



U.S. Department
of Transportation
Federal Transit
Administration

**STUDY/ASSESSMENT OF RURAL
TRANSPORTATION AND THE IMPACT UPON
DELIVERY OF HEALTH CARE SERVICES IN
NON-URBANIZED AREAS OF ALABAMA,
GEORGIA, LOUISIANA, KENTUCKY,
MISSISSIPPI AND WEST VIRGINIA**

1995

Prepared by

Fannie M. Munlin, Project Director
National Council of Negro Women
777 United Nations Plaza
New York, New York 10017

Prepared for

Federal Transit Administration
U.S. Department of Transportation
Washington, DC 20590

Available from

Federal Transit Administration
Office of Research, Demonstration and Innovation
Washington, DC 20590

- (202) 366-3765 FAX

HE
5626
.M86
1995

Report Number: FTA-TRI-30-95-1

NOTICE:

This document is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange.

The United States Government assumes no liability for the use thereof. The United States Government does not endorse manufacturers or products. Trade names appear in the document only because they are essential to the contents of the report.

1. Report No. FTA_TRI_30-95-1		2. Government Accession No. (NTIS)		3. Recipient's Catalog No. UMTRIS/FTA SECTION	
4. Title and Subtitle STUDY/ASSESSMENT OF RURAL TRANSPORTATION AND THE IMPACT UPON DELIVERY OF HEALTH CARE SERVICES IN NON-URBANIZED AREAS OF ALABAMA, GEORGIA, LOUISIANA, KENTUCKY, MISSISSIPPI AND WEST VIRGINIA.				5. Report Date 1995	
				6. Performing Organization Code -	
7. Author(s) Fannie M. Munlin				8. Performing Organization Report No. -	
9. Performing Organization Name and Address National Council of Negro Women 1001 "G" St. NW Washington, D.C. 20001				10. Grant or Project No. DC 26-7015	
				11. Contract or Grant No. 2829	
12. Sponsoring Agency Name and Address U.S. Department of Transportation Federal Transit Administration (FTA) 400 7th Street, S.W. Washington, D.C. 20590				13. Type of Report and Period Covered Study/Assessment -1995	
				14. Sponsoring Agency Code FTA - TRI - 30	
15. Supplementary Notes					
16. Abstract The Study/Assessment examined access to rural health care services, exploring regulatory, administrative and legislative barriers to the integration of Health Care Transportation Services within existing rural and tribal transportation systems. Specifically, the study examined those restrictions to integration of FTA's Section 18, which provides funds for rural public transit systems and HHS Title XIX (Medicaid) which funds non-emergency health care transportation. The Study/Assessment determined/documentated the impact of specific barriers which effect the delivery of health care services in rural (non-urbanized) areas of Alabama, Georgia, Kentucky, Louisiana, Mississippi and West Virginia. These 6 states were selected because they comprise significant numbers of rural counties representing a diversity of rural transportation and health care needs.					
17. Key Words Rural, Transportation, Medicaid, Health Care, Study, Assessment, Tribal, Diversity			18. Distribution Statement - Report available to the public through the National Technical Information Service (NTIS) 5285 Port Royal Road Springfield, Virginia 22161 (703) 487-4650		
19. Security Classif. (of this report) unclassified		20. Security Classif. (of this page) unclassified		21. No. of Pages 34	22. Price (NTIS)

HE
5626
.M86
1995

20287

JAN 0 5 1996

TABLE OF CONTENTS

	Page	
Introduction/Rationale/Action Plan	1	
Methodology/Site Selection Criteria	2	
NCNW Project Team	3	
SUMMARY ANALYSIS - STATISTICAL REPORT		
Population/Ethnic Breakdown	4	
Health - Medicaid	4 - 5	
Infant Mortality/Teen Birth Rate/Health Services	5	
Transportation	6	
Economic - Income Per Capita/Unemployment Rate	6	
SOME PERSISTENT CONDITIONS		
I. Lack of Coordination	7	
II. Need for Information Sharing	7	
III. Lack of Information at Local Level	7	
REPORTS OF COMMUNITY PROBLEMS LIMITING HEALTH CARE ACCESS		7 - 8
Transportation	8	
Health/Medical Services	8	
Information/Knowledge of Resources	8	
Related Rural Lifestyle Factors	8	
SUPPORTING DOCUMENTATION OF FINDINGS - FIVE SPECIFIC FACTORS/ISSUES		
1. Real or Perceived Barriers to Meeting Rural Transportation Needs	9	
2. Rural Population Transit Travel Patterns	9	
What Does Rural Mean	9 - 10	
Rural Population Use of Transit	10	
3. Community Resources for Rural Transportation Services	11 - 12	
4. Legislative Barriers to Coordination of Federal Funds	13	
Concerning Coordination	13 - 14	
Regarding Medicaid Transportation	14 - 16	
5. Alternative Transportation Systems	16	
MISSISSIPPI BAND OF CHOCTAW INDIANS TRANSIT AUTHORITY	16 - 18	
HEALTH PROFESSIONALS DESCRIBE TRANSPORTATION PROBLEMS	18 - 20	
Comparative Cost Savings of Organized/Non-Organized Transportation	20	
TRANSPORTATION OFFICIALS ADDRESS TRANSPORTATION PROBLEMS	21 - 22	
RURAL RESIDENTS SHARE INFORMATION ON TRANSPORTATION NEEDS	22 - 23	
STUDY/ASSESSMENT FINDINGS INFORMATION DISSEMINATION	23	
ATTACHMENTS	24 - 34	
Study/Assessment: List of Participants; Sample Survey Instruments; Fact Sheet		

**ACKNOWLEDGEMENTS
APPRECIATION FOR COOPERATION AND ASSISTANCE**

The National Council of Negro Women (NCNW) is grateful to all representatives of public and private organizations, agencies and to those individuals who volunteered their time and efforts to participate in this study.

We consider the information contained in this report to be factual and, we hope, helpful to the Federal Transit Administration and the Department of Health and Human Services as members of the Inter-governmental Agencies Coordinating Council.

We believe the survey responses offer a realistic basis for the exploration of ways to improve access to cost-effective, convenient modes of transportation for Rural Americans.

* * *

**STUDY/ASSESSMENT OF TRANSPORTATION AND ITS IMPACT
UPON THE DELIVERY OF HEALTH CARE SERVICES IN
NON-URBANIZED AREAS OF ALABAMA, GEORGIA, KENTUCKY
LOUISIANA, MISSISSIPPI & WEST VIRGINIA
REPORT**

INTRODUCTION

Under a Cooperative Agreement with the Federal Transit Administration, (FTA) the National Council of Negro Women (NCNW) conducted a study/assessment of rural and tribal transportation needs to determine the impact upon the delivery of health care services in rural areas of Alabama, Georgia, Kentucky, Louisiana, Mississippi and West Virginia. The NCNW outreach into rural America through its Affiliates and Community-based Sections, and its collaborative network involving multi-ethnic groups, provided an opportunity for the study to involve families who are often considered hardest to reach. The NCNW Project Director, was assisted by Program Specialists, State Coordinators, State and County Transportation and Health & Human Services Officials and Health Professionals to ensure the broadest possible participation of rural and tribal communities in the study/assessment of rural transit needs.

RATIONALE FOR THE STUDY IS EMBODIED IN THE INTERMODAL SURFACE TRANSPORTATION EFFICIENCY ACT (ISTEA) - 1994 Regional Roundtable Report and Action Plan:

#8. Improve Access to Health Care in Rural Areas with specific recommendation for: Action - Request the FTA to explore with the Department of Human Services (HHS), as part of the ongoing DOT/HHS Coordinating Council work plan, the issues with rural health care access, including tribal needs. Identify regulatory, administrative and legislative impediments to the integration of health care transportation needs into existing rural and tribal transportation programs. In particular, explore impediments to the integration of HHS Title XIX (Medicaid) funds for health care transportation with FTA Section 18 funded rural public transit services, and the problems of providing health care access for the working poor who are not eligible for the Title XIX services. The Coordinating Council should document best practices in this area and, if necessary, implement a series of projects to demonstrate exemplary solutions.

STUDY/ASSESSMENT ACTION PLAN

As part of the DOT/HHS Coordinating Council mandate concerning impediments to access rural health care services, the NCNW study examined regulatory, administrative and legislative barriers to the integration of health care transportation services within existing rural and tribal transportation systems. Specifically, the study examined those restrictions to the integration of FTA's Section 18, which provides funds for rural public transit systems, and HHS Title XIX (Medicaid) which funds non-emergency health care transportation.

Project background information and pertinent facts relating to rural transportation and health care services were developed and reviewed with representatives from transportation and health and human services agencies on Federal, State and County levels in the selected locales.

These meetings established a program strategy for the Study/Assessment which facilitated efforts to receive assistance from representatives of FTA's grantees of Sections 16 and 18 programs within the State Departments of Transportation, as well as State Departments of Health, Aging and Medicaid Services. These local contacts provided the team with information which assisted in developing/testing the assessment strategy and in selection of counties, health facilities and community organizations, as well as identification of transit providers.

METHODOLOGY

In accordance with the ISTE A Report, the primary focus of the NCNW Study/Assessment of Rural Transportation was to determine/document the impact of specific barriers which effect the delivery of health care services in rural (non-urbanized) areas of Alabama, Georgia, Kentucky, Louisiana, Mississippi and West Virginia. These 6 states were selected because they comprise significant numbers of rural counties representing a diversity of rural transportation and health care needs.

The NCNW Project team worked with State Departments of Transportation, Health & Human Services, Health Care Providers, Transit Providers, Tribal Councils, and local community-based organizations to identify real/perceived areas of need to ensure an effective approach for achieving project goals and objectives. The study/assessment utilized a Fact Sheet, and Survey Instruments developed and adapted from the U.S. Department of Transportation, "Handbook, A Transportation Management Review." Culturally and geographically relevant survey instruments were pre-tested for use in individual interviews and in focus group meetings involving health-related transit providers, and related community-based organizations.

The questionnaires were distributed to 30-40 selected public and private transportation and health care organizations and to a sampling of their clients (see samples on pages 28-32.) Personal interviews/focus groups/roundtable discussions were conducted on location in 24 counties, as well as in the capital cities of Montgomery, Alabama; Atlanta, Georgia; Frankfort, Kentucky; Baton Rouge, Louisiana; Jackson, Mississippi; Charleston, West Virginia; and on the Reservation of the Mississippi Band of Choctaw Indians. All on-site interviews/meetings were audio/videotaped and verbatim transcripts were developed to facilitate analysis/reporting of responses.

