of the services. They mentioned the quality of the drivers, the timeliness of the services, and the effort made by the program staff to coordinate trips and meet needs. Several elderly interviewees noted that

6 Of 83 survey respondents, across all three transportation programs.
wheelchair accessibility of these transportation services has been very important for them. The interpersonal aspect of services was mentioned by numerous passenger interviewees. As one frequent rider shared, “this service is very important to me. The drivers are friendly. I can’t say enough good about them.” Some contrasted the transportation services provided by the three programs with those provided by some Medicaid transportation services. As one health care provider stated, “some passengers—because they are frail or have mental health issues—need extra sensitivity. [Program name] transportation has that extra sensitivity. Some other providers do not.”

Survey respondents were asked about suggestions for improvement (Fig.8). Both passengers and providers shared some ideas. Expanded services—through longer and weekend hours—was the most common suggestion. Passenger interviewees expressed a desire for more frequent services to longer distance destinations. Several passengers shared that they believed the services needed more resources to enhance their transportation options. Providers also reported a need for more transportation capacity in the region because they perceived unmet need among their patients.

**Fig. 8: Passenger Suggestions**

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect to other transportation</td>
<td>10%</td>
</tr>
<tr>
<td>Other*</td>
<td>13%</td>
</tr>
<tr>
<td>Allow more frequent booking</td>
<td>17%</td>
</tr>
<tr>
<td>Longer hours</td>
<td>19%</td>
</tr>
<tr>
<td>Sat/Sun service</td>
<td>32%</td>
</tr>
</tbody>
</table>

* Other: longer hours, ability to use more frequently, more drivers, travel to medical destinations further away, bike racks, translation, portable step for every vehicle, not have to book so far in advance

**Impact of FCH-Funded Transportation Services on Riders and Families**

Transportation services have increased riders’ ability to make and keep medical appointments.

The connection between transportation access and improved health has been documented by numerous research studies. Missed medical appointments, which are linked to poor health outcomes, have been shown in research to be related to transportation barriers:

- One study found that 82% of those who kept their medical appointments had access to a car, compared to 58% of those who did not keep their appointments. (Yang, Zarr, Kass-Hout, Kourosh & Kelly, 2006)
- Another study found that patients, especially minorities, may opt to forgo cancer care in the absence of transportation to treatment facilities. (Guidry, Aday, Zhange & Winn, 1997)
- A 2005 study using national datasets found that in comparison to those with transportation, the transportation-disadvantaged population has a higher prevalence of chronic disease and other medical conditions (including depression and dental problems) and far greater prevalence of comorbidities. (Wallace, Hughes-McCromwick, Mull & Khasnabis, 2005)
- Researchers note that when patients cannot get to their health care provider, “they miss the opportunity for evaluation and treatment of chronic disease states, changes to treatment regimens, escalation or de-escalation of care and, as a result, delay interventions that may reduce or prevent disease complications.” (Syed, Gerber, & Sharp, 2013)

Quantitative and qualitative data indicate that the transportation services provided by Geer, NECC, and CARTS has helped passengers to access health care and keep medical appointments. As described earlier, 66% of all rides provided by the three FCH-funded transportation providers were for medical appointments including primary and specialty care, lab tests and x-rays, wound care, dialysis, physical therapy, and cancer treatment. Additionally, 83% of respondents to the rider survey reported that the transportation services help them to keep their medical appointments. (Fig.9) When asked what they would do if transportation services were not available, 22% of survey respondents reported that they would make fewer appointments. (Fig.10)

Interviews shed light on the specific transportation challenges faced by those using transportation services and the role FCH-funded services play in helping them access healthcare. Almost all passenger interviewees reported that they used to drive themselves to health care appointments, but were now unable to do so either due to age or physical disability (both permanent and temporary). While most passenger interviewees reported that they had individuals they could call on to provide transportation, this was not always realistic because of work and family demands. For younger passengers, spouses are often working. Some senior interviewees reported that their spouses also no longer drove, thus further limiting transportation access.

