Missouri Foundation for Health Transportation and Health Convening Report
December 12, 2019

Executive Summary

Over 3.5 million Americans miss or delay health care every year due to transportation issues. Transportation barriers directly impact health provider quality, cost and performance metrics, because they contribute to "no-shows," hinder chronic disease control and reduce access to preventive care. In a broader sense, mobility is a key indicator of capacity to thrive - providing access to fresh foods, social connection, education and employment. Transportation is not equally accessible to all; and these disparities in transportation feasibility, reliability and access directly impact health and wellness.

Missouri Foundation for Health's *Access to Care* initiative is focused on protecting and improving how Missourians receive care. This includes examining the "Five A's of Access" (Availability, Acceptability, Affordability, Accommodation, Accessibility) that help consumers get care when and where they need it. In the context of exploring and elevating new and innovative approaches to improving access to health care, MFH heard from grantees and other stakeholders who identified transportation as a barrier to care in urban, mid-sized and rural communities across the MFH service area.

In its role as a catalyst and convener, Missouri Foundation for Health (MFH) hosted a Transportation and Health Convening in November 2019 to bring together key stakeholders from across the state to elevate best and emerging practices and exchange ideas cross geographic regions and industry sectors. There were over 150 attendees, including health services providers, transportation service providers, policymakers and regional planners, researchers, and other stakeholders interested in health and transportation. The convening attracted participants from all regions of Missouri and neighboring states.

The convening served as an opening dialogue to: (1) promote common understanding of the unique constraints and priorities of transportation and health sector stakeholders, (2) share promising practices and lessons learned across geographic regions, (3) demonstrate opportunities to influence transportation system investments and policies, and (4) catalyze and promote cross-sector communication, collaboration and planning. The day's agenda included four moderated panel sessions with 24 expert panelists offering insight, challenges, solutions and lessons learned; participant Q&A with each panel; and a focused networking and reflection time in which participants, speakers and MFH staff further explored potential solutions, identified remaining challenges, and advised tactical next steps.

Convening Findings
- Transportation System is Shaped by Complex **Policy and Funding** Structures
- Upstream Impact Requires **Data Sharing and Cross-Sector Planning** Efforts
- Transportation Solutions Must be **Community-Centered** and Reflect **Local Context**
- Existing Transportation Resources and Assets Can Be Better **Aligned and Coordinated**
- Need **Statewide Assessment of Service Gaps** Using Common Data/Language

Recommendations Moving Forward
1. Connect with Statewide Taskforce and Existing Advocacy Efforts
2. Conduct Regional Workshops and Organizing to Examine Local Service Gaps and Explore Community-Driven Solutions
3. Establish Common Data Capture, Sharing and Reporting Protocols
4. Amplify and Integrate Government Funding Sources

These strategic next steps will require broad coordination among convening participants, along with the unique expertise and engagement of each community's local stakeholders, policy makers and residents.

Panel Insights: Transportation System, Funding Structure and Levers of Influence

Policy Advocacy

- Many policy makers and planners influence the transportation system within a geographic region. Each Regional Planning Commission (RPC) has a Transportation Advisory Committee.
- RPCs engage in statewide planning with the Missouri Department of Transportation (MODOT) and 9 regional Metropolitan Planning Organizations (MPOs). MPOs and RPCs are required to engage residents to develop and update Coordinated Human Services Transportation Plans.
- Transportation planners and policy makers use finite data and metrics that are available in their systems, but they want insights and data from residents, health providers and social services.
- Policy decisions relating to transportation often require a trade-off such that a benefit in one area of transport may negatively impact other aspects of mobility and access.
- It may require some investigation to find the right "owner" to influence a transportation investment or policy (e.g., sidewalk, curb, grounds, shelter, routes).

Transportation Funding

- Government funding mechanisms tend to create transportation silos, but funding in Missouri is dramatically lower than in neighboring states. The FY2020 Missouri Transit Program Budget is $54.2M, and MODOT anticipates $200M in future *annual* transit needs.
- Federal funding is focused primarily on infrastructure (not operations), so public transit operating dollars come primarily from local/county sales taxes. However, gasoline taxes are earmarked exclusively for roads, bridges and related infrastructure (not public transit).

2017 MO per capita spending on Transit compared to surrounding states, 2019 AASHTO Report

- Examples of government transportation funding programs: Enhanced Mobility of Seniors and Individuals with Disabilities (FTA Section 5310), Rural Transit Capital and Operating Grants (FTA Section 5311), and Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP).
- Stakeholders were encouraged to contact their elected officials to advocate for additional public transit funding. Missouri legislators determine funding priorities for the state budget each Spring. The state's fiscal year is July 1-June 30.
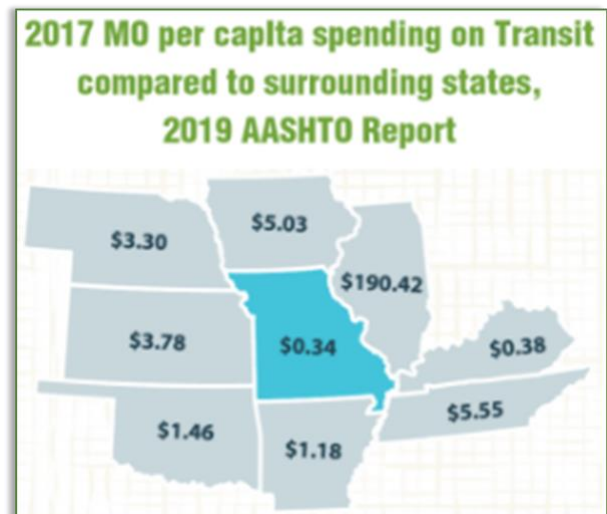
Current Efforts