SITE SELECTION CRITERIA targeted geographic areas offering information on the diverse transportation/health care needs and services available. Four rural counties in each of six States were selected to conduct the assessment. Selection criteria were defined:

- A. **RURAL was defined according to criteria set by Federal Standards which recognize areas with populations of less than 50,000 as Rural;**
- B. **Rural Counties with reasonably adequate (minimal public/private) transportation, and with health facilities; and**
- C. **Rural Counties with limited and/or no transportation services, but with existing health facilities.**

NCNW PROJECT TEAM

NCNW, working with its Network of Community-based Sections and National Affiliates, representatives of State & local Transportation and Health Care Providers, selected a 'Study Team' of qualified researchers and rural community leaders in the target areas:

FANNIE M. MUNLIN, Project Director, assisted by selected members of NCNW Affiliated Organizations, including:

JULES EVAN BAKER, Ed.D., Principal Investigator, National Association for Human Development.

STATE COORDINATORS

DOROTHY B. HENDERSON, Ph.D., Executive Assistant to the Governor of Louisiana, Office of Urban Affairs Development;

MARY BURCIAGA, M.S.W., Staff Recruitment Assistant of U.S. Army Corps of Engineers, and Mississippi State Convener of NCNW;

ANITTA LOVE, R.N.,M.P.H, Director of Practical Nursing Programs, Trenholm State Technical College and State Representative of Alabama Chapter of Chi Eta Phi Nurses Sorority;

MIRIAM CHIVERS, M.D., Director, East End Medical Center, Atlanta, Georgia; and Medical Advisor for the National Council of Negro Women; and

LOUISE STROZIER, Director NCNW Atlanta Regional Office.

**SUMMARY ANALYSIS OF IMPACT OF TRANSPORTATION ON THE DELIVERY OF
HEALTH CARE SERVICES AND RELATED LIFESTYLE FACTORS
IN RURAL AMERICA.**

THE SURVEY TARGETED 6 STATES, EXAMINING 24 RURAL COUNTIES, 4 IN EACH STATE HAVING LIMITED, LITTLE OR ALMOST NO TRANSPORTATION. STATISTICS WHICH WERE COMPILED AND AVERAGED FROM TARGETED RURAL AREAS WITH SIMILAR TRANSPORTATION AND HEALTH SERVICE CONDITIONS, REVEALED THE FOLLOWING INFORMATION:

POPULATION

Population average per county, including elderly: 16,769.

All counties studied met the criteria for Rural, population under 50,000.

<u>STATES</u>	<u>ETHNIC BREAKDOWN</u>		
	AFRICAN AMERICAN	WHITE	OTHER
AL., GA., MS.	67%	33%	Less than 1%
Louisiana	35%	65%	Less than 1%
KY., W.VA.	1%	99%	Less than 1%

Rural populations in all Counties/Parishes and on the Indian Reservation experience the same transportation needs which impact the lives of people regardless of ethnicity/demographics. The actual percentages represent the rural populations in these areas, dispelling perceived notions to the contrary about ethnic, economically-deprived populations in the locales surveyed.

HEALTH

■ **MEDICAID** - In the survey of Medicaid recipients receiving reimbursed non-emergency medical transportation in 24 rural counties within 6 targeted States, information adequate to draw a relevant comparison was provided by only 8 counties:

4 counties in Mississippi - Recipients: 93.75% of Eligible persons.

4 counties in Kentucky - Recipients: 63.3% of Eligible persons.

85% of Health & Human Services (Medicaid/Medicare) Officials recognize that the State must ensure the availability of transportation to people "in need." However, there is a high level of State discretion in the methods/mechanisms States may use to accomplish Medicaid goals; some of the perceived differences among programs may be attributable to State decisions. Nonetheless, Officials report that:

1. There are no clear Standards from State to State as to what constitutes "in need;"
2. There is no clarification of Mandates as to what is an appropriate reimbursement level for non-emergency medical transportation services;
3. Transportation complexities in dealing with rural areas should not be minimized at the Federal level;
4. Urban transportation solutions do not work when applied to rural areas; and
5. The Federal Government should review/improve its funding mechanisms with the States, in order to facilitate a more realistic approach to local needs.

62% of Non-Emergency Medical Transportation Providers suggest that:

1. **Bidding for the various types of transportation services should be made available to more local transit providers for Medicaid; and**
2. **The current reimbursement rates should be reduced from 50 cents per mile to 30/35 cents per mile to serve more people on a cost-effective basis. However, Providers did not expect any reduction in overall reimbursed dollars, while they would be able to serve more clients residing at farther distances.**

- **INFANT MORTALITY RATE - 14.4%, as compared to State Statistic of: 10.9%
Highest - Mississippi 4 counties: 14.9%; Lowest - Kentucky 4 counties: 8.4%
Health Care Providers report that the lack of adequate/accessible transportation contributes to absence of pre-natal care.**

54% of Health Care Providers who have experienced improved transportation, even at a modest/minimal level, state that:

Transportation components of Health Providers offer accessibility to Prenatal Care Programs and thus have reduced infant mortality rates. Also, where transportation service is available to the provider, teen fertility rates have dropped from the highest in one county in West Virginia, to what is average for the county, when compared to other counties within the State. This also resulted in improved low birth weight infant scores.

- **TEEN BIRTH RATE - 28.7%, as compared to State statistic of: 22.1%
Highest: Alabama 4 counties 48.3%; Lowest: Mississippi 4 counties 21.4%
The statistics point out the prevalence of the problem in rural as well as urban areas.**

However, Health Care Providers in the 4 counties in Alabama attribute the high Teen Birth Rate to the lack of transportation services to access sex education/prenatal care programs offered by health care facilities. Conversely, where adequate transportation services are available to health care facilities in Mississippi, the Teen Birth Rate is lower.

- **HEALTH SERVICES are provided by Rural Health Clinics, which are operated preponderantly by private sector groups. This has facilitated more flexible contracting of transportation services which meet local requirements within budgetary limitation.**

94% of the private transportation services were contracted or hired, and paid for through Title XIX, non-emergency medical reimbursement, under provisions of the Older Americans Act, Section 16a of DOT, and some private sector sources.

78% of the Rural Health Clinics which contract transportation services report that more tailored/on-demand services are preferred to regularly-scheduled large buses. Also, reports indicate:

1. **There is a shortage of transportation service contractors because of the regulations relating to reimbursement/payment schedule; and**
2. **Transportation services on a regular basis are necessary to plan follow-up treatment of patients.**

3. **Where health services are available, but transportation is not always available, health facilities report that clients fail to keep appointments at the rate of: 35%.**

81% of Health Care Centers/Clinics serving rural populations explain that these statistics reveal the need for tailored transportation, on-demand or more frequent van/paratransit services, rather than scheduled large bus service. Follow-up care is also difficult to plan because of the lack of more convenient/accessible transportation services.

TRANSPORTATION (Average for 24 rural counties)

Public Transportation	- Buses/Minibuses/Van services: 0.8%
Private Transportation	- Paratransit, standard auto and cab services: 15.6%
	- Paratransit, handicap accessible: less than 1%

63% of the Transportation Officials and 35% of HHS Officials dealing with rural communities agree that:

1. **A more effective utilization of existing resources and facilities is needed to improve access to transportation in rural areas; and**
2. **Coordination of all transportation services, including Medicaid/Medicare, Headstart, Aging and Handicapped, offers a practical solution for improved access in rural areas.**

ECONOMIC

- **INCOME PER CAPITA - \$10,711, as compared with State average of: \$13,500
Lowest - Alabama 4 counties: \$6,496; Highest: Georgia 4 counties: \$18,549**

The availability of transportation facilitated employment and resulted in improved income; The Georgia high income results from greater *local* industry and jobs rather than transportation services.

- **UNEMPLOYMENT RATE - 13% as compared with State rate of: 7.5% Highest -
West Virginia 4 counties: 15%; Lowest - Alabama 4 counties: 5.4%**

56% of the community residents and health care providers report that high unemployment rates are due to the lack of rural transportation which serves as a barrier for access to jobs in surrounding areas. Residents of rural areas believe that unemployment, causing their below poverty-level existence, contributes to poor health status with the same intensity as the lack of transportation services.

NOTE: The sources of information presented by the local representatives were determined to be current and/or quoted from such sources as: 1990 Census and 1992/1993 Local County or Parish Guides and Tribal Census.

SOME PERSISTENT CONDITIONS INDICATED BY THE SURVEY

I. LACK OF COORDINATION

63% of the Transportation officials, 35% of HHS officials and 96% of the Rural Residents surveyed agreed that the **LACK OF COORDINATED TRANSPORTATION SERVICES** contributes to the inaccessibility of Health Care Services in rural areas.

II. NEED FOR FREQUENT INFORMATION-SHARING AT ALL LEVELS

94% of the officials involved in public, non-emergency medical transportation, who were interviewed, stated that these survey meetings were probably the first time the individuals had met to discuss common interests in rural transportation. Some concluded that this lack of information exchange might be a significant contributing factor to inadequate coordination of transportation services.

III. LACK OF INFORMATION AT THE RURAL LEVEL

The study reveals a consistent pattern of 'lack of basic information' concerning the availability of transportation services and existing legislative mandates. This was evident amongst community leaders, as well as residents in all 6 States. For example:

Susan O'Connell, Director, West Virginia Division of Public Transit, comments that: "It would really be helpful, I think, if there were some sort of State coordination. It just seems like there are a lot of services out there that nobody knows much about."

Norissa Norman, Mayor of Mound Bayou, Mississippi, was not familiar with either DOT Sections 16 or 18, as they relate to local transportation needs. This lack of information also extended to provisions of services under the Americans with Disabilities Act, and transportation reimbursements allowed under Title XIX of HHS. The study indicates that there is a gap in communication also between State and county sources and local providers. However, in some instances, the information is available at various levels of government, but not disseminated to the local residents.

REPORTS OF COMMUNITY PROBLEMS WHICH LIMIT ACCESS TO HEALTH CARE

In order to broaden the scope of the study and provide opportunity for comparative analysis of transit within rural areas, Survey Instruments were distributed to local residents at Town Meetings in more than 8 additional counties. The responses increased the sampling:

MISSISSIPPI MEETINGS WERE HELD IN: Tutwiler, Marks, Clarksdale-1, Tunica, Shelby, Clarksdale-2, Friars Point, and Jonestown.
COMMUNITY HEARINGS INPUT requested responses to the question:

"WHAT PROBLEMS EXIST THAT LIMIT ACCESS TO HEALTH CARE?"