“Neither one of us drives. We are stranded out here.”
- passenger interviewee

83% of survey respondents say transportation services help them keep medical appointments
22% say they would make fewer medical appointments if transportation services were not available

Passenger interviewees reported that transportation services have been critical in helping them to make and keep their medical appointments. They valued the flexibility of the demand-response services and for some, the wheelchair accessibility of vehicles was very important. A couple of interviewees reported that while they are able to get rides from family or friends to local medical care, transportation services have been essential to help them access longer distance specialty care.

Provider interviewees echoed patients’ perspectives on the role of transportation services in accessing healthcare. A couple of provider interviewees shared what research has shown: that residents in rural communities face substantial transportation barriers to accessing health care. They reported that they work to ensure that patients facing transportation challenges are connected to services such as those supported by FCH.

“I used to drive and take care of my health concerns—heart, foot, eye. Now I can’t drive. They don’t let me on the road because of my health conditions.”
- passenger interviewee

“Patients would not be able to get to our office without the transportation service.”
- provider interviewee
Transportation services have enhanced riders’ ability to access on-going specialty care and medical tests.

Among FCH-funded transportation users are those who require on-going specialty medical care—for services such as cancer treatment, wound care, physical therapy, mental health services, and dialysis. These patients have frequent appointments (in the case of dialysis, several times a week) and often for services that are long in duration and physically exhausting.

“I’d call them a lifesaver. My son can’t take time off work to take me to my treatments. I’d have treatments on Monday and then go to the doctor the week following.”
- passenger interviewee

Ensuring that patients can access these health care services is a critical role played by FCH-funded transportation services, according to passenger and provider interviewees. Some patients use transportation services several times a week (if available) to access this health care. Others rely on family members or friends for rides but use the transportation service to give those drivers a “break” occasionally. Providers shared that the availability of transportation means patients are less likely to skip these types of appointments. As one provider relayed, “there was a gentleman the other day who needs dialysis—he did not have a driver’s license and his significant other works. We moved the schedule around so he could get transportation services from [program name]—they worked with us to make it work.” Both passengers and providers pointed to the financial burden for many patients (those not eligible for Medicaid transportation) if taxis were the only option to get to services; some, according to interviewees, would have to forgo care. As one interviewee stated about the practice’s patients, “if they don’t have Medicaid, they are out of luck. They don’t have money for a taxi.”

Transportation services are also used to transport passengers to medical tests. Passenger interviewees shared that they have used transportation services to get X-rays, and blood and other lab tests. The importance of transportation services to access tests has increased recently according to one provider who stated that Sharon Hospital has stopped conducting blood draws at home (except for those who are homebound). The availability of transportation services, in the opinion of this provider, has helped to ensure that patients get the lab and other tests they need to maintain health.

Passenger Vignette: Accessing Regular Specialty Care
Mrs. A, who drives and has her own car, recently experienced a seizure, necessitating regular physical therapy. Due to the seizure, she is not allowed to drive and relies on transportation services to get to physical therapy three times a week as well as to attend doctor’s appointments. Without family in the area, and with friends who work, Mrs. A has few transportation options. Taxis, the only other available option, would be cost prohibitive.

Transportation services have helped riders have timely access to medication.

“I rely on them faithfully to get my prescriptions on time, which are life or death for me. I take four different medications.”
- passenger interviewee

Twenty percent of interviewees reported that they rely on transportation services to get to pharmacies to purchase their medications. One interviewee shared that due to lack of transportation in the past, he would run out of medication before getting transportation to get a refill.
Transportation services have contributed to better rider health.

The ability to make and keep medical appointments, to access medication and medical tests, and to receive continuous health services like dialysis or wound care, all contribute to enhanced health, as depicted below in the graphic developed by Health Outreach Partners (2016).

Forty-three percent of riders responding to the rider survey reported that transportation services have helped them to stay healthy. (Fig.9) Passenger and provider interviewees shared examples of ways in which NEMT services contribute to improved patient health, citing examples that are consistent with the framework above and research findings. Passenger interviewees talked about using transportation to get routine health care as well as to access specialty care such as regular eye care for patients with diabetes, hearing aids, wound care, prosthetics, and services that help them manage chronic disease. A passenger interviewee who is using transportation services to get physical therapy noted that without the services he would not be able to get this care and this would delay his recovery. Passengers with kidney disease and providers shared the importance of transportation services to help patients access frequent dialysis treatments. As one dialysis provider reported, “when people have dialysis they are able to live longer.”

