

ISSUE BRIEF



RURAL COMMUNITY PERSPECTIVES ON TRANSPORTATION AND HEALTH

The health status of an individual and a community is driven by social determinants of health. It is estimated that social and economic factors, health behaviors and physical environment account for 80 percent of an individual's health outcomes, while clinical care accounts for 20 percent.ⁱ

Significant among the social determinants is transportation. Specifically, the lack of consistent, reliable transportation, as well as the physical environment that enables or is a barrier to active transportation, has health implications for both an individual and their community.

Transportation is key in accessing a gamut of opportunities, services and products, such as employment, education, healthy foods and health care services, among others.

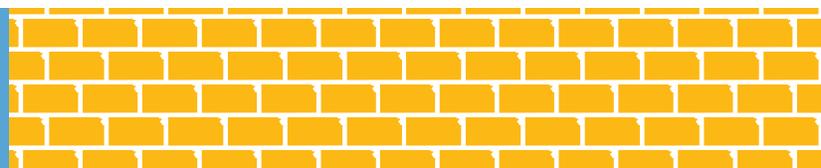
Transportation in rural communities presents unique challenges due to the geographic distances rural community members must travel to meet many health care, social and occupational needs. Additionally, transportation challenges may contribute to increases in health disparities and health inequities. These disparities may be disproportionately felt by populations with special health needs, low socioeconomic resources, older adults, people of color and immigrant populations living in rural areas.



In 2020, the Kansas Office of Primary Care and Rural Health at the Kansas Department of Health and Environment and Healthworks launched a project to learn more about community perspectives about the impact of transportation issues on the health of Kansans. Key partners included the Kansas Hospital Association, Wichita State University Community Engagement Institute and the Kansas Health Institute.

The first phase of the project focused on examining transportation barriers and solutions by engaging critical access hospitals in an online collaborative platform called ThoughtExchange, followed by a focus group. The [full report](#) of this first phase project, developed by the Wichita State University Community Engagement Institute is available at www.krhop.net.ⁱⁱ

Phase two of the project examined the initial findings and identified additional challenges and solutions, impacted populations, funding mechanisms and needed supports. This second phase, beginning fall 2021 and continuing until present, consisted of an added focus group and interviews with several rural hospitals and health coalitions. This brief summarizes the findings from phase two of the project. The term “participants” refers to individuals who took part in the phase two focus group and key informant interviews.



BARRIERS AND IMPACTED POPULATIONS



Photo: Rhonda Culp, Director of Care Coordination at Thrive Allen County, oversees many aspects of its transportation program.

“We had almost every single provider taking time out of their day to provide transportation for their patients because there was no other way for their patients to get to and from appointments.”

In the focus group and interviews, participants described similar transportation barriers experienced in their communities, including limited or lack of funding, bus driver labor shortages and lack of vehicle access, especially among immigrant populations and households with incomes below the federal poverty level. Households without a car or with only one vehicle found it difficult to make it to health care appointments.

In some cases, organizations struggle with effectively informing community members about available transportation services and implemented services. The availability of transportation services to travel outside of county lines was another barrier identified by several respondents. Given that specialty care is often not available in the local vicinity, having access to transportation is an even more acute need for rural patients who require dialysis or cancer treatment.

Communities reported mixed success with creating a shared vision about the role of government in providing transportation services.

Other communities had trouble gaining buy-in from individuals who do not need public transportation to access services. Workforce challenges also were raised as a significant issue. Driver shortages negatively affect transportation availability, especially for travel beyond county lines.

Lastly, stigma associated with using public transportation services was another barrier experienced by communities across Kansas.



Photo: Allen County shuttle stop at Community Health Center of Southeast Kansas.

TRANSPORTATION IMPACTS ON SPECIFIC POPULATIONS



Participants commented on the disproportionate impact transportation challenges have on specific populations. Lack of transportation was identified as a barrier to accessing health care services for many populations, including:

- individuals who need specialty care,
- pregnant women, especially during childbirth and those who need emergency care due to premature labor or other health issues,
- people who have behavioral or mental health disorders,
- children, older adults and people with disabilities, especially those who live alone,
- immigrant populations, and
- farmworkers.

Examples provided include individuals living in rural areas in need of special health care services, such as dialysis or chemotherapy. Patients who receive dialysis and or cancer treatment have frequent, regularly scheduled appointments that may be a long distance away. Caregivers often struggle with supplying transportation services to them. Any disruption in, or barrier to, transportation to obtain these lifesaving services, presents significant challenges that lead to a high risk for negative health repercussions.