Sample responses in the various categories include:

TRANSPORTATION

- Lack of transportation to doctors' offices, clinics, health care centers and hospitals -
- Governmental regulations regarding transportation for health care -
- County boundaries dividing health care providers -
- Lack of available/accessible/convenient transportation -
- No non-emergency medical transportation; few lifts for handicapped persons -
- Transportation scheduling problems -
- Coordination between transportation and health care providers -
- Privately-insured vehicle owners hesitant to transport due to fear of law suits -

HEALTH/MEDICAL SERVICES

- Lack of knowledge regarding the rights of consumers who utilize
MEDICAID/MEDICARE reimbursable services -
- Not having a physician available 24 hours a day -
- Lack of knowledge for accessing the health care system -
- Lack of health care education -
- Attitudes of indifference toward indigent/elderly by some providers -
- Lack of primary health care providers in the areas -
- Lack of medical specialists in the area...need for people to find transportation to larger
towns/cities for care -

INFORMATION/KNOWLEDGE OF RESOURCES

- Level of education of local residents -
- Lack of knowledge about available resources/who to call for what -
- Lack of knowledge about programs and how to access them -
- Low literacy levels; lack of understanding health care -
- Not knowing how to find services that are needed -

RELATED RURAL LIFESTYLE FACTORS

- Lack of transportation to jobs; inadequate housing/plumbing -
- Having elderly people depend upon other elderly people -
- The level of rural gang-related crime and neighborhood violence -
- Abuse of children and the elderly -
- Lack of people who care; self-centered existence; and no support groups.

SUPPORTING DOCUMENTATION OF STUDY FINDINGS

In accordance with the criteria for selection in 24 rural Counties/Parishes/Indian Tribe in 6 States, questionnaires (samples attached) were distributed, and videotaped interviews were conducted with more than 80 individuals representing: Transit providers, health care providers, passengers and clients; State and county transportation and health care directors and administrators; and participants in focus groups/roundtable discussions conducted by members of NCNW Community-Based Sections and National Affiliates. All recorded interviews were transcribed and more than 250 pages of verbatim text are available for reference.

FIVE SPECIFIC FACTORS/ISSUES relating to rural health care access in the selected areas formed the basis for the study/survey in each category, and excerpts of responses by representatives/officials of State Departments of Transportation, Health & Human Services, Transit Providers, Health Care Providers, Choctaw Indian Tribe, and Community Residents, are presented:

1. **EXISTING TRANSPORTATION SYSTEMS, REAL OR PERCEIVED BARRIERS TO MEETING RURAL TRANSIT NEEDS**

Sherry Perry, Public Health Regional Administrator, Office of Public Health for Region VI., Avoyelles Parish, Louisiana: "Our region is primarily rural with the exception of the urban portion of the Parish. In the past, transportation has been a major problem for us because the patients we serve in our Health Unit usually are without appropriate transportation. During the last few years, Medicaid has had a component in place to provide transportation and as a result we have seen an increase in kept appointments in our Health Units. There are still quite a few barriers, especially in large geographic parishes, such as Avoyelles Parish, because transportation providers are not always able to meet every demand in every locale in the Parish."

Charles R. Carr, Public Transit Manager, Mississippi Department of Transportation, at a Roundtable discussion with the Choctaw Indian Tribe, commented concerning perceived needs for transportation: "It has been perceived for decades that a lot of things aren't being done because of regulations. Our response has been to look at perceived barriers, to read those regulations, seek facts so we can actually see what is real and what is perceived; and to our surprise, most of the time, they do not exist. For every client population that we have heard speak, or who could conceivably be served by Section 18 programs, even the elderly and the disabled, all of these programs have more flexibility than most people realize. The barriers which exist are self-imposed by program operators. Our concern is to look at a truly coordinated system which means giving up some of that ownership (or turf) in order to provide more access and more efficient transportation."

Susan O'Connell, Director, Division of Public Transit, West Virginia Department of Transportation, reports: "I think that people perceive that there is nothing out there and you have to invent something new in transit services."

2. RURAL POPULATION TRANSIT TRAVEL PATTERNS: USE OF TRANSIT AND PARATRANSIT SYSTEMS FOR LOW-INCOME, DISABLED PERSONS, JOB TRAINING, WELFARE RECIPIENTS, HEADSTART AND THE ELDERLY

Bill Luckerson, Transportation Planner, Alabama Department of Transportation, with 15 years of experience in rural transportation programs: "I have been involved in Transportation in Alabama since the inception of the rural transportation program, about 15 years. My primary responsibility at this point is to assist the Department of Transportation in coordinating transportation programs in Alabama and also monitor the program. Our primary goal is to try to consolidate and coordinate transportation programs in communities so that we have the capacity to serve all the needs of people in the community."

Claire Ealy, Director, Office of Training Services, Alabama Department of Human Resources: "My primary responsibility in that office is to serve as Director of the Job Opportunities and Basic Skills Program. I also serve as the Department's Representative to the Alabama Interagency Transportation Review Committee. The Department of Human Resources encompasses several different program areas, including Jobs, AFDC program, which is the traditional Welfare Program, Food Stamp Program, Child Support Services and services to the elderly, and child abuse/neglect prevention. With all of these programs, the only program that has specific earmarked spending for transportation is the Jobs Program. We rely heavily upon Section 18 and Section 9 Providers."

WHAT DOES RURAL MEAN IN RELATION TO TRANSPORTATION NEEDS?

Jerry Ross, Director of the Division of Multimodal Programs for Kentucky Transportation Cabinet: "Technically, we look at the rural area as any area that is for a community or area less than 50,000 population. We have approximately 55 cities that range from 5,000 to 50,000. All of these would be included in the rural area, but primarily in Kentucky, especially, Eastern Kentucky or Appalachian Kentucky, rural is an area where vehicles are primarily going up a hollow or unpaved road to pick up somebody and have to return over the same route to get to a feeder road to go back into a small town or city. Rural would also be classified as areas that have either small clinics or hospitals, but not the larger hospitals available and so there is a requirement to transport people to medical facilities over great distances."

Mary Green McIntyre, M.D., Physician at Autaugaville Health Center, Alabama explains: "In order for this Rural Health Center, and basically any rural health center, to really take care of patients, we need transportation services. We have patients who are at the point where they can't make it to the doctor, and I have done a few house calls. The situations or conditions of the homes would surprise a lot of people. We have people that don't have running water. We have people that have outdoor toilets. I worked in a situation where they had a well out in the open, where water comes out of a pipe. You catch the water and that's what they bathe in and that's what they drink. When our nurse practitioners go out, they must bring in jugs of water to cleanse wounds, and give sponge baths. It's hard to tend a patient when there is no water in the home."

Angela Rouse, Special Services Director for North East Georgia Health Systems, says: "Rural means, very often with elderly people, that you rely on friends and neighbors, some of whom are with limited financial resources. They cannot afford to pay for the public services that are available to them, transportation services particularly, if they don't happen to qualify for Medicaid. The only transportation to health care in this area is for Medicaid-only patients and Medicare patients with no transportation...a lot of the solutions that have been proposed have been trying to take city plans and superimpose them into the rural areas."

RURAL POPULATION USE OF TRANSIT

Bill Luckerson, Transportation Planner, Alabama Department of Transportation: "People in Alabama are not accustomed to having access to public transportation, so in my opinion the biggest problem we have in this State is education in terms of the importance of transportation in rural areas. There has to be a massive education program to help all people involved in rural transportation understand its impact on economics, health, employment and education. I think one way is to have a Transportation Coordinating Council and to have some kind of incentives for the States to do things like this."

Gayle Sandlin, Director of Social Work, Alabama Department of Public Health: "The Department of Public Health supports and works with MEDICAID to address transportation in the State because there is a tremendous need; but one thing we have to do is to look at it from a community by community basis. There is no blanket solution to addressing the transportation problem that will take care of the system Statewide."

Gail Mayeux, Grants and Contracts Administrator, Division of Multimodal Programs of the Kentucky Transportation Cabinet, Project Manager, Central part of the State Kentucky Rural Transportation System: "We feel public awareness is very important because if they don't know the system is out there, they are not going to ride it."

3. COMMUNITY RESOURCES, PUBLIC AND PRIVATE, AVAILABLE TO PROVIDE RURAL TRANSPORTATION SERVICES

In Glascock County, Deborah Pennington, Intermodal Program Director, Georgia Department of Transportation, describes the local operating plan: "I cover 28 counties in East Central Georgia. Of the 28 counties we have 22 Section 18 Rural public transportation programs. We have approximately 75 vehicles which deliver close to a half million one way passenger-trips per year."

In West Virginia, Cindy E. Fish, Senior Grant Coordinator, Division of Public Transit: "I administer the Section 18 Grant Program for the State of West Virginia. We have 12 operators participating in the Section 18 Program. Two of them operate in a 5 county area and we have a few that operates in a multi-county area as well, but primarily they are just serving their county, providing public transit to rural residents."

In Louisiana, Carol Cranshaw, Public Transportation Administrator for the Department of Transportation, recounts: "We administer what we call Section 18 Funds to Rural Public Transit areas. There are 35 agencies throughout the rural areas that provide transit for us. We oversee approximately 3 million dollars of federal funds to provide us with transportation. We have a huge rural area in the State. We are having problems with coordinating certain funds. Our main goal is to provide public transit to the people no matter where they are."

Sherita Berlin, Nurse Supervisor, Avoyelles Parish Health Unit, Marksvilles, LA: "Transportation has made a big impact on the Health Unit Services in Marksvilles. Before we had transportation, a lot of the people were not keeping their appointments - they did not have the means to get to the Health Clinic, but today, at least 75% of our patients utilize the local transportation services."

Ned Sheehy, Executive Director, Federated Transportation Services of the Kentucky Bluegrass Transit: "The issues that we have found in the rural areas with respect to transportation and it's lack of accessibility, primarily stem from the lack of available funding for the public transportation. With the acquisition of capital and the operating assistance, we have found that in many cases there are substantial amounts of money that are spent under other programs that are not considered public transportation."