Transportation services have helped to reduce the need for hospitalization and emergency care.

The many causes of unnecessary hospitalization or emergency room utilization, including transportation barriers that affect access to preventative and primary care, have been documented by research:

- An analysis of National Health Interview Survey data found “no transportation” to be one of five stated barriers to accessing primary care that results in ED use. (Rust et.al., 2008).
- A 2016 qualitative analysis of Medicaid enrolled frequent ED users found that transportation was one of the biggest barriers to accessing primary care services, resulting in higher use of emergency department care. (Capp et.al., 2016)
Patient interviewees noted that transportation services have enabled them to better manage their health and get needed medical attention. Providers shared that transportation services have helped to ensure that patients are able to schedule and attend medical visits and in this way, reduces the likelihood that patients will end up in the emergency room or requiring hospitalization. “Transportation services offer a pathway to patient care that decreases utilization of the ER and unnecessary appointments. They help us to keep patients better maintained. We have a high risk and noncompliant patient population. The transportation services have helped stabilize a good portion—they are able to go to the doctor on a regular basis.” - provider interviewee

Transportation services have helped riders to access other services and stay socially connected.

Although FCH-funded transportation services are most often used for non-emergency medical transportation, some riders use the services for quality of life visits such as shopping or errands and visits to family and friends.7 (Fig.3) Rider survey responses indicate that 44% of respondents use transportation to meet needs and 31% use services to stay socially active. (Fig.9) A couple of passenger interviewees reported that they use transportation services to visit friends and shop for groceries. As one person shared, “I rely on Dial-a-Ride to get my shopping done. I do a lot of walking, but I can’t walk everywhere.” Staying connected to a network of friends and families has been shown to contribute to enhanced quality and length of life and reduced cognitive decline among seniors. (Eertel, Glymour & Berkman, 2008; Thomas, 2011)

Fig. 9: How Transportation Services Help

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay socially active</td>
<td>31%</td>
</tr>
<tr>
<td>Stay healthy</td>
<td>43%</td>
</tr>
<tr>
<td>Meet needs</td>
<td>44%</td>
</tr>
<tr>
<td>Remain living at home</td>
<td>50%</td>
</tr>
<tr>
<td>Keep medical appointments</td>
<td>83%</td>
</tr>
</tbody>
</table>

Transportation services have helped senior riders to stay independent and living at home.

Half of rider survey respondents reported that the transportation services have helped them to remain living at home. (Fig. 9) Some (16%) reported that they would have to consider moving were transportation services not available to them. (Fig.10) A few passenger interviewees shared a similar view. They noted that they live in more isolated parts of the region and do not drive, which creates challenges to getting around. Without the transportation services, they indicated, they would likely not be able to stay in their homes. Providers concurred. As one provider stated, “it’s really hard for elderly people to not be independent. The transportation service helps them to be a bit more independent.” Research points to the importance of transportation options to enabling people to remain in their homes as they age

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7 One of the three providers provides only NEMT services.
and increasingly attention is being paid to addressing transportation needs so the aging baby boomer generation can safely age in place. (Transportation for America, 2011)

**Passenger Vignette: Staying independent**

Mrs. B and her husband have been using FCH-funded transportation services about a year, after both stopped driving. They use the service for grocery shopping once a week and occasional doctor’s visits. While their daughter recently returned to the area, both she and her husband work and they have young children. Both Mrs. B and her husband are in good health and anticipate staying in their home as long as they can.

