



THE WORK, ACCOMPLISHMENTS, AND LESSONS LEARNED FROM THE ENDOWMENT FOR HEALTH'S TEN YEAR INVESTMENT IN ENHANCING ACCESS TO HEALTH AND HEALTH CARE THROUGH COMMUNITY TRANSPORTATION¹

PY2002-PY2012

Executive Summary

Endowment Strategy and Investment

The theme, *Addressing Geographic Barriers to Accessing Health and Health Care*, was selected as one of the Endowment's original areas of focus based on an assessment commissioned by the Foundation that identified lack of transportation as one of the key barriers to accessing health and health care in NH.² Endowment-sponsored listening sessions as well as community needs assessments repeatedly confirmed this analysis. The theme focused on two known areas of intervention: bringing residents to health care (community transportation)³ and bringing services to residents (telehealth).⁴ The Endowment identified outcomes and strategies that:

- Supported the development and dissemination of data/information/best practices about geographic barriers
- Developed and implemented new models to reduce the impact of geographic barriers on health and access to health care
- Fostered collaboration among key transportation and health stakeholders to increase cost-effective geographic access
- Built relationships to inform and strengthen strategies and leverage knowledge and resources to reduce the impact of geographic barriers on health and access to health
- Supported communication, education, and advocacy efforts to increase awareness of and action on issues of geographic access
- Supported efforts to create State and local policies that reduce the impact of geographic barriers on health and access to health care

Transportation

Key to the Endowment vision for community transportation was the development of a statewide brokerage service model. A brokerage seeks to maximize existing transportation resources by engaging one entity to manage all transportation resources for a particular population or region with the goals of enhancing efficiency, increasing access, and controlling costs. A brokerage is a national best practice, especially for rural regions.

¹ The data for this report come from several sources: background documentation, grant reports, grant evaluation reports, interviews with 15 transportation stakeholders and with the former Program Director and Interim President.

² Josephs, L. (2000). *Understanding the Issues: Access to healthcare in New Hampshire*.

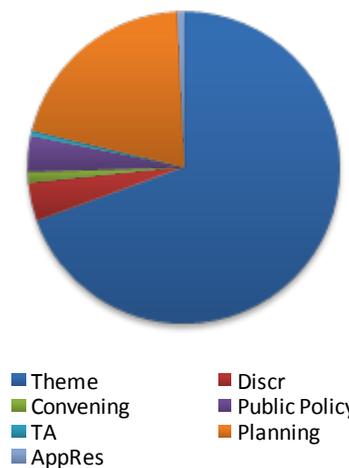
³ Transportation has two components: roads and related infrastructure including cars and community transportation systems/public transit which includes rail, buses, volunteer drive programs, and other forms of public transportation.

⁴ The Endowment's efforts in telehealth included funding to develop a statewide telehealth plan for the state. After completion of the plan, it became apparent that there was no clear leadership to lead implementation of the plan and as a result, the Endowment refocused its telehealth strategy to fund a limited number of promising telehealth demonstration projects.

NH's efforts to enhance transportation coordination date back to the mid 1980s but each time, the vision was not realized. At the time of the Endowment's investment in 2002, there was again State and community interest and support for a brokerage model. The Governor-appointed Task Force on Community Transportation recommended a statewide brokerage system and commitment by leadership in NH DHHS, which funds much community transportation through its programming and Medicaid, was high. In 2007, the New Hampshire legislature took the first step toward implementation by establishing the State Coordinating Council (SCC) for Community Transportation. The SCC is responsible for developing state-level coordination systems, including coordinating regions and information technologies, and working with regional groups to establish regional coordinating councils (RCCs) to coordinate transportation within regions.⁵

Between PY2002-2012, the Endowment funded 30 different projects (51 grants) totaling \$1,846,819 million to support transportation. About one-quarter of the funding supported planning (\$385,441). Seventy percent of the funding supported implementation (\$1,303,845) of transportation services projects across the state. This funding was used to establish services and to meet match requirements to access federal transportation funds.⁶ The Foundation also funded several statewide learning and planning convenings throughout the process. There was less funding in applied research and data in this theme than in other themes. Public policy investments were made later on in the theme and have focused on developing advocacy capacity. Similar to other themes, non-grantmaking support was substantial and included significant leadership roles played by Endowment staff both at the statewide level and in support to efforts in local communities.