Anthony C. Mills, Director of the Claiborne County Department of Transportation, reports: "We are carrying approximately 2,700 people throughout the county; taking people from this county and surrounding counties to seek employment, health care, education, shopping and other activities. This is a service that is for the people that is very much needed. I am grateful to the Board of Supervisors, Mississippi Department of Transportation, and the Federal Transit Administration. Transportation is a very integral part of the growth and development of the rural areas within the South, and I thank God for it."

Betty Stalnaker, Project Coordinator, Clay County Development Corporation, Clay, West Virginia: "We operate a 3-Van Service - one 12 passenger and two 10 passenger vans. Clay County is very rural and we serve approximately 70% of the County. Our transportation program serves the elderly, disabled and the general public. Without our vans and buses, the majority of the elderly people would have no way in which to get into town for groceries and anything like that."

David Johnson, Manager of Mountain Transit Authority, Summersville, West Virginia: "We serve transportation needs in five rural counties and we have a fleet of 20 buses and we have ten routes that we serve in the five counties. We serve about 65,000 passengers per year. Many of these clients have no other way of getting to the store, doctor, and or to the hospital for appointments. Without this system, I'm afraid there wouldn't be any other way to get to appointments except maybe a car owning neighbor and paying them a hefty amount. We are subsidized by the Federal Government to the tune of about 40% and the State government provides about 40% and our fare boxes provide about 20% of our total revenue. There is great need for transportation in this area."

The geographic area we serve is larger than some States -38 hundred square miles in a mountainous terrain, the geography here is very tough and hard to get around and access is not easy in this area."

4. **LEGISLATIVE BARRIERS WHICH PREVENT THE COORDINATION OF FEDERAL FUNDS, INCLUDING SECTIONS 16 (ELDERLY) AND 18 FUNDS WHICH PROVIDE RURAL PUBLIC TRANSPORTATION; AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES ALLOCATED FUNDS FOR THE PROVISION OF REIMBURSED MEDICAL TRANSPORTATION UNDER TITLE XIX**

Len Lacour, Program Manager of the Federal Transit Administration in Atlanta Region IV, explains: "Turfism' has come along way in terms of breaking down barriers. I can always remember when way back in the early days, when HHS and DOT started to grapple with this problem, it was clear that most of the barriers, if you will, did not lie in legislation, necessarily, it was simply barriers that have been created by human nature, 'turfism.' ISTEA is an attempt in itself to put down some of the 'turfism.' One of the things in this effort, that you might want to consider, is the flexibility that has been given to the States, vis-a-vis the ISTEA legislation in order to better serve rural needs."

CONCERNING COORDINATION

This has been recommended by local and State Transportation and Health representatives as a solution for allocating limited transportation resources in a cost-effective manner. Reference is made to statements by:

Henry Griffith, Program Coordinator for Transportation, Department of Human Services, Division of Aging in Mississippi: "We are working on an experiment in the South Delta, where the Department of Human Services, Medicaid Commission, Department of Transportation, Area Agency on Aging, and other community groups are combining their efforts to provide transportation for persons who have health problems, handicapped and elderly, to cut costs and to maximize the use of available vehicles in the area."

Rose Forrest, Secretary of the Department of Health and Hospitals for the State of Louisiana: "Recently, we spent approximately 70 million dollars in trying to get indigent persons transported to receive health care. I think coordination across the board is cost-effective in getting that service delivered."

Carol Snipe-Crawford, Director of Long-Term Care Division, Georgia Department of Medicaid Assistance: "I think the issue of coordination of transportation is one that is very critical, because the States around the nation have come to realize that they are facing a crisis in their expenditures in dealing with non-emergency transportation services. That crisis is being realized in rapidly escalating expenditures, and States are attempting to deal with that."

Bruce Gomez, Chief of Program Operations, Louisiana State MEDICAID: "In the last 3 months, Louisiana has made revisions to the State MEDICAID program, and reduced expenditures from 72 million to under 28 million. This is a massive change in the provision of service level and as a result of this change we have worked closely with the Department of Transportation and the Council on Aging to help us in the delivery of services to these individuals. We have had an opportunity to talk directly to individuals impacted by the changes, and their primary concerns are: 1) To get medical care when they need it; 2) To get there on time; and 3) To make sure that the next time they need transportation, it's available at the same level of service." "It has been very difficult in Louisiana to provide these services especially in rural areas where great distances are involved. If there is not some effort to ensure coordination, we will never be able to meet the need of the individuals."

Susan O'Connell, Director, Division of Public Transit, West Virginia Department of Transportation: "We run a coordinated project that's in Wayne County and the purpose of that project is to develop a program approach for the local area hospitals and the Regional Mental Health Center to get doctors to reserve times for a social service agency, so as to allow that agency to coordinate their trips. Instead of taking 5 different people every day of the week to the doctor, you would take 5 people on one day of the week which could be a significant saving in the transportation business. We also found that we had to organize the agency internally before we could work with the doctors and local area clinics and that's now just about coming about after about two years. So it's not an easy task. I also think that there is no incentive to coordinate when everybody is doing their own thing."

Bob Bianchinotti, Commissioner, West Virginia Office of Aging: "If you look at all the different funding streams coming into West Virginia under the Old Americans Act and the other ones mentioned by the other presenters, there is more out here than we realize, but it's not really well coordinated, for example: Head Start buses and buses for older people, and buses for employment programs for people of all ages, buses for children's services and others. The question is, how do you get people, either on a regional or local basis, to begin to coordinate their services. The various service regulations also have to be made extremely flexible."

Florence B. Henderson, Ph.D., Executive Assistant to Governor Edwards, Office of Urban Affairs and Development, Baton Rouge, LA: "As Coordinator for the NCNW Rural Transit Survey & Assessment Project, I have been able to speak to a number of persons all across the State and the need is very, very real in terms of coordination to provide transportation services, particularly for persons needing medical services to have a transit system available to get them from point A to B is sometimes crucial."

Vicky Boume, Kentucky Transportation Cabinet, Public Transportation Manager for the State: "We secure grant funds from the Federal Transit Administration and we allow public transit operators apply for the grant funding on a yearly basis and requiring several stipulations to get the funds; one being coordination with the rural transportation entities."

REGARDING MEDICAID TRANSPORTATION

Harriet Worthington, Commissioner, Alabama Department of Medicaid: "I have been with Medicaid since its inception, and I think the timing of this interview is very good because we, at this time, are focusing on transportation needs in the State of Alabama. At Medicaid, we have what is called a non-emergency medical transportation task force, which is a coalition of all the different State Agencies and Advocacy Groups, all moving in the same direction. In the direction I think this interview is going, we need to coordinate our transportation services, so that we can get the best utilization of the areas that are already covered, and we need a coalition to make sure we don't have a duplication of services."

Tracy Watkins Williams, Assistant Director, Alabama Commission on Aging: "Many of our seniors do live out in the rural, isolated areas and often find themselves unable to access transportation that they need; not only to receive medical care, but simply to buy groceries and do the things they need in order to participate fully in daily living."

Thomas Collins, Director of Medicaid for the State of Louisiana: "A requirement is that the State must assure the availability of transportation to those in need. But there are no clear standards on exactly what constitutes, 'in need.' And there are no clear standards from State to State, exactly what should be the appropriate reimbursement level for all those types of transportation providers, and what it should actually cost the States. No one should minimize the complexity of this problem, particularly when dealing with transportation in rural areas."

Robert Cass, Deputy Secretary of the Department of Social Services in Louisiana: "We are dealing with 640,000 AFDC recipients in the State of Louisiana. We have 25% of our population who are in poverty, and a million of our citizens who receive Food Stamps. Of the 640,000, all of these individuals are eligible for Medicare and Medicaid benefits including transportation. Most of these people live in a rural area and, as you know, rural areas do not have mass transportation, or public transportation."

Troy Bledsoe, Georgia Department of Human Services: "Rural areas in general, are not being served 100% because we don't have enough resources to serve all of the individuals. But the transportation services are fairly distributed across the state...I think a move toward a more unified system will reveal that we won't need more vehicles, but make a more efficient use of the ones we now have."

Donald Robinson, Sr., Executive Director of St. Landry Parish Community Action Agency in Opelousas, Louisiana: "We have a highly visible and successful transportation program with a fleet of 13 vehicles which are available to provide non-emergency medical, as well as public access transportation to the citizens of St. Landry Parish. The parish is largely rural with a population of 81,000 in three towns, of which 37% are low to moderate income. The Parish operates 2 handicapped vans transporting more than 100 persons daily; we also provide transportation services to the elderly to and from nutrition sites in Melville, Eunice, and Opelousas, Louisiana. These transit programs are provided under Sections 16 and 18 grants respectively. We transport on an average 335 unduplicated passenger trips monthly."

Gene Kiser, Director of Program Services for the Kentucky Medicaid Program: "I don't want to take exception with the Transportation Cabinet or U.S. Department of Transportation, but I think when you are dealing with human services needs, which would fall under the Medical Assistance Program that Health and Human Services would be the better department to run that particular aspect of the program. In regard to the Medicaid program, we have more providers in the rural areas than we do in the metropolitan areas. I think that the Federal Government needs to totally review their funding mechanisms with the States and be a little bit more realistic in their viewpoint."

Mary Ann Cooper, Trainee for the Utilization Management Unit of Medicaid, West Virginia: "I would say with the transportation we are having a lot of problems with recipients who want to ride the ambulance to the doctor and/or to regular clinic appointments and it is costing anywhere from \$75 to \$112 dollars base rate plus \$2 dollars per mile."

Greg Hamlin, Director of Shelby Valley Transportation Services located in Prestonburg, Kentucky: "My suggestion would be more funding, but make sure that funding is being spent efficiently and effectively. The surest way would be to monitor very closely how the money is being spent for what its actually allotted to."
"The suggestion that I would have would be to possibly bidding that type of service out to local transportation providers. I would suggest for Medicaid to reduce its current reimbursement rates; instead of 50 cents per mile, maybe make it 30 or 35 cent per mile for starters."

5. ALTERNATIVE TRANSPORTATION SYSTEMS AVAILABLE TO IMPROVE ACCESS TO HEALTH CARE SERVICES

Jan Larson, Director for the Division of Contracts Monitoring, Mississippi Division of Medicaid, which contracts transportation services with the Department of Health and Department of Human Services: "*Volunteers* are engaged by the Departments to transport Medicaid recipients to wherever they go for Medical services. Volunteers are reimbursed for the services they provide. We need an agency clearly defined as the coordination point for services, so people would know where to go for assistance."