**Transportation services have reduced stress and worry of family and friends.**

Passengers who responded to the rider survey and those who were interviewed were asked what they would do if transportation services were not available. A little over a third reported that they would ask relatives or a friend or neighbor. (Fig. 10)

Numerous interviewees spoke about the impact of transportation services on the family and friends of riders. As one transportation provider stated, “the people most grateful for our services are those people who would otherwise provide the transportation: adult children and friends.” Passenger interviewees reported that they have relied on friends and family for transportation services in the past or currently if they require more frequent transportation, but that this creates a substantial burden on others. As one passenger shared, “sometimes [transportation program] can’t take me because it is too short notice. My brother comes then. He is an hour away and then to take me back and forth, it’s about four hours of his time.” For services such as dialysis or physical therapy, often more than one friend or family member is needed to provide transportation, which passengers and health care providers reported is very difficult. As the daughter of parents who use transportation services explained, “it's very hard to drive my parents to appointments because I work and it's great to know that they can get a safe ride when they need it.”

**Passenger Vignette: Less worry for families and enhanced care**

Mr. C is an elderly man who has relied on his daughter, a teacher with young children, for transportation. His daughter did the best she could to get Mr. C to medical appointments, often having to take her children along. However, because she was not available until after school, Mr. C’s appointments had to be scheduled for the late afternoon. This meant Mr. C was often tired at appointments. Additionally, because of the late time of day, Mr. C’s blood could not be drawn at an appointment requiring another appointment, on Saturday mornings, to be scheduled. This created difficulty for all. Recently, Mr. C was connected to NEMT services. These services have enabled him to schedule appointments earlier in the day at which he can have needed tests. It has relieved the burden on his family.
Impact of FCH-Funded Transportation Services on Provider Organizations and the Community

To date, there are only a few empirical studies that have documented the economic impact of transportation services on health care organizations and the community. However, the few that have been conducted point to positive results:

- One study of non-emergency medical transportation in Missouri found that transportation services for every $1 invested, between $3.46 and $5.20 is returned in transportation to providers. (Alewine, 2017)
- A recent study of the cost of missed appointments to providers estimated that the cost of a missed appointment in HRSA-funded health centers averaged $175. Because transportation barriers were listed as one of the top three barriers to keeping appointments by health centers, study authors conclude, “a significant portion of the cost of missed appointments can be traced to transportation barriers.” (Health Outreach Partners, 2017)
- Additional community benefits of transportation services have also been documented, although not quantified, including increased spending and economic activity in a community, reduced fuel consumption and emissions, and improved safety and security when some drivers are no longer on the roads. (Godavarthy, 2014)

Data limitations affect the ability to quantify the impact of FCH-funded transportation services on provider organizations and the larger community. Providers interviewed for this study do not track patients by transportation access and thus cannot easily quantify the impact of transportation services on their practices. Determining the economic contribution of riders to other community institutions is not feasible. Instead, the following examination of the impact of services on providers and the community relies on interview data collected from riders, providers, and transportation services staff.

Transportation services have helped to reduce no show rates at provider organizations.

Although providers track no-shows, they are not able to distinguish these rates among patients with different transportation options or no transportation access. Anecdotally, however, provider interviewees reported that residents in the region face many challenges to keeping appointments and maintaining health, including transportation barriers. As one shared, “I have nothing but positive things to say about the [transportation] service. I am nothing but grateful. We’re trying to do the best thing for our patients and they are a piece of that.”

“Transportation definitely has a positive effect on the practice—there are less no shows.”
- provider interviewee

Providers reported that those patients who are able to access transportation services are more likely to keep their appointments than those who have less reliable transportation options. This was attributable to both access to transportation and to the fact that transportation services staff call to remind riders about appointments and transportation plans. This helps to ensure that vehicles are used to capacity and has dual benefits for riders as one specialty provider explained, “they call patients right before the appointment to remind them that they are coming. They follow up if patients don’t answer their calls. They are keeping tabs on people who are alone. They are reducing missed appointments.” Riders reported that they value being reminded about appointments. Some passengers reported that it is not always easy to schedule rides, especially at the last minute, and appointments to more distant
providers must often be scheduled further in advance. Notably, however, all respondents to the rider survey reported that they arrive on time for their appointments.

Several health care provider interviewees reported that they work closely with transportation dispatchers to coordinate rides for patients and a couple shared that they work actively to identify patients without transportation options and connect them to FCH-funded services. Reducing no show rates, research has shown, has a substantial cost impact on provider organizations. As one provider interviewee stated, “it’s bad if patients don’t make it to their appointments. It’s also not good for us financially if patients have to cancel.”