Participants mentioned the needs of older adults and individuals with disabilities, given these populations may not drive or may need accessible transportation services. People with disabilities, especially those who live alone, often experience challenges with getting around due to poor pedestrian infrastructure or limited ability to operate a vehicle.

The need for dialysis affects many communities, so finding some form of transportation for dialysis patients is a high priority.

Older adults need access to reliable transportation to meet their everyday needs. In places without reliable public transportation access, personal vehicles are the primary mode of transportation, yet many older adults have diminished ability to safely operate a vehicle and may rely on friends or family to get around.



Photo: Allen County general public transportation bus (ADA accessible) and driver Chad Thompson.

TRANSPORTATION IMPACTS ON SPECIFIC POPULATIONS

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Other examples of specific populations affected by transportation include late-shift workers, new employees and rural patients. The present transportation system in many communities does not meet the needs of late-shift commuters or those who live outside of the service area.

Some individuals have to go farther to reach a bus stop or there is no public transportation available at all. As a result, their options for transportation to work are limited. Similarly, new employees who do not have a reliable vehicle may face transportation challenges with getting to and from work; especially given they may not receive their first paycheck for several weeks. Oftentimes that paycheck is needed to pay for transportation.

In addition to community members, organizations such as hospitals often experience challenges with having consistent access to reliable transportation. This issue creates substantial barriers to providing safe and timely transportation to appropriate level of care facilities for people who have behavioral or mental health disorders. Hospitals often do not have enough staff and/or vehicles to provide access to transportation to patients who live in rural areas.

<p>CityGo Salina's fixed route bus system. Spanning the city with five colored routes, regular and peak times, Monday - Friday, and Saturday. \$2.00 for a day pass.</p>	<p>Regional Paratransit Origin-to-destination on-demand service for the general public, including seniors and those with disabilities. \$2 fare each way, or 10 cents a mile, depending.</p>	<p>81 Connection Fixed route bus service from Belleville to Salina, three times daily, Monday - Friday. Stops in Belleville, Concordia, Minneapolis and Salina. Fares vary.</p>	<p>GoAbilene Origin-to-destination on-demand service for the general public, within the city limits of Abilene. Rides must be scheduled. \$2 fare each way.</p>
<p>GoConcordia Origin-to-destination on-demand service for the general public, within the city limits of Concordia. Rides must be scheduled. \$1 fare per stop.</p>	<p>KanConnect Fixed route bus service from communities in north central Kansas to Salina and back, daily and weekly. Fares vary.</p>	<p>Med-A-Van Non-emergency medical transportation to and from Salina Regional Health Center and its affiliates at no cost for passengers.</p>	<p>KANcycle A bike sharing program that serves Salina, Minneapolis, Concordia, Belleville, Mankato, Beloit, Lincoln and Ellsworth. Uses the Movant app. \$1.50 for 30 minutes.</p>
<p>Medicaid (NEMT) Medicaid recipients, passengers can use OCCK Transportation for medical appointments throughout Kansas by calling the KanCare provider for arrangements.</p>	<p>Discounted Taxi Rides If OCCK Transportation schedules are full or rides are requested after hours, in Salina only, the dispatcher can schedule a taxi ride for a cost of \$5 each way.</p>	<p>Airport Shuttle Transportation for both arrivals and departures Monday - Friday from the Salina Regional Airport. Call to make reservations. \$2.00 each way.</p>	<p>Travel Training The Guide 6 Go travel training program promotes independence by teaching individuals how to use fixed route buses. Classes are scheduled in person and virtually.</p>

Photo: OCCK, Inc. brochure describing regional transportation options in north central Kansas.



Photo: Over time, OCCK has expanded its transportation services so more people in North Central Kansas can get to work, doctor's appointments, medical facilities, entertainment, shopping and more.

PROMISING STRATEGIES



Communities implemented several strategies to address transportation challenges. Many participants emphasized the importance of understanding community needs to develop effective strategies around transportation. To identify community needs, communities engaged in and leveraged information included in their Community Health Needs Assessments regarding challenges affecting both providers and patients. For example, providers had to spend part of their day providing transportation to patients. Lack of access to transportation also resulted in cancelled surgeries, missed chemotherapy and dialysis appointments, as well as individuals without access to food sources.