Ken Selbe, Director, Family Outreach Program, West Virginia Office of Maternal and Child Health, Bureau of Public Health: "I also work with a program called, *Access to Rural Transportation* which is for high-risk pregnant women and infants and also to help them receive transportation assistance for their needed health care appointments. About 4 years ago, we developed this program when we received some grant money from the Robert Wood Johnson Foundation. We try to make grant money available, by giving clients the money they need to make their trip prior to making that trip. That way it would not have to be a reimbursement amount after the fact. It just helps in terms of people having a way to get to the doctor."

Ruby Wills, Director of Transportation for St. Landry Parish Community Action Agency, explains: "We have *contracts with private transit providers*, to deliver transportation services for clients of nonprofit agencies including the Council on Aging for whom we bring elderly people to the nutrition sites and we also work with local churches and offer services for handicapped persons."

Jean Britton, President, Avoyelles Parish Police Jury: "We have both public and private transportation providers in the Parish. The private providers are a very controversial type of transportation which could be improved, vastly. There has been some abuse and there is a possibility that this form of transportation could be cut."

■■■ MISSISSIPPI BAND OF CHOCTAW INDIANS TRANSIT AUTHORITY

The Choctaw Indian Reservation is located near Philadelphia, Mississippi, and is governed by a duly elected Tribal Council, Phillip Martin, Chief. As of the 1990 Census, there were 4,449 Choctaw Indians residing on the Reservation.

However, the 1994 Tribal Enrollment listed approximately 7,200 resident members of the Mississippi Band of Choctaw Indians. This return to the Reservation of nearly 3,000 Choctaws, is attributed by the Tribe, to the advent of Gaming. This resulted in overall community improvement, including: transportation; health care services; increased employment/jobs; and gradual improvement in the standard of living. Currently, the Tribe contracts and manages health services and schools, and it operates the Choctaw Transit Authority which delivers transportation services under FTA Section Titles 16a and 18, and HHS Title XIX.

As part of the NCNW Study/Assessment, a roundtable discussion was conducted by Billy Robertson, Director, Choctaw Transit Authority, with Tribal Directors of: Health, Education, Employment, Headstart, Aging, Special Needs; and other Social/Human services, including those under the Americans with Disabilities Act. Charles R. Carr, Public Transit Manager, Mississippi Department of Transportation provided answers to relevant questions concerning DOT/HHS regulations and applications to Tribal transportation needs and services. Comments from Tribal Health and Human Service Providers, included:

Wanda Sharp, Director of Social Services: "One of the things I think we should point out is that the Choctaw Health Center Medicaid patients can only be reimbursed for transportation when Health Center doctors make the appointment. However, when patients contact the Choctaw Transit Authority on their own, the patients cannot be reimbursed and the cost has to be picked up by the Health Center. This needs to be corrected for individual patient Medicaid reimbursement on the Reservation."

Doyle Tubby, Director of Employment and Training stated: "One of the big problems we have with transportation is that there is quite a number of our people who do not have access to transportation. Job opportunities are available but they are not able to get there. So we're unique in a sense that we offer a number of services in the job market, but a very big problem we have is providing transportation for them to get to and from work."

Mary Meruvia, Director of Choctaw Vocational Relocation Program: "We serve individuals who have physical or mental impairments, services which relate to employment. At present we coordinate with the Choctaw Transit Authority for transportation services as well as with the Choctaw Health Center. However, the population that we serve, the disabled population, is not likely to have independent transportation so, at this time we lack transportation resources for this population."

Billy Smith, Facility Manager, Choctaw Health Center: "The problem is we don't have enough vehicles to provide the services for the demand that is required here, plus we have no handicapped equipped vehicles for handicapped persons. Well, I would like to see more input from the different agencies about coordinating the different parts of transportation. I would think coordination is a lot of our problem; as far as transportation, we have a lot of needs. We have the elderly, youth, disabled people, job training, people who need special medical attention. I would like to see discussion on some type of coordinated effort in transportation on the Reservation."

Laura John, Choctaw Adult Literacy Instructor: "We work with seven communities in bringing education to rural residents through the GED Program. We are providing transportation as much as we can, but we miss some of the people who live out in rural areas, where distance is quite a problem and sometimes we don't meet their needs like we need to. If we had more transportation services from Transit, I feel we could adequately meet the needs of our people."

Laura Denson, Director of Elderly Nutrition Program: "We offer transportation service to our elderly in six communities surrounding the four Counties. One of the things that I'm proud of, is that we were able to provide services for the elderly so that they can come to eat at Nutrition Centers. We also provide transportation to go places like shopping, health center, social services and other places. What I would like to see, if we had transportation, is to start a 'Meals On Wheels' for the homebound elderly."

Billy Robertson, reported: "We are moving approximately 2,400 people per month on our transit system. People are not aware of what public transit can do for rural areas. They see the transit buses for the elderly and disabled persons running down the road, but they are not fully aware what public transit can do for a community, as far as industry locating here, developing jobs, and transportation as a tool for community improvement. I'd like to see some education of the general public in rural areas, as to what public transit can mean to them and the community as well as to the Reservation."

Charles Carr summarized the discussion: "We'd like to look at pulling together resources from multi-county areas to develop a coordinated transportation resource for our area that would centralize transportation services. It would bring together the resources of several different programs under a transit management umbrella. It would also bring in some private sector involvement, enough to be able to have a regional maintenance facility, like Mr. Robertson's Choctaw Transit Maintenance facility here on the Reservation. The objective is to earn dollars that could be plowed back to provide transportation resources and offer expanded transportation to serve the rural populations."

**HEALTH PROFESSIONALS IN THE TARGETED STUDY AREAS DESCRIBE
TRANSPORTATION PROBLEMS IN THE DELIVERY OF RURAL HEALTH
SERVICES AND THE NEED FOR IMPROVEMENT**

In Georgia, Jackson Bruce, M.D., Bowman Family Medical Center, Bowman, Georgia, 35 miles east of Athens, Georgia, serving about 3,000 persons from a total population of 25,000, says: "It would be wonderful if we could get patients here from some of the outlying communities, where there is just no way they can get here if they do not have access to private automobiles...there is no public or private system to transport them on a regular basis. There are a lot of problems in rural health care; or perhaps I should say there are a lot of problems in terms of access to health care."

In Alabama, for instance, Mary Green McIntyre, M.D., Medical Director of the Autaugaville Health Center: "Transportation services to people in the rural areas could prevent a lot of the crisis care; it will prevent having to spend hundreds of thousands of dollars for treatment of problems which could have been taken care of in a routine checkup."

In Selma, Alabama, Edgar W. Brown, M.D., Medical Director, Rural Health Medical Program, Inc.: "Transportation is a crucial problem in the rural areas, just as crucial, perhaps, as the drug or crime problem. If there were some system put into place whereby we could provide transportation and let our patients know that this particular service is available, in the 45 rural counties, I'm sure that it would help alleviate transit problems which now prevent their routine and preventive health services."

In Natchez, Mississippi, Frances Henderson, R.N., Ph.D., Dean of School of Nursing at Alcorn State University, describes the rural health initiative: "We have a brand new Master's Program in Rural Health Nursing. We are very proud of our Mobile Nursing Center, and our Nurse Managed Primary Health Center, funded in 1987 by the Kellogg Foundation. Part of the documentation for that project was the need for access to health care for people who live in rural areas. The need for transportation on a regular basis is tremendous; that would help decrease infant mortality, hypertension, diabetes and other preventable, lifestyle diseases."

In Atlanta, Georgia, Miriam Chivers, M.D., Medical Director West End Medical Center, Inc., and a Medical Advisor for the National Council of Negro Women (NCNW): "I am very familiar with the barriers our patients face, whether it is urban or rural areas. I am glad to see that this is being addressed, because there are so many barriers for the medically underserved. They have so many problems to face today, that getting to a medical appointment, or getting the service they need, is not another worry that they need."

In St. Landry Parish, Louisiana, Irene Stagg, Nurse Supervisor, St. Landry Parish Health Clinic: "St. Landry Health Clinic, offers all the services that are offered in larger city health units. One of our main barriers has been transportation for our Medicaid clients; they just can't get to the clinic. Also, the low-income families who are not on Medicaid have to pay 20-25 dollars to get to the clinic, and some of them just do not have that kind of money."

In Montgomery, Alabama, Anitta Love, R.N, M.P.H., Director of Practical Nursing Programs, Trenholm State Technical College, and State Representative of Alabama Chapter of Chi Eta Phi, Nurses Sorority: "I think there are still a lot of people who are not aware that there are transportation modes available to them. Our home care agencies are going to the patients as opposed to patients coming to them, and that in itself is a way to let us know that transportation has not been fully utilized."

In Mud Creek, Kentucky, Ayesha Sikdar, M.D., Internist: "Working here is not just practicing medicine, you have to get into the depth of the social aspects of the patients. It's amazing how much difference you can make in a persons' life through practicing here. We often help to buy food and transport patients to the clinic."

In Zebulon, Georgia, Wade Giattina, Executive Director, Pike Medical Health Clinic: "We are a federally-funded Community Health Center and we cover approximately five counties service area. We see approximately 30-35 patients a day. In this area, since it's rural, there is very limited transportation. Currently, I believe, two agencies provide transportation services for Medicaid eligible patients."

Robin Holbrook, Physician Assistant, at Shelby Valley Medical and Clinical Director, Mud Creek Clinic, in practice 11 years: "The issue today is transportation and its effects on health care. Here in Eastern Kentucky, it is probably one of the major things that we see. Many of our patients are indigent, and around 60% have trouble getting into the clinic and when they do get here, they usually have to hire someone to bring them. We are talking probably about 20, 30 or 40 miles radius of our facility. Follow-up care is also difficult because of the lack of transportation services."

Jim Samples, Executive Administrator, Clay County West Virginia Primary Health Care Center: "Quite a few of the people in our community in our service area, simply go without much needed health care simply because of transportation problem. Our center here has started a prenatal program, and of the four years it has been operational, an important part has been a transportation component that we funded ourselves. The van will go out and pick up the women and bring them back to our center and because of that component and our offering that prenatal care here, with subsequent delivery at a Charleston hospital, our infant mortality rate has decreased. We have gone from the highest rate in West Virginia to the lowest rate for the past four years. And not only that, but our teen fertility rate has also dropped from the highest to what is average for West Virginia County; and so has our low birth rate infant score improved."