**Transportation services have contributed to a lower overall cost of care.**

“We have had patients who have not had transportation and their wounds get worse. If they don’t get a ride, it escalates their wound, and these people might come back in through the ER.”  
- provider interviewee

Ensuring that patients make their appointments is critical, providers explained, to monitoring health and ensuring compliance with care plans. Providers shared that transportation services help to keep patients out of the emergency room and hospitals, contributing to a lower overall cost of care, to them and to patients. Several providers talked about the consequences of ER admission for patients who did not get needed dialysis or wound care. As one provider interviewee explained, “you have to have dialysis. If you don’t have it, you end up in the ER or hospitalized and that costs more.”

**Transportation services have also positively impacted other community businesses.**

Interviewees spoke less about the impact of transportation services on other community institutions, in part because so many rides that they utilized were medical in nature (one program provides only medical rides). As described earlier in this report, however, about one third of total rides provided by FCH-funded transportation providers in 2016 and the first two quarters of 2017 are to non-medical destinations including shopping, employment, and other community-based organizations. (Fig. 2) Having access to these destinations contributes to overall economic activity in the community. Additionally, one transportation provider shared an example of the value other institutions place on community-based transportation services for their bottom line. In this case, a local grocery store had closed. It was unclear how long the store would be closed but because it was in a residential area, many people walked to the store to purchase their groceries. Owners of another grocery store approached the transportation service offering to pay the program to provide residents with transportation to their store. Although this was ultimately not needed (the old grocery store re-opened quickly), the transportation request demonstrates the impact transportation services have on other local businesses.

**Transportation Costs and Sustainability**

Second quarter 2017 data reported by grantees indicate that the average cost per ride of transportation provided by FCH-funded services was $38.13 and the average cost per mile was $2.82. There was variability across the three services, with the cost per ride ranging from $23.12 to $50.24 and the cost per mile ranging from $1.73 to $3.91. This variability is due to differences in program size and capacity, utilization patterns, and for the cost per ride, differences in the distances traveled by passengers in each program. These costs are similar to the costs in 2014 for demand-response services documented by the Upper Great Plains Transportation Institute for rural transit in Region I (of which Connecticut is a part): $41.46 per ride and $2.60 per mile. These costs are
higher per ride but lower per mile than those estimated for rural transit in Region II (of which New York State is a part) in 2014: $11.61 per ride and $3.47 per mile.8

As described above, the three transportation providers rely on a variety of funding in addition to that provided by FCH including other foundation funding, contributions from local towns, public agencies, and in the case of one provider, Medicaid. While FCH funding supports a small portion of operations (between 8% and 19%), this support has been critical according to provider interviewees, and helps to leverage additional funding. Transportation providers tend to serve lower income residents, including seniors on fixed incomes and younger people who don’t have their own vehicles, and thus rely on donations from riders to offset some expenses. However, these contributions cover only a small portion of operations.

CONCLUSIONS AND RECOMMENDATIONS

Analysis of quantitative and qualitative data points to several conclusions about FCH-funded transportation services:

• Transportation services meet a need in the community and have addressed transportation barriers for residents in FCH’s service area, particularly seniors and those who need medical services.
• Transportation services have grown since FCH funding of service began and currently average between 11,500 and 12,500 rides per year serving about 380 unduplicated riders.
• Transportation providers provide high quality services: services are quickly and easily booked, staff are courteous and helpful, vehicles are clean and drivers drive safely.
• Transportation services have contributed to supporting riders’ health by ensuring that they are able to make and keep medical appointments, access needed specialty, medication, and medical tests and generally maintain continuity of health care.
• Transportation services have helped riders to connect to other services such as shopping and social services and maintain relationships with family and friends, that is an important component to mental health and longevity among seniors.
• Transportation services have helped seniors to remain independent and living at home.
• Transportation services have helped to reduce stress and worry for riders’ families and friends, who would be called upon were the services not available.
• Transportation services have helped to reduce no show rates and thus costs to provider organizations and also contributed to reduced hospitalizations and emergency care.
• Transportation services also make a positive impact on other community institutions, including employers and other businesses.