Communities emphasized the importance of developing strategies through listening; understanding patients and asking them about the issues they are facing rather than developing solutions based on the staff knowledge and perspectives. Having bilingual employees on staff was found to be helpful in supporting the needs of individuals who do not speak English. In addition to Spanish interpreters, one hospital expressed the need to hire individuals who can speak other languages such as Burmese.

To address transportation issues, it is important to hear from individuals who use the system as well as those who are not directly involved in the project and can provide a fresh perspective.

The initial efforts focused on making sure that employees reflect the community (e.g., being bilingual), especially given that many organizations serve communities with a variety of ethnicities.

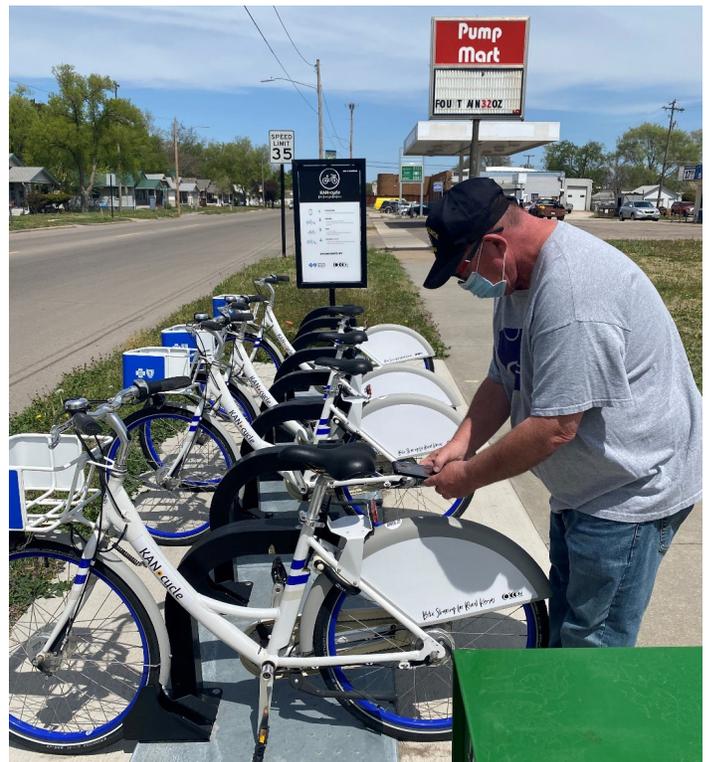


Photo: KANcycle Bike Share, North Central Kansas's bike transportation system, is low-cost, easy-to-use and celebrated its second birthday in June 2021.

PROMISING STRATEGIES

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To increase community awareness of transportation services, participants emphasized the importance of setting up ongoing communication with community members, informal community leaders or champions, and hospital or other organization staff about available services. One respondent noted that their organization implemented various communication efforts, including networking, presentations and educational sessions for hospital staff and social workers. It is important to provide educational opportunities to social workers and community health workers and enable them to recognize “when transportation might be an issue” as they work directly with patients. Participants also emphasized the important focus on compromise and the need to tailor messages to the audience.

Several communities had experience working with volunteers to support transportation services. Although seen as a valuable strategy, participants expressed concerns about long-term sustainability. For communities interested in exploring this possibility, they suggested addressing the needs of volunteers by making them feel valued and putting in place measures to address liability-related issues.

To use funding for transportation services, some communities' efforts focused on securing Medicaid reimbursement for transportation services, using 340B funds or working with community champions to leverage state and federal funds.

Securing Medicaid reimbursement for transportation services can make the provision of these services more affordable for organizations. However, the establishment of this process is complicated and

Mobility manager definition: service liaison between regional transportation service providers and clients.



Photo: Phillips County Health Systems community volunteer driver provides free transportation to Senior Life Solutions, the facility's group behavioral health for seniors.

time consuming. Furthermore, communities noted the efforts to address transportation should more broadly focus on multi-modal approaches, such as bike lanes and multi-lingual signage.

To help build public support, one community used data showing that investing in public transportation could generate \$4 for every \$1 spent on transportation and in turn, have a positive financial impact on the community.

EXAMPLES OF FUNDING MECHANISMS



Participants cited a number of different strategies for funding transportation assistance in their communities. While many efforts involve volunteers, participants were quick to share their concerns about “burning out” volunteers, the need for more volunteers, the demand on volunteers, as well as the need for training and liability protections.