Sister Mary Maloy, Outreach Worker, Rural Health Medical Clinic, Pineapple, Alabama: "Our outreach work enables us to provide some service beyond the medical services, which is the main service of the clinic. As an outreach worker, I provide some transportation for people who cannot come to the clinic without extra help."

***THE FOLLOWING REPORTS ILLUSTRATE THE COST OF NON-ORGANIZED
TRANSPORTATION AND THE COMPARATIVE SAVINGS WHEN
TRANSPORTATION IS AVAILABLE ON A REGULAR BASIS:***

Ronald B. Myers, M.D., Director of Tchula Health Care Center in Mississippi, states: "I provide health care in a very depressed rural area of the Mississippi Delta. Here in my rural practice, house calls are something that we doctors continue to do since transportation is non-existent. Almost all cases are emergencies; in dire emergencies, I have had to use my own van to transport patients to hospitals in Greenwood or Jackson, some 25 to 75 miles away. Otherwise, people have to pay up to 15-20 dollars to get someone to take them to a doctor in Greenwood or Jackson."

Deborah Pennington, Intermodal Program Director of the Georgia Department of Transportation reveals, some comparative costs to the non-organized transportation, as referred to by Dr. Myers and others, for example: In Greene County, under a Section 18 DOT Grant, the rural public transportation programs were able to deliver 65,000 one-way passenger trips at a cost of \$1.46 per person, per trip. Federal Grant funds were supplemented by farebox and purchase of service revenues."

TRANSPORTATION OFFICIALS IN THE TARGETED AREAS ADDRESS THE PROBLEM WITH A VARIETY OF APPROACHES

Brigadier General Jude Patin, Secretary of Transportation for the State of Louisiana, emphasizes the contributions of ISTEA, specifically, stating that: "ISTEA has made available an opportunity for the state to determine needs based upon public import. This has been accomplished through our Metropolitan Planning Association in the development of a statewide transportation infrastructure plan, which is being coordinated with local and public officials at all levels. What is needed now is the financial support, the commitment of dollars and the re-authorization of ISTEA as originally planned, so that the states can accomplish the overall objectives of the original Intermodal Transportation Efficiency Act."

Coan J. Bueche, Chief of Planning Division, Louisiana Department of Transportation and Development(DOTD): "My role is to develop system-level plans for the DOTD. One of the projects we are working on that might be of assistance in your program involves the use of the Census Transportation Planning Package. DOTD has agreed to purchase this from the U.S. Census Bureau through the Association of State Highway and Transportation Organizations (ASHTO) in Washington, D.C. This requires local analysis to determine people who need health care transportation and the location of available health care facilities."

Luke Cousins, Administrator, Georgia Department of Transportation, addresses the issue of coordinated rural transportation: "The State of Georgia and its leadership has made a very strong effort to address the needs of rural public transportation through oversight studies, legislative committees, ongoing cooperative efforts among state agencies that provide public transportation for both general and specialized purposes. In the past, the only solution was more dollars. That does not seem to be an option now. Therefore, the way that we improve public transportation for rural Georgia is through efficient utilization and better management of our existing resources."

Jerry Ross, Director, Division of Multimodal Programs, Kentucky Transportation Cabinet: "If you take a van that is not fully loaded you will not have any efficiency in transportation. So, we try to ensure that either we start with a loaded van or we try to coordinate with other systems to pick up people along the route that they would be able to have a full vehicle. We have dealt with cab companies and we paid a portion of the cab fee as a subsidy to the people who were not able to afford the overall price. We also are looking at coordination with other human service programs which have a lot of funding that may be available, but not necessarily the equipment or the personnel for supervision to do the actual transportation themselves."

John Carr, Deputy State Highway Engineer for Intermodal Planning, Kentucky Transportation Cabinet: "My responsibilities include the Public Transit Program and my role is to provide policy support in that area. Our role in rural transportation involves participating in the Appalachian Regional Commission Task Force, where we address various public transportation issues regarding public transportation in rural Kentucky which has a diverse ridership and transit needs in areas hard to reach."

James Miller, Administrator and Planner, Claiborne County, MS.: "About 13 to 14 years ago, Claiborne had little or no transportation. At that time, the Claiborne County Supervisors made a decision to try to provide public transportation for the citizens. We are a rural County located in the Southwest area of Mississippi and transportation has always been a problem for our citizens, especially for our senior citizens. One of the basic philosophical decisions that the Board has taken is, that we want to do everything that is possible to work with public and private sectors, using state monies as well as Federal monies to make sure that we provide decent and affordable transportation for all citizens."

RESIDENTS OF RURAL AREAS SHARE INFORMATION CONCERNING LOCAL TRANSPORTATION NEEDS

In Pineapple, Alabama, Christopher Hale, Nursing Student at Selma Community College: "I know there is a great need to have clinics in rural areas because I have two grandparents that I take to the clinics. The nearest clinic is 80 to 100 miles away. Transportation is urgently needed in rural areas."

In Autaugaville, Alabama, Granger Palmer, Board Member of the Autaugaville Health Clinic: "A transportation system is needed in this rural community. Many people live in a radius of 15 to 30 miles from the Clinic where a majority of them do not have access to transportation. A public transportation system would be of great help to the people in this area of rural Alabama."

In Claiborne County, Mississippi, Stacy Moore, Single Parent, Temporary Worker: "Public transit has definitely been a help to me because everyone in my household works and we all leave early. Therefore, I would have no way of getting to work. But with the transit service I don't have to worry."

Joan Yates, Claiborne County, Mississippi, Single Parent and Plant Worker: "I bring my children to Day Care Center and I get the bus to work. It helps save time."

In Port Gibson, Mississippi, Helen Holmes, Outreach Worker, Mississippi State Employment Services. "I am employed by the State Employment Service here in Port Gibson, Mississippi. The Transportation System is a tremendous help to this community. I work with the Employment Office and I have to refer applicants over to them because of transportation needs to help get them to and from work. We live in a 30 mile radius from Vickburgs, MS, where the majority of our people work and the transportation service has been a great help."

Brenda Bennett, Officer Manager, Hope Family Medical Center, Slayesville, KY. "I have been at Hope Family Medical Center for 20 years. It's an out-patient clinic and some of our patients live pretty far out. One of the problems I see at the clinic is transportation for our elderly patients to get here to see the doctor."

Edward Carter, Sr., President Claiborne County Board of Supervisors: "We are very proud of our county's heritage. We have 11,500 citizens of which 75% of those are Black. We share a rich history where Blacks and Whites are working together for the improvement of transportation in the community."

In Georgia Kathryn Ivy, Driver for the Glascock County Transit System: "This service is very helpful to the people in this county. I take people to the doctor, grocery store and to the nutrition center and then back home, for some this service is their only connection with the outside world."

Alla Fair Turner, President, NCNW Mound Bayou Section, MS: "I have lived in Mound Bayou since 1935 and I have seen some good times and some bad times; and now, when there are more people living in rural areas, there is little transportation. The transportation is really falling apart here."

Ethel Dennis, community worker: "Getting transportation for people going to work has been a problem. We do not have any industry here in Mound Bayou; they have to go to other areas, so transportation is a problem. We need some means of transportation that is equipped to handle handicapped persons."

* * *

INFORMATION DISSEMINATION OF STUDY/ASSESSMENT FINDINGS

The Study/Assessment Package, consisting of a 34-page, written report and a 45- minute Videotape component, is available for distribution to designated personnel of: DOT/FTA and HHS in Washington D.C., Alabama, Georgia, Kentucky, Louisiana, Mississippi and West Virginia; participating organizations and groups; members of transportation/health-related Congressional Committees; and others upon request.

* * *

***LIST OF INDIVIDUALS WHO PARTICIPATED IN INTERVIEWS, FOCUS GROUPS,
ROUNDTABLE DISCUSSIONS AND/OR DISTRIBUTION OF SURVEY
INSTRUMENTS***

TRANSIT OFFICIALS

**Susan Schurth, Director Region IV
Federal Transit Administration
U.S. Department of Transportation
Atlanta, GA.**

**Len Lacour, Program Manager
Federal Transit Administration
Regional Office, Atlanta, GA.**

**Charles R. Carr
Public Transit Manager
Mississippi Department of
Transportation
Jackson, MS.**

**Brigadier General Jude Patin
Secretary of Transportation
Louisiana Department of Transportation
Baton Rouge, LA.**

**Carey Bush, Chief of Planning
Louisiana Department of Transportation
Baton Rouge, LA.**

**Carol Cranshaw, Public Transportation
Administrator, Louisiana Department of
Transportation, Baton Rouge, LA.**

**Bill Luckerson, Transportation Planner
Alabama Department of Transportation
Montgomery, AL.**

**Meinard Tabengue, Planner
Alabama Department of Transportation
Montgomery, AL.**

**Luke Cousins, Administrator
Georgia Department of Transportation
Atlanta, GA.**

**Deborah Pennington, Intermodal
Program Director, Georgia
Department of Transportation
Atlanta, GA.**

**Steve Kish, Office of Intermodal
Programs, Georgia Department of
Transportation, Atlanta, GA.**

**Don C. Kelly, P.E.
Secretary of Transportation
Kentucky Transportation Cabinet
Frankfort, KY.**

**Jerry Ross, Director
Division of Multimodal Programs
Kentucky Transportation Cabinet
Frankfort, KY.**

**John Carr, Deputy State Highway
Engineer for Intermodal Planning
Kentucky Transportation Cabinet
Frankfort, KY.**

**Vicky Bourne, Manager Public Programs
Kentucky Transportation Cabinet**

**Gail Mayeux, Division of Multimodal
Programs, Kentucky Transportation
Cabinet, Frankfort, KY.**

**Joe Shilley, Grants and Contract
Administrator, Kentucky Transportation
Cabinet, Frankfort, Ky.**

Charles L. Miller
Secretary
West Virginia Department of
Transportation, Charleston, W.VA.

Susan O'Connell, Director Division
of Public Transit, West Virginia
Department of Transportation
Charleston, W.VA.

Cindy Fish, Senior Grants Coordinator
Division of Public Transit
West Virginia Department of
Transportation, Charleston, W.VA.

TRANSIT PROVIDERS &
SECTION 18 PROVIDERS

Billy Robertson, Director
Choctaw Transit Authority
Mississippi Band of Choctaw Indians
Philadelphia, MS.

Anthony Mills, Director
Clairborne County Public Transportation
Operates - 2 Vans/bus
1 handicapped equipped van
Port Gibson, MS.