Several recommendations emerge from this analysis:

• **Continue to support demand response transportation in the FCH region.**
  Analysis of past and current trends in ridership as well as the region’s demographics suggest that transportation services in the region will continue to be needed. Given the nature of the region, it is unlikely that demand can be efficiently met by services other than demand response programs. Demographic shifts, including a rising portion of aging baby

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8 Source: Rural Transit Fact Book 2016, Table 32. Note that the Fact Book uses data from 2014, the most recent data available. Due to lack of more current data for rural regions nationally, it is unclear how the costs of FCH-funded demand-response transportation services in 2017 compare to 2017 costs nationally. It is important to note as well that miles covered on average per ride differs substantially across programs. In the FCH-funded programs, the average mileage per ride ranged from 11 to 29. No comparable data are provided in the Fact Book.
boomers coupled with longer life expectancy and a migration of low-income families to the region, suggest that demand for transportation services is likely to rise overall.

- **Continued to support efforts to enhance efficiency of services.**
  A recent FCH-funded study of transportation operations at Geer pointed to several strategies to enhance operational and financial efficiency. Acting on these recommendations, and supporting other studies and efforts to identify efficiencies should be considered.

- **Capitalize on the growing attention of health care providers to the social determinants of health to identify ways the health system can support community-based transportation services.**
  The changing healthcare landscape—with its growing attention to patient-centered medical homes, accountable care organizations, and quality measures—has led to greater attention by health care systems on the larger social factors that affect health. This attention provides opportunities to highlight the role of transportation and consider whether health care organizations could be approached to support community-based transportation. Additionally, a recent update (December 2016)\(^9\) to transportation Safe Harbor legislation now enables health care providers to operate transportation services for their patients; thus partnerships between community transportation providers and larger health care systems should be considered. Additionally, it is worth considering whether to approach private, for-profit health care providers, especially those that see patients frequently, to contribute to transportation services on behalf of their patients.

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APPENDIX A: RIDER SURVEY

Your town of residence ________________________

How did you hear of this service?
- Family
- Friend
- Medical provider
- Newspaper
- Brochure
- Other printed material (such as magnet, pen, etc.)
- An agency
- Health Insurance Company (such as Medicare, Medicaid)
- Other: Please specify ________________________________

USE OF SERVICE

How often do you use this service?
- First Time
- About once per week
- More than once per week
- About once per month
- About once every three months
- About once every six months
- About once per year or less
- Other: Please specify ________________________________

Do you use the service to go to (check all that apply):
- Medical appointments
- Shopping
- Appointments with Social Services or other agencies
- Visit friends and family
- Other: Please specify ________________________________

Do you find scheduling your rides to be easy?
- Yes  ☐ No  ☐  Comments: _______________________________

Was/Are your phone calls answered or returned in a timely way?
- Yes  ☐ No  ☐  Comments: _______________________________

Are your rides booked quickly?
- Yes  ☐ No  ☐  Comments: _______________________________

Are the dispatchers (person on phone scheduling your appointment) courteous and respectful?
- Yes  ☐ No  ☐  Comments: _______________________________

Are the dispatchers (person on phone scheduling your appointment) helpful and clear with information?
Do the drivers drive safely?
☐ Yes ☐ No  Comments: _________________________________

Are the vehicles clean?
☐ Yes ☐ No  Comments: _________________________________

QUALITY OF SERVICE

Are you able to arrive on time for your appointments when using this service?
☐ Yes ☐ No  Comments: _________________________________

How would you rate your overall experience with our transportation service?
☐ Excellent ☐ Good ☐ Fair ☐ Poor  Comments: _________________

What would make the service more helpful or convenient for you?
☐ Longer hours
☐ Saturday or Sunday service
☐ Wheelchair lift
☐ Be able to book the same ride more than once a week
☐ Connect with other transportation (train, bus, etc.)
☐ Other: Please explain _________________________________

PERSONAL IMPACT or VALUE OF SERVICE

Has this transportation service helped you to (check all that apply):
☐ Remain living at home
☐ Keep medical appointments
☐ Stay healthy
☐ Stay socially active
☐ Get what you need
Comments: ____________________________________________