Funding mechanisms frequently mentioned include grants from foundations, state or federal organizations and donations. One hospital mentioned their facility’s 340B program was used to invest savings back into various programs like transportation services.

The 340B Prescription Drug Program is a federal program created in 1992 to stretch scarce federal resources and allow participating entities, such as hospitals, to serve vulnerable patients and provide more comprehensive services. Pharmaceutical manufacturers participating in Medicaid have agreed, as part of the 340B program, to provide outpatient drugs to covered entities at significantly reduced prices. Participating entities are able to utilize savings generated from the 340B program to provide health services to patients.

For example, one hospital interviewee noted savings generated through their facility’s 340B program are used to provide transportation services for out-of-county medical appointments and other related transportation needs for patients without transportation means.

The Kansas Hospital Association has stepped up efforts to protect the integrity of the 340B program.

Measuring the Effectiveness of Efforts

Conducting surveys and sharing messages by word of mouth were two primary approaches to measure success of strategies to improve access to transportation.

KHA published an [in-depth report](#) highlighting current threats to the 340B program and demonstrating how Kansas hospitals use this program to treat uninsured patients with chronic and life-threatening conditions.

A few interviewees noted their organization had become a certified Non-Emergency Medical Transportation provider through the Kansas Medicaid program, so they are now eligible for reimbursement for medical transport services provided to Kansas Medicaid beneficiaries.

It was noted, however, that the process to become an NEMT provider was arduous and needed a great deal of information due to federal requirements.

The need for local government support was emphasized. Tax support was mentioned as an important need, but it was challenging to garner local support to implement new taxes.

Focus group participants emphasized the importance of grant funding and the need for technical assistance with grant writing.

SUGGESTIONS FOR RESOURCES



Respondents provided several recommendations regarding potential approaches that could be implemented by state agencies and other organizations to establish transportation in their communities. The recommendations fell into four broad categories: needs identification, peer learning, funding and guides.

Needs Identification:

- Conduct a listening tour to learn more about transportation-related needs across communities. To be inclusive and engage transit-dependent individuals, consider convening meetings in the late afternoon, evening or on weekends and providing an interpreter for non-English speaking individuals.
- Find ways to support the needs of transit-dependent populations who are in the Medicaid gap. Provide this information to Kansas communities.

Peer Learning:

- Create an opportunity to learn from communities addressing transportation issues. It will be especially valuable to learn about challenges and pitfalls.

Funding:

- Simplify the application process for an organization to receive Medicaid reimbursement for transportation services. Provide a road map that includes a list of items an organization must have in order to apply, including guidance on background checks. Assign a dedicated staff person who will check in with applicants and provide timely responses to questions.

“People get afraid to talk about their challenges ... but those are great lessons learned and (should be shared).”

- Create a dedicated webpage to feature funding resources (e.g., local, state and federal) that could be leveraged by communities to support their transportation services.

Guides:

- Create a resource that includes key talking points about the value of transportation from a health and economic perspective and addresses transportation-related regulations.
- Create a fact sheet on how to bill Medicaid for transportation services.
- Create a document that describes steps a community must take to get public transportation up and running. Create similar documents with the steps needed to update/create multi-modal transportation.



Photo: OCCK is committed to providing transportation services to the public, seniors and persons with disabilities.

IN SUMMARY



“Just being a champion is important. We must talk about transportation and how vital it is and understand that it is a critical infrastructure piece not only for urban areas, but for rural areas as well. Stakeholders need to come together to provide transportation options for communities of all sizes.”



Photo: OCCK Transportation demand response van. OCCK, Inc. has provided regional transportation services throughout North Central Kansas since 1970.

Hospitals, coalitions and stakeholders across Kansas communities are collaborating to address transportation needs within their communities. Focus groups and interviews provide a snapshot into this work, with participants sharing lessons learned about barriers, strategies to address barriers, and recommendations for community leaders, policy makers, elected officials, and other stakeholders.

Recurring recommendations included financial support mechanisms, such as grants, increased flexibilities to become Non-Emergency Medical Transportation providers, and public funding options. Unique strategies and best practices shared include using programs such as the 340B Prescription Drug Program; although 340B is undergoing notable change and is shrinking as pharmaceutical manufacturers reduce drugs offered through the program and tighten program restrictions.



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