Denise Kent, Transit Supervisor
Operates - 2 mini-vans
Glascocock County Van Service
Gibson, GA.

Donald Robinson, Executive Director
St. Landry Parish Community Action
Agency - Operates a fleet of 13
vehicles - provides transit services to
entire Parish, Opelousas, LA.

Ruby Mills, Director
Autaugaville Senior Transit System
Operates - 1 van for senior citizens
transportation, Autaugaville, AL >

Teresa Maxwell, Director
Local Van Services
Operates - 8 Vans providing services in
10 counties in Southern GA.,
Elberton, GA.

Sandy Craig, Director
Henry County Senior Services
Operates - 6 Vans, serves 5
communities with non-emergency
medical transportation. Funded by
Section 16 for Senior transportation
and Section 18 grant for Rural Public
Transportation.

Ned Sheehy, Executive Director
Federated Transportation Services of
the Bluegrass Transit (Coordinates Rural
Transit services in 29 counties)
Lexington, KY.

David Johnson, Manager
Mountain Transit Authority
Operates in 5 rural counties serving
65,000 passengers per year.
Summerville, W. VA.

Greg Hamlin, Director
Shelby Valley Transportation Services
a non-profit community transit system
serves 5 rural counties in Eastern, Ky.
Prestonburg, KY.

**MEDICAID/HEALTH & HUMAN
SERVICES OFFICIALS**

**Rose V. Forest, Secretary
Louisiana Department
of Health & Hospitals
Baton Rouge, LA.**

**Thomas D. Collins, Director
Louisiana Medicaid Department
Baton Rouge, LA.**

**Troy Bledsoe, Director
Office of Support Services
Georgia Department of Human
Resources, Atlanta, GA.**

**Carol Snipe Crawford, Director of Long
Term Care Division, Department of
Medicaid Assistance. Georgia Division
of Medicaid, Atlanta, GA.**

**Bruce Gomez, Chief of Program
Operations for Medicaid
Non-emergency Medical Transportation
Louisiana Department of Medicaid
Baton Rouge, LA.**

**Harriet Worthington, Commissioner
Alabama Department of Medicaid
Montgomery, AL.**

**Jane Larsen, Division Director of
Transportation Division of Medicaid
Mississippi Division of Medicaid
Jackson, MS.**

**Gregg Phillips, Executive Director
Department of Health & Human
Services, Jackson, MS.**

**Gene Kiser, Director Program Services
Kentucky Medicaid Office
Department of Human Services
Frankfort, KY.**

**Gail Lees Sandlin, Director
Social Worker
Alabama Department of Public Health
Montgomery, AL.**

**Terry Williams, Asst. Director
Alabama Commission on Aging Health
Care Access. Alabama Department of
Aging. Montgomery, AL.**

**Sherry Perry, Public Health Regional
Administration for Region VI
Department of Health and Human
Services. Avoyelles Parish, LA.**

**Claire Ealy, Director
Office of Work and Training Services
Alabama Department of Human
Services. Montgomery, AL.**

**Rice C. Leach, M.D.
Commissioner, Department of Health
Services, Frankfort, KY.**

**Sharon Paterno, Director
Office of Family Support
Department of Health & Human
Resources, Charleston, W.VA.**

**Ken Selbe, Director Family Outreach
Program, Office of Maternal & Children
Services, Bureau of Public Health
West Virginia Department of Human
Services. Charleston, W.VA.**

RURAL HEALTH CLINICS SERVICE PROVIDERS

**Rural Health Medical Program, Inc.
1618 A - Broad St.
Selma, AL.
Executive Director: Evelyn H. Merritt
Medical Director: Dr. Edgar W. Brown**

**Health Development Corporation
Operates 8 medical centers in rural
Alabama. Site visit to: Autaugaville
Health Clinic
203 North Taylor St.
Autaugaville, AL.
Executive Director: Mark Causey
Medical Director: Dr. Mary Green
McIntyre**

**Central Alabama Comprehensive
Health, Inc.
203 W. Lee St.
Tuskegee, AL.
Executive Director: Phillips D. Ives
Assistant Director: Ms. Briggs
Medical Director: Franklin Scott**

**Northeast Georgia Family Medical
Centers, Inc.
Operates - 3 medical centers in rural
Georgia.
239 Danielville Rd.
Colbert, GA. Site visit to Clinic in
Bowman, GA.
Executive Director: Jackie R. Griffin
Medical Director: Dr. Jackson Bruce**

**Big Sandy Health Care Center
Operates - 3 rural medical centers in
Eastern, Ky.
Prestonburg, KY.
Administrative Asst.: Karen Stephens**

**Pike County Primary Health Care
Center, Inc.
P.O. Box 561, Zebulon, GA.
Executive Director: Wade Giattani**

**Palmetto Health Council, Inc.
507 Park St.
Palmetto, GA.
Executive Director: Jon Wellinzein**

**Aaron E. Henry Community Health
Services Center, Inc.
1040 DeSoto Ave.
Clarksdale, MS.
Executive Director: Aurelia Jones-Taylor
Medical Director: Dr. Aaron Shirley**

**Jefferson Comprehensive Health
Center, Inc.
225 Community Drive
Fayette, MS.
Executive Director: Kennie Middleton**

**Clay Primary Health Care Center
Clay, West Virginia
Executive Director: Jim Samples**

**Southern Rural Consortium, Inc.
514 St. Clair St.
P.O. Box 970
Russellville, AL.
Project Coordinator: Susan McCann**

**West Tuscaloosa Community Health
Center, Inc.
2731 Martin Luther King, Jr. Blvd.
Tuscaloosa, AL.
Executive Director: Derry R. Johnson**

**Georgia Mountains Health Services, Inc.
P.O. Box 540
Morganton, GA.
Executive Director: Bruce White**

**Northeast Georgia Family Medical
Center, Inc.
239 Danielsville Rd.
Colbert, GA.
Executive Director: Jackie R. Griffin,
DPA.**

The Survey Instruments are included to provide the detailed questions that were asked during the on-site interviews at roundtable discussions, interagency/local coordinating council meetings and other relevant group/individual sessions. The questionnaires were also distributed to the various organizations/agencies in the 6 States in order to afford the Project Team a more detailed database. In many instances the information was employed as a basis for on-site interviews/meetings and recorded sessions. Responses from these inquiries and the on-camera discussions formed the basis for tabulation/analysis on Page 4 of this report.

**TRANSIT PROVIDERS
SURVEY/ASSESSMENT OF EXISTING TRANSIT SERVICES**

PART I

INSTRUCTIONS:

1. PLEASE COMPLETE THE FOLLOWING SURVEY
2. PLEASE ATTACH ONE COPY OF ALL FORMS USED IN YOUR TRANSIT SERVICE
3. ANY QUESTIONS REGARDING THE SURVEY/ASSESSMENT? CALL 1(800) 717-5378

Name of your agency _____ Date _____

Person completing form _____ Title _____

Address _____ City _____ State _____ Zip _____ ; Telephone _____

A. EQUIPMENT: Please provide information about your existing fleet.

1. Vehicles: # ___ of 12 Seat Vans; # ___ of Mini Buses; # ___ of 15 Seat Vans; # ___ of Paratransit Vans

2. CONDITION: Excellent ___; Good ___; Fair ___; Poor ___.

3. MAKE & MODEL 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

4.# ___ RAMP/LIFT EQUIPPED; 5. TITLE HOLDER _____

6. TYPE OF COMMUNICATION EQUIPMENT 1 _____ MOBILE PHONE _____ CB RADIO

PART II. DESCRIPTION OF SERVICES: PLEASE BE AS SPECIFIC AS POSSIBLE.

(A) Whom do you provide transit services for? Please check all that apply to your service.

1. Elderly ___; 2. Disabled Persons; ___ Youth; ___ Low-income; ___ General Population

Other. (please describe) _____

NATIONAL COUNCIL OF NEGRO WOMEN, 777 UNITED NATIONS PLAZA, NEW YORK, NY 10017 1-800 717-5870

FORM ADAPTED FROM THE U.S. DEPARTMENT OF TRANSPORTATION: " Handbook for a Transportation Management Review "

TRANSIT PROVIDERS

1 (B) What restrictions are placed on who can ride? Check all that apply to your service

- 1. Age limitation ___ Give details if possible _____ ; 2. Income guidelines ___ Give details if possible _____
- 3. Other restrictions such as "we provide transit service only to our agency clients" _____

Please list qualifications of clients _____

4. What type of trips does your transit provide? a ___ Medical; b ___ Employment; c ___ Shopping; d ___ Nutrition; e ___ Education; f ___ Recreation

General Purposes (wherever the client needs to go within the service area of our transit service)

Other trips. Please give details if possible _____

5. How far in each direction does your service operate? North ___ South ___ East ___ West ___

6. Please indicate the hours your service operates

<u>Time</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
7-9 am	___	___	___	___	___	___	___
9-11 am	___	___	___	___	___	___	___
11 -1 pm	___	___	___	___	___	___	___
1-3 pm	___	___	___	___	___	___	___
3-5 pm	___	___	___	___	___	___	___
5-7 pm	___	___	___	___	___	___	___
7-9 pm	___	___	___	___	___	___	___
9-11 pm	___	___	___	___	___	___	___
1-3 am	___	___	___	___	___	___	___
3-5 am	___	___	___	___	___	___	___
5-7 am	___	___	___	___	___	___	___

I (C)

TRANSIT PROVIDERS

7. How do you schedule ride? Please check all that apply to your service

- (a) Riders must call at least hours in advance
- (b) We run a fixed route service and riders are picked up at a designated points.
- (c) We transport groups associated with social service activities

Other. Please give details _____

8. Do you ask for donations? Yes No Do you charge a fee? Yes No

9. ASSISTANCE NEEDED FOR YOUR TRANSIT SYSTEM TO IMPROVE AND EXPAND SERVICES

- New Vehicles
- Ramps/lifts on vehicles
- Radio dispatching services
- Driver Training Programs
- Managerial training
- Gaining adequate insurance coverage at affordable costs.
- Affordable/dependable equipment maintenance
- Assistance in informing public or client group of services
- Assistance in coordinating services with other agencies
- Assistance in hiring drivers
- Assistance in funding volunteer drivers
- Grantsmanship assistance, for equipment and/or operations funding
- Other please give details _____