Grantmaking by Grant Type



Key Findings

The Endowment raised awareness of the importance of transportation to health. For many stakeholders the fact that the Endowment identified transportation as one of its themes was a substantial contribution. By doing so, it helped to advance the issue beyond traditional stakeholders (those delivering transportation services and their funders) to include health and human service-related organizations and gave it “legitimacy” which interviewees viewed as critical to progress. Challenges remain, however. Medical provider support, including hospitals, for community transportation is low according to interviewees. While some providers have funded services, concerns about anti-trust issues have led to reluctance among others. The economic downturn has reduced funding. This challenge has led to a change in strategy from

⁵ This recommendation was outlined in a 2006 report by transportation consulting firm, Nelson-Nygaard: <http://www.nh.gov/dot/org/aerorailtransit/railandtransit/documents/StatewideCCTS.pdf>

⁶ Much support for community transportation programs comes from Federal Transit Administration (FTA) funding administered through the NH Department of Transportation. FTA resources require a state/local match; the match to access federal resources for capital costs is 20% while a 50% match is required to access federal resources for operations costs.

one focused on developing relationships within individual communities to collective work with medical and hospital systems across the state led by the SCC.

The Endowment enhanced transportation options in seven regions. Endowment implementation funding supported creation and/or expansion of services in seven regions serving 60 towns. Funding contributed to the establishment of 4 new bus services and 2 new volunteer driver programs. All but one of these continue to operate. Stakeholders also reported that these efforts have enhanced the overall quality of transportation services as well, through investment in vehicles with better accessibility and improved driver training. The Endowment also supported the planning of a program to provide non-medical emergency transportation services in the Souhegan Valley which was supported for implementation through other funding.

<i>Region</i>	<i>Type of Service⁷ (date established)</i>	<i># of Towns Served</i>	<i>Trips Provided⁸</i>	<i>Current Status</i>
Belknap-Merrimack	Brokerage (2004)	1 (Concord)	5,440 56% medical (2007)	No longer operating
North Country	Fixed and Flex-Route Bus (2006)	3 towns	13,000 (2011)	Operating
Greater Salem-Derry	Demand response bus service (2007)	9 towns	14,082 (2012) 42% medical	Operating
Sullivan County	Volunteer Driver (2011)	17 towns	2,217 (2011-2012) 91% medical	Operating
Strafford-Eastern Rockingham County	Fixed route bus using volunteer drivers (2011)	5 towns	959 (FY2011)	Operating
Contoocook Valley	Volunteer Driver (2009) Carpool Program (2011)	13 towns	2,450 (FY2011) (Vol Driver Prg)	Operating
Carroll County	Demand response and Flex-Route Bus (2012) Volunteer Driver (2012)	12 towns	3,858 (DemResp) (FY2011) 12,600 (Flex Route) (FY2012 est) 240 (Vol Driver) (2012 est)	Operating

The Endowment used discretionary grants to support more limited, local efforts that enhanced transportation in particular communities including a rideshare program in the North Country, a replacement vehicle for a medical transportation program in Cheshire and Western

⁷ Fixed route bus service: bus service that moves along an established route. Flex-route bus service: bus services that moves along an established route but is also able to deviate from that route to pick up and drop off passengers. Demand response bus service: bus service available on call. Volunteer driver program: rides provided by volunteers usually using their own cars.

⁸ Data provided for most recent year available. Data collected by individual grantees varied. The number of rides provided was tracked by all grantees. A few programs were able to track the proportion of rides for medical purposes. Other services, such as bus services, were unable to do so due to the nature of the services.

