

Addressing Transportation as a Barrier to Care

Background

The core of the Children's Health Fund's (CHF) mission is to address the significant barriers, fiscal and non-fiscal, that prevent children from receiving appropriate access to needed medical care. One of the most challenging obstacles is the limited transportation resources in many communities. CHF has determined that millions of children lack access to routine health care services due to transportation barriers. In communities facing multiple access challenges, such as a shortage of health professionals, transportation deficiencies create an almost insurmountable barrier to care.

In 2000, CHF published *"Getting There, Getting Care"*, which described the impact of inadequate transportation on health access in disadvantaged urban and especially in rural communities. Throughout its national program network, CHF heard consistently from community residents that transportation challenges impeded access to routine health care regardless of health insurance status. CHF commissioned a national survey to explore the extent and consequences of this seemingly ubiquitous though largely unaddressed issue. Survey results indicated a national problem with significant implications for millions of children in under-resourced communities.

Child Health Transportation Initiative

Responding to the need to plan and implement effective models to support transportation access, CHF developed a multi-pronged initiative to develop new and innovative transportation programs and to mobilize organizations to collaborate on strategic advocacy to increase funding resources in high-risk communities. With support from the Kellogg Foundation and the Federal Transit Administration, the Child Health Transportation Initiative (CHTI) was launched in 2005. CHTI is comprised of three components:

1. Medical Transportation Model Programs

CHTI has provided grant support to six community-based health programs in medically underserved, transportation-disadvantaged areas. Grants are targeted to develop innovative local transportation solutions in partnership with community stakeholders. The program development process was often the first time local health and transportation providers had worked collaboratively on health access issues. Model program sites include Clarksdale MS, Gulfport MS, New Orleans LA, Mariana AR, Memphis TN and Montrose CO.

Key Findings: CHF/Zogby International Transportation Survey (2001)

- Nearly one-third of the families live more than ten miles away from their child's usual source of pediatric care
- Nearly half lack public transportation to keep a health care appointment
- Nine percent of children in families with income under 200% of the federal poverty level miss a child health care appointment because of transportation each year
- Three out of five (60%) Medicaid recipients did not know transportation is a covered benefit under Medicaid



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2. Research

CHTI research activities enabled development of critical data resources to reinforce public policy and advocacy objectives. For example, a recent study of the impact of transportation barriers on emergency department (ED) utilization in rural Mississippi helped to highlight the importance of availability of transportation options to prevent costly ED visits.

CHTI has made significant investments in developing an innovative tool to identify and measure the degree to which communities are disadvantaged for health care access due to a lack of available, accessible transportation resources. The Transportation Disadvantage Index (TDI) will assist state and federal policy-makers to effectively target funding and other resources to reinforce transportation access in medically underserved communities.

In 2006, CHTI sponsored a national survey with the Marist Institute for Public Opinion which determined that 4% of children (approximately 3 million), regardless of family income or insurance status, miss a health care appointment because they lack access to transportation, with one-third ending up in the emergency room for that health problem. The net impact - one million preventable emergency room visits each year.

CHTI has also helped support the development and field-testing of the Transportation and Referral Management System (TRMS), an innovative software program that assists clinic-based personnel in improving health access by coordinating community-based transportation resources and appointments, and by tracking outcomes.

3. Policy and Advocacy

The advocacy component of CHTI is centered on successfully leveraging lessons learned through research and local program development to inform state and national discussions and policy-making. Much remains to be done to educate policy-makers, particularly given the current momentum on national health reform. CHF has championed the need to address transportation barriers on national coalitions such as the National Resource Center for Human Service Transportation Coordination and at national conferences, including the annual meetings of the American Public Health Association, Academy Health, and the Community Transportation Association of America (CTAA).

Recommendations

The enactment of comprehensive health reform legislation has the potential to dramatically improve access for medically underserved children. The challenge remains to guarantee that resources are provided to address persistent transportation barriers.

Going forward, CHF supports:

- A robust transportation benefit in the Medicaid and CHIP programs to ensure that millions of newly insured children have access to the transportation services.
- Federal recognition of transportation disadvantage as criteria for allocation of resources to support access to health care.
- Federal funding for community-based health provider organizations to support training of clinic-based transportation resource coordinators.