Comments _____



PART II

PASSENGER SURVEY/ASSESSMENT OF TRANSIT SERVICES

Passenger Name (Optional) _____:Address(Optional) _____

TRANSIT SERVICE NAME _____

ADDRESS _____ DRIVER _____ ROUTE _____

PLEASE CHECK ONE OR ALL DAYS TRANSPORTATION IS NEEDED:

1. Day of the week (1) ___ Monday (2) ___ Tuesday (3) ___ Wednesday
(4) ___ Thursday, (5) ___ Friday (6) ___ Saturday
 2. Sex (1) ___ Male (2) ___ Female
 3. Age: (1) ___ 18 or under; (2) ___ 19-24; (3) ___ 25-54; (4) ___ 55-60; (5) ___ 64 or older
 4. Are you disabled? (1) ___ Yes; (2) ___ No.; ___ Yes, require a wheelchair lift; ___ Yes ___ Number of household members require wheelchair lifts
 5. How many people are in your household? _____
 6. How many require transit services _____
 7. How many operating cars, vans, or light truck are in your household? _____
 8. What are the purpose of your trips? (1) ___ Work; (2) ___ College; (3) ___ School; (4) ___ Medical/dental; (5) ___ Personal business; (6) ___ Recreation; (7) ___ Visit friends/relatives; (8) ___ Shopping; (9) ___ Workshop/senior center; (10) ___ Other.
 9. How many one-way trips a week do you usually make by transit service? _____
- Please rate accordingly - 1 Poor; 2 Fair; 3 Good; 4 Very Good; 5 Excellent; 6 Don't Know
10. How would you rate the service regarding the following: ___ Operating hours; ___ Frequency of service; ___ Waiting Time
___ On time service; ___ Availability of information; ___ Announcement of schedule changes;
___ Condition of transit vehicles;
___ Fare structure; ___ Courtesy of system employees; ___ Ease of boarding and getting off.

NATIONAL COUNCIL OF NEGRO WOMEN, 777 UNITED NATIONS PLAZA, N.Y. 1(800) 717-5870

FORM ADAPTED FROM THE U.S. DEPARTMENT OF TRANSPORTATION: " Handbook for a Transportation Management Review"

PART III **COMMUNITY HEALTH CARE PROVIDERS**

DATE _____

Name of Agency _____ **Director** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Telephone _____

How many persons receive medical treatment at your Health Center _____

How many transit providers are providing Transit services for your Center ____

Does present policies/procedures adequately address such matters as:

____ **mix use rides for clients in same household**

____ **appointment scheduling**

Is there a one-year overall transit plan for the health center? _____

Does the plan consider the treatment/transit needs of the entire family being treated by Center? _____

Is there an evaluation of the strengths and weakness of the Transit Service(s) _____

How does the Health Center handle emergency transit needs? _____

Have satisfactory procedures been established to provide "back-up transportation capability in the event of vehicle breakdown? _____

Is there an activity and/or procedure that will help your Center meet the transit needs of your Clients?



FACT SHEET
STUDY/ASSESSMENT OF TRANSPORTATION AND ITS IMPACT
UPON THE DELIVERY OF HEALTH CARE SERVICES IN NON-URBANIZED
AREAS OF ALABAMA, GEORGIA, KENTUCKY, LOUISIANA, MISSISSIPPI
AND WEST VIRGINIA

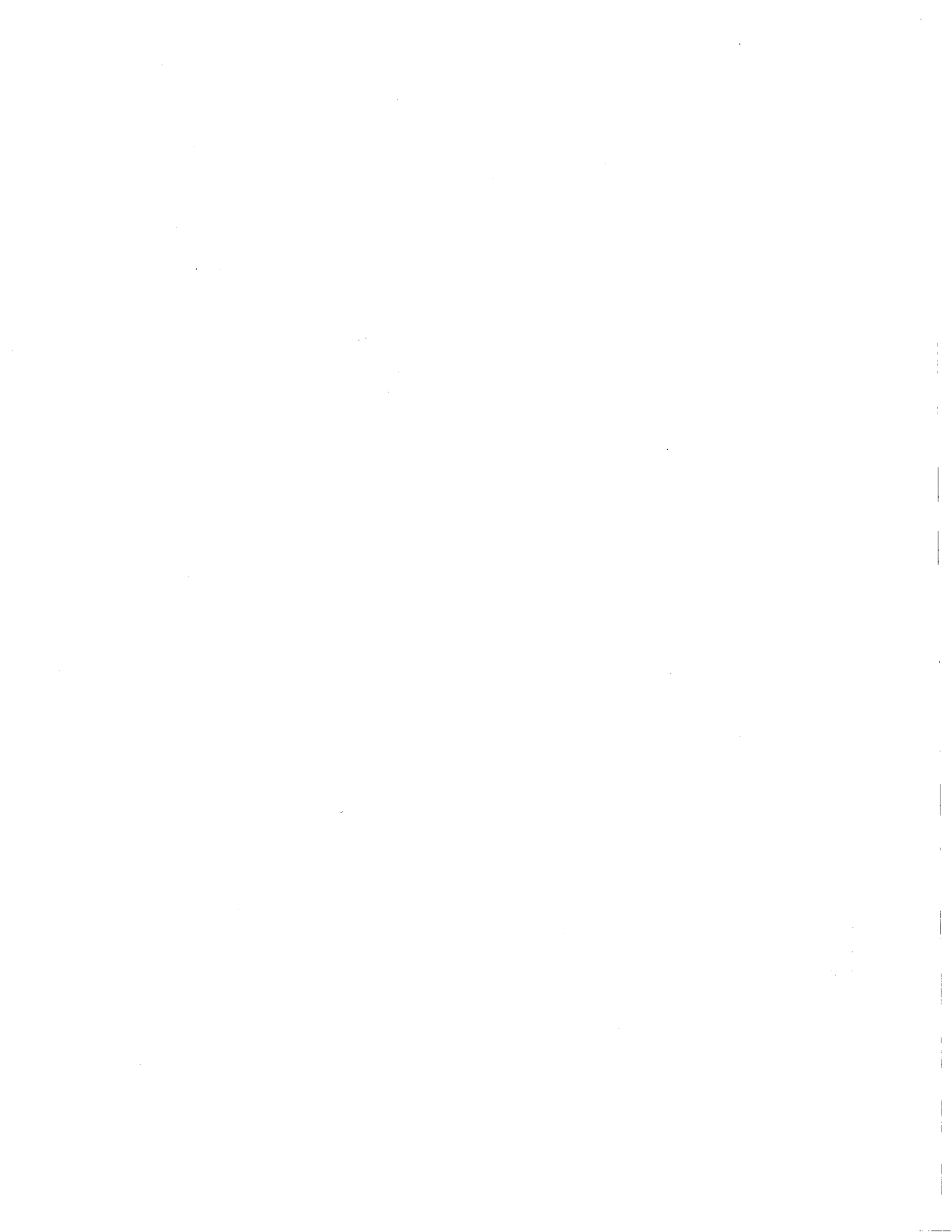
SCOPE OF THE STUDY - NCNW/FTA are exploring with the Department of Health & Human Services (HHS) as part of DOT/HHS Coordinating Council work plan, issues which concern access to rural and tribal health care transportation needs. The study will identify regulatory, administrative, and legislative impediments to the integration of health care transportation needs into existing rural and tribal transportation systems. Specifically, the study will assess the impediments to the integration of FTA's Section 18 which funds rural public transit systems and HHS Title XIX (Medicaid) which funds health care transportation. The finding will document barriers, best practices in this area, and assist in making recommendations for implementing a series of projects to demonstrate exemplary solutions.

PLAN OF ACTION - NCNW will work with State Departments of Transportation, Health & Human Services, Health Care Providers, Transit Providers and local community-based organizations to identify real/perceived areas of need to ensure to effective methodology for achieving project goals and objectives. NCNW Project Director will be assisted by Program Specialists, State Coordinators, Health Professionals (MSW and/or MPH) to make certain that rural and tribal communities participate fully in the study/assessment of rural transit needs. Culturally and geographically relevant survey instruments will be developed and pre-tested for use in individual interviews and focus group meetings among health related transit providers as well as related community-based organizations.

PARTICIPATING ORGANIZATIONS - Federal Transit Administration, Office of Research, Rural & Specialized Transportation, U.S. Department of Transportation, U.S. Department of Health & Human Services; State Departments of Transportation and Health & Human Services; State Planning Offices; NCNW Community-based Sections and National Affiliates; Historically Black Colleges & Universities; National Congress of American Indians; Private/Professional Transit Providers; Health Service Providers; Churches; Health Clinics and other health related groups within the community.

SUMMARY - NCNW is pleased to participate with the Federal Transit Administration in this important study/assessment of rural health transportation because of its commitment and emphasis on improving the health status of rural families. Your participation in this study is important to NCNW and to the success of the project therefore, for details about participating please contact:

Fannie M. Munlin, Project Director
National Council of Negro Women, Inc.
777 United Nations Plaza
New York, N. Y. 10017
(212) 687-5870 FAX (212) 687-1735
1(800) 717-5870



HE 5626 .M86 1995 20287

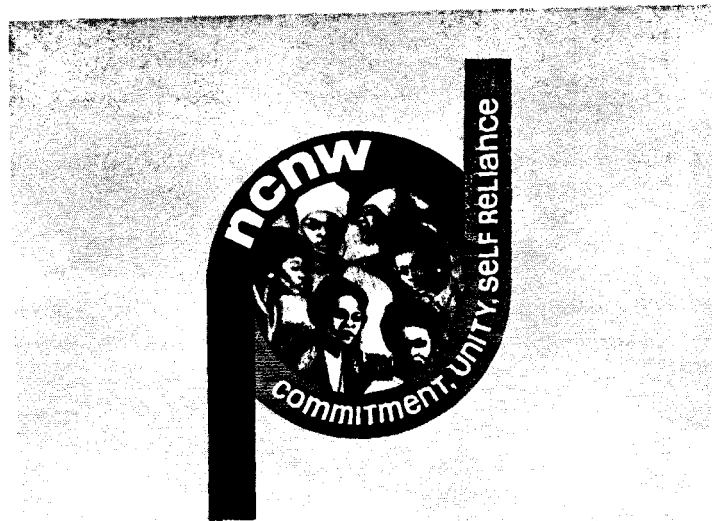
Munlin, Fannie M.

Study/assessment of rural
transportation and the

MTA LIBRARY



100000165314



NATIONAL COUNCIL OF NEGRO WOMEN

Mary McLeod Bethune
Founder

Dorothy I. Height
President & CEO