Hillsborough County, and the purchase of a replacement van for a VNA program in Manchester. Endowment support for a private transportation auto based model, the Bonnie CLAC/More than Wheels Program, helped to expand this program to 5 new NH locations. Evaluation of this nationally-recognized program indicates increased access to health care and employment as well as enhanced financial well-being among program clients.⁹

Endowment funding leveraged over \$3M in additional funding. Endowment funding leveraged over \$1.6M in federal funding and another \$1.4M in support from state sources, United Ways, municipalities, revenues, and other foundations as well as in-kind services provided by agencies and partners.¹⁰ Generating local resources to provide matching funds has been a critical sustainability strategy for projects and projects experienced some success in generating municipal funding. Warrant articles were passed in several communities to support the Tri-Town Bus in the North Country. A recent warrant article vote on a fixed route bus service in Charlestown passed with a 3:1 margin. Tri-County CAP was able to secure funding for the services from 11 of 12 communities served by the Carroll County program. Greater Derry-Salem experienced similar success in securing local funding through municipal contributions although contributions by some declined with the economic downturn.

The Endowment has not realized its ambition of creating a seamless statewide system of regional brokerages. Although Endowment investments helped to enhance transportation options in local communities, the efforts were and remain localized. The vision of regional or statewide brokerage systems has not been realized although some stakeholders reported that there is momentum in this direction. There are two reasons coordination has been difficult to realize. First, there have been challenges to aligning the public funding systems, a necessary precondition to coordination. Some state programs fund community transportation services on a line item basis while others set a per person reimbursement rate making it difficult to develop a funding model. Additionally, Medicaid is critical to the funding picture for brokerages as the largest single purchaser of transportation services for clients yet clarity about how it was to be involved was never reached. Because funding could not be aligned, several of the Endowment's grantees abandoned plans to develop brokerages and focused instead on developing bus services and volunteer driver programs. Recently, the decision has been made to move to a Medicaid Managed Care Model. The SCC has a subcommittee working on these issues collectively.

The second reason that coordination has not been realized is that efforts to coordinate services have been met with resistance by agencies. Transportation coordination requires that individual agencies commit their vehicles for use by clients of other agencies (and the public) and enable their clients to access transportation services of other agencies. Some providers have been unwilling to participate in such a sharing model. Additionally, there have been revenue challenges. Reimbursement rates and eligibility requirements differ across programs and to date, there has been no information infrastructure to support the development of the revenue sharing model that is required when agencies pool resources. An effort is currently underway to pilot new software in four regions that offers the promise of better coordinating

⁹ <http://www.bonnieclac.org/results>

¹⁰ Only funding leveraged during the Endowment grant period is included. Numbers are approximate.

ridership and allocating costs – this may make revenue sharing across providers more feasible. Several other regions also will implement the new software as part of a phased in approach.

The Endowment funded efforts that brought critical information and experts to the state. The Endowment made several small investments to support research in the area of community transportation and convenings. These included co-funding of a statewide transportation study (2005) that quantified the demand and perceived need for public transportation. The results of the report were cited in newspaper articles, on NHPR, and were used to help support passage of HB 1512, legislation that provides protection from civil liability for volunteer drivers providing transportation. Connecting stakeholders in New Hampshire to national experts was a key strategy and Endowment-funded statewide community transportation summits (2003, 2008 and 2010) brought national experts to the state to discuss transportation brokerages, setting the stage for the development of models in New Hampshire.

There has been some policy movement but less than hoped. Stakeholders pointed to evidence of some policy progress: language requiring coordination and participation in regional coordinating councils has been added to both DHHS Bureau of Elderly and Adult Services and NH Department of Transportation contracts; DOT has been able to increase the flexibility with which some federal highway funding can be used to support coordination of transportation; and legislation was passed to protect volunteer drivers. However, there has not been movement on larger issues such as core support for community transportation; over the past few years, legislators have reduced state DOT money to use to match federal resources. Stakeholders attribute this in part to a lack of awareness of the importance of community transportation among policy makers as well as a lack of strong advocacy, especially when contrasted to advocacy in the roads sector.