If this service weren't available, what would you do? Check all that apply.
☐ Ask a relative to drive you
☐ Ask a friend or neighbor to drive you
☐ Make fewer appointments
☐ Stay at home
☐ Consider moving
Comments: ____________________________________________

Does this service meet your needs?
☐ Yes ☐ No  Comments: _________________________________

Is there anything we could do to better meet your needs or improve the service?
☐ Yes ☐ No  Comments: _________________________________

Will you continue to use this service?
☐ Yes ☐ No  Comments: _________________________________
Your age:
☐ Over 80  ☐ 65 – 80  ☐ 50 – 64  ☐ Under 50

Are you disabled?
☐ Yes ☐ No  Comments: ________________________________

What is your primary language? ________________________________

Do you know people that could be helped by this service but aren't using it?
☐ Yes ☐ No  Comments: ________________________________

Would you like someone to call you to discuss your responses?
☐ Yes ☐ No
Name: ________________________________  Telephone #: ________________
APPENDIX B: GRANTEE INTERVIEW QUESTIONS

Background on the transportation program
• What are the specific transportation challenges people in the region face?
• How long has the program been operating?
• Who is served?
• What is the fee structure for the service?
• What have you noticed in terms of trends in service usage over time?
  o Number of people served
  o Types of people served
  o Destinations
• In your opinion, is the service utilized to capacity?
  o How do conduct outreach to let riders know of the service?
  o What barriers, if any, do riders face in using the services?
• Do you collaborate with any other organizations relative to transportation?

Perceptions of impact
• How would you describe the impact of the program on riders?
• How would you describe the impact of the program on the larger community?

[specific questions about data submitted to FCH]
APPENDIX C: RIDER AND PROVIDER INTERVIEW QUESTIONS

Providers

Introduction:
Thank you for taking the time to speak with me today. I am conducting a study of the transportation services provided by [name of grantee/service]. Both the study is funded by FCH who is also a funder of the transportation service. I am interested in learning whether the provision of transportation services has had, in your opinion, any effect on your delivery of health care and/or the health of your patients/clients who get these transportation services. I am conducting interviews with numerous providers, as well as patients. Our conversation is confidential. I will be pulling together the information I have gotten from all my conversations into one summary document and no individuals or organizations will be identified. Do you have any questions before we begin?

1. Are you aware of any patients/clients who use [name of service] to get to their appointments?
   - NO: stop interview and thank respondent (hopefully anyone who does not use services will be sorted out during interview scheduling process)
   - YES: proceed

2. How many of your patients/clients would you say use [name of service: would you say a couple, a few, many?

3. How much of a barrier to accessing healthcare/services is transportation to your patients/clients generally? What role does [name of service] play in addressing this barrier?

4. What impact has the [name of service] had on your organization? [probe: reduction in missed appointments; better compliance with appointments; less use of emergency medical services by clients; probe on cost savings/return on investment]

5. How would your office/patients would be affected were not available?

6. Do you have patients/clients who need transportation services but are not able to access them? If yes, why do you think they are unable to obtain transportation services?

7. Is there anything else you would like to share about transportation services that we have not discussed?

Riders

Introduction:
Thank you for taking the time to speak with me today. I am conducting a study of the transportation services provided by [name of grantee/service]. Both the study is funded by FCH who is also a funder of the transportation service. I am interested in learning about the impact of using [name of grantee/service] on your ability to access healthcare. I am conducting interviews with numerous riders. Our conversation is confidential. I will be pulling together the information I have gotten from all my conversations into one summary document and no individuals or organizations will be identified. Do you have any questions before we begin?

1. How long have you been using [name of service]?
2. For what types of rides do you typically use [name of service]?

3. Before using [name of service] how did you get to [location]? [Do you own a vehicle? Are you able to drive?]

4. Before using the service, did you face any challenges getting to needed medical appointments? What types of challenges? [probe: missing appointments, putting off appointments, getting medication]

5. What impact would you say [name of service] has had on your ability get access to healthcare and your health overall?

6. How would your health/healthcare be affected if this service were not available?

7. Is there anything else you would like to share about transportation services that we have not discussed?