The Endowment has provided leadership through participation in the Statewide Coordinating Council (SCC) and establishment of Transportation Solutions NH. Stakeholders identified the establishment of the SCC as a critical step forward in the development of community transportation options in the state. The Endowment Program Director was named a member of the SCC Steering Committee and chaired it for two terms. This was a carefully considered decision and a “first” for the Endowment which determined it play an important leadership role at a critical time for the SCC. While the SCC has faced challenges to create change due to systemic, economic and policy constraints, it continues to meet monthly having good attendance and to implement tools and statewide strategy. The SCC is limited, however, in the role it can play relative to advocacy and as a result, the need for a separate advocacy entity was identified. In collaboration with the NH Charitable Endowment, AARP and in-kind donations by the Institute on Disabilities and the Conservation Law Foundation, the Endowment in 2012 has co-funded Transportation Solutions NH (TSNH), an advocacy/policy coalition that bridges and leverages the traditional constituencies for health and human services transportation with those in public transit, the environment, land use, liveable/walkable communities, and healthy eating/active living.

There has been some increase in awareness about the importance of community transportation but more work is needed. The work over the past ten years has led to

increased awareness about the importance of community transportation in some communities that has led to financial support from local government—currently 43 of NH 234 cities and towns provide funding for local transportation. There have also been inroads with employers. In the Upper Valley, Hypertherm has become involved in transportation relative to its employees and in the Monadnock Region, the RideShare Program has seen some employer participation, although less than expected. Yet despite this progress, stakeholders reported that many still see community transportation as a service for the frail and poor, and not for themselves. This makes progress difficult. And stakeholders agreed that there has been no increase in awareness of the importance of community transportation among legislative policy makers.

Lessons Learned

The strong community-based nature of work in this theme highlights some of the challenges and opportunities to doing this type of work. The work in this theme, like in oral health, was very community-driven, developed in response to requests for funding from communities to plan and implement pilot programs that emerged in response to local community needs. As a result, there is now local leadership and support for transportation in many of these areas. However, without fundamental changes to the funding structure, which necessitates change at a statewide level, progress is limited. Such change was not realized over the course of the Foundation’s work in this theme, although through leadership of SCC and TSNH, it may in the future. This experience points to the importance of recognizing that locally-based efforts are often facilitated or hindered by larger, statewide and even national forces (such as broader systems and funding infrastructures) and that funders need to play a role in addressing these in order to realize impact at the local level.

The cross-cutting and complex nature of community transportation necessitated a slow, inclusive approach. One important contribution of the Endowment’s work in transportation has been making more explicit the connection between transportation and health. However, transportation is also closely connected to economic, environmental and planning issues – it is a social determinant of health. Because of these connections, the Endowment found it takes time bring these diverse interests together. At the local level, the Endowment found that it had to support planning and convening efforts that, in some cases, lasted 2-3 years, so local players could be brought together to develop a community-based transportation solution. At the statewide level, working across sectors was equally challenging. The Endowment according to stakeholders, was key in bringing interests together and in conjunction with the SCC, in bridging the work of two large state departments, DHHS and DOT. It also connected efforts to the work of the NH Charitable Foundation relative to sustainable communities. However, because health is just one interest among many, the Endowment’s ability to frame and lead on an agenda has been more limited than in areas that are more exclusively public health.

The “technical” nature of this theme and its focus outside the traditional realm of public health meant a substantial learning curve for Endowment staff. Closely related to the issue above, community transportation work presented a unique challenge to the Endowment because it is such a technical field and because it is not generally part of a health care, public health or philanthropy mindset. Community transportation has its own set of jargon, funding streams and funding nuances. It has multiple and initially unfamiliar players. Endowment staff

discovered that it takes time to learn what is needed to work effectively in this field. Additional challenges were that the theme experienced two changes in Program Directors during the ten years and that the Program Director's time and attention was split between managing this theme and another theme.

Partnership with the state is critical but expectations must be realistic. Underlying much of the Endowment's role is partnership with government. Communication with state partners about the direction of grantmaking, participation on the SCC, and support for convening and sharing of best practices, are all ways the Endowment worked with government to enhance community transportation. Stakeholders recognized this as an important role for a foundation. However, it became clear that a fundamental funding shift was required to realize the vision for community transportation—this required large scale change within DHHS at a difficult time economically and politically. Within DHHS, departments responsible for funding in transportation did not have a shared vision and maintained their siloed funding streams. This was also outside the Endowment's control. The work in this theme demonstrates the incremental and long-term nature of work with state government and the need to identify areas where a foundation can lend strategic support without supplanting government.

Advocacy is essential but timing must be considered. Consistent with its work in other themes, the Foundation addressed advocacy after several years of work in this theme. Stakeholders were asked whether they thought this timing was appropriate or whether the Foundation should have engaged in advocacy sooner. Almost all agreed that waiting was the right strategy. This is for several reasons. It gave the Foundation time to do some work on the ground, understand the landscape, and establish credibility. Stakeholders also reported that initially it was believed that the SCC would play an advocacy role. However it became clear that because of the strong state agency presence on the SCC, it was constrained in doing so. Finally, although the NH Transit Association exists to advocate on this issue, its advocacy tended to focus only on funding for public transit, not necessarily for the broader concerns and constituency of the full spectrum of coordinated community transportation including the connection to health. Consensus emerged that an independent advocacy body was needed and Transportation Solutions NH was formed.

Front-loading grants was an appropriate strategy. Part of the Foundation's strategy relative to funding community-based transportation programs was to front-load grants (i.e., provide more money in the initial year of a project and less as time went on). Stakeholders reported that this was a good strategy. It allowed projects to get services going and demonstrate success which helped to generate local buy-in for services. For example, the CART transportation program in Salem-Derry was frontloaded so that enabled the program to get started with very little payment from the towns. Project leaders were then able to build support among town residents, eventually leading most participating towns to provide money to support the service.

Grantees would have liked more convening and support for data collection. When asked whether there was anything that would have been beneficial, grantees reported that they would have benefitted from a regular opportunity to get together with other grantees to share experiences and lessons as models were emerging. While they reported that the annual summits were beneficial in connecting to national best practices, they also felt that meeting as

a small group of those implementing the programs would have been helpful. Additionally, some grantees as well as other stakeholders reported that more investment in data collection and evaluation of different models would have been helpful.

Conclusion and a Look Ahead

Among stakeholder interviewees, there was general consensus that the ten years the Endowment has dedicated to transportation work resulted in important change. Expansion of community transportation options, enhanced understanding of the importance of transportation to health and well-being, some policy movement, and increased awareness of the importance of transportation are all important achievements although the work to establish a statewide brokerage system still remains. The NH Charitable Foundation has become involved. Larger questions remain to be answered such as whether a brokerage model is the right model for New Hampshire and the implications of Medicaid Managed Care. When asked about where the Endowment could lend limited, but strategic support, stakeholders focused on four themes:

Support for advocacy work. There are multiple advocacy needs. Within the state, there is a need to ensure that transportation is effectively integrated into the Medicaid Managed Care model and to ensure at least some state funding for community transportation. Advocacy is also need to promote integration of transportation into health system reforms such as care coordination, care transitions, medical home, and accountable care organizations. National advocacy is also needed to enhance understanding among federal players of the unique challenges and resource needs of those working to enhance transportation access in rural areas. Stakeholders, for the most part, believed that TSNH has the potential to be a strong advocate but that funding support was needed.

Support for awareness-raising. There is a need to change perceptions about community transportation among a variety of constituencies including policy makers, young people, medical providers, and employers. This will be difficult and is not a challenge unique to New Hampshire—the automobile has been, and continues to be, a part of the American psyche. Some stakeholders reported that the current healthy living/sustainability movement may help to make community transportation more universally acceptable than in the past.

Support for data collection. Key to both policy movement and messaging is information about the benefits of community transportation. This includes identifying a uniform set of metrics for community transportation and data that help make the economic case for these types of transportation solutions. Currently, there is an effort underway to pilot test a data software package in four regions. If successful, this system will provide useful data about ridership as well as costs of transportation services.

Resources to enable programs to access federal funds. The downturn in the economy and the downshifting of costs to municipalities has constrained the ability of transportation providers to generate the local resources necessary to access federal funding. As discussed above, some but not all, communities have been successful in generating local revenues to meet the match

requirement. Some stakeholders reported that one role the Endowment could play would be to continue to provide these matching resources.