- Person-centered mobility management requires cross-sector partnerships, proactive coordination and ongoing collaboration across providers. There are transportation resources in all Missouri counties, but better alignment could improve access and streamline funding.
- A new statewide taskforce is looking at peer states to advise broader strategy for transportation coordination, including advocacy for formalizing state level interagency cooperation and identifying innovative funding sources to support public transportation.
- Missouri Public Transit Association (MPTA) is a statewide organization that advocates for increased investment in public transportation. They recently released a study that demonstrates the economic impact of public transit services in Missouri.

Outstanding Questions / Tactical Challenges
- How can we best gather, aggregate and share health sector data and granular community-level data to advise transportation policies and plans?
- How could we capture origin and destination data for residents who rely on public transportation services (i.e., no access to a private vehicle)?
- How can we capture and report pertinent data like bicycle and pedestrian accidents that do not result in a motor-vehicle involved fatality (e.g., Emergency Department data)?
- How can we effectively engage grassroots and community partners to advocate for a change in culture at the state level? How do we leverage relationships with local RPC representatives like our county commissioners?
- How could we amplify local hearings and committee meetings to encourage broad attendance and involvement in these planning processes?
- How can stakeholders influence land use planning and tax incentive programs so that they incorporate factors relating to transportation and public transit access to health?
- How can we frame transportation as an economic driver and business interest to solicit more public/private partnerships to fund transportation services?
- How can we amplify and support existing advocacy efforts like those conducted by the Missouri Public Transit Administration?

Resources Cited by Speakers
- ASHTO 2019 Report (State-by-State Per Capita Spending on Transit)
- CDC Transportation Health Impact Assessment Toolkit
- Metro Re-Imagined
- Metropolitan Planning Organizations (MPOs) List
- MODOT Transit Section Website
- MPTA Study on Economic Impact of Public Transportation
- Practical Playbook II Chapter - Partnering with Transportation to Improve Health
- Regional Planning Commissions (RPCs) Map

Panel Insights: Working Across Sectors for Upstream Impact

Public Transportation Users and Community Engagement
- Trend Data: 30% of Missourians do not have a driver's license. From 1983 – 2017, the number of 16-year-olds getting a driver's license decreased by half. From 2001-2009, the number of trips taken by older adults on public transit increased over 50%.
- People who rely on public transit are rarely in the room making decisions about transportation policy and investments. Community engagement means centering voices/perspectives/lived experiences in the planning process and giving them authority to help guide decisions.
- Collaboration and community engagement can help unearth blind spots during planning.

Working Across Sectors
- Clearly define concepts and establish common vocabulary when working across sectors.
- Look for the shared value/interest across players in the system and consider how *your* unique data, relationships or insights can help engage or motivate key decision-makers.
- Know what you have of value to offer and what your "ask" is of another sector.

- Consider overlaying data from one source/sector with that captured by a different sector or using qualitative data to provide additional insight into public data sets.
- There is a need to enlist more sectors in advocating for transportation funding/priorities with elected officials (e.g., health, education, social services, economic development, business, etc.)
- Public health entities are good at community engagement and root cause analysis, which can be vital competencies for examining and bridging the confluence of transportation and health.

Promising Practice: Align Transportation Value Chain to Meet Rider Demand

New Growth from Deep Roots (New Growth) and West Central Missouri Community Action Agency in Nevada, Missouri are bringing ride interests and transportation actors together to build a new system that mitigates the fragmentation caused by traditional funding silos. Working in a 10 county area, New Growth has 9 formal partners and is continuing to build their coalition across the transportation "value chain." The goal is to use rider demand to pull the transportation value chain into line for a thriving community. New Growth assessed and mapped all local transportation resources and put them in one place for partners. By identifying common values and interests, New Growth has been able to demonstrate Return on Investment (ROI) for players who have the capacity to invest in transportation services. They have also recruited

volunteer drivers to maximize finite resources.

They are currently in a strategic planning phase, but have already learned several key lessons: (1) grounding the work in local grassroots actors yields up-close knowledge and creativity that would not otherwise be possible; (2) relationships are powerful and provide the trust and transparency needed to collaborate effectively; (3) all communications must be strategically relevant and demonstrate tactical benefits; and (4) system transformation is possible using a process of demonstration, innovation and change. New Growth seeks to shape the narrative so that the focus remains on shifting the *system* to make it easier for individuals to use the most cost effective and efficient form of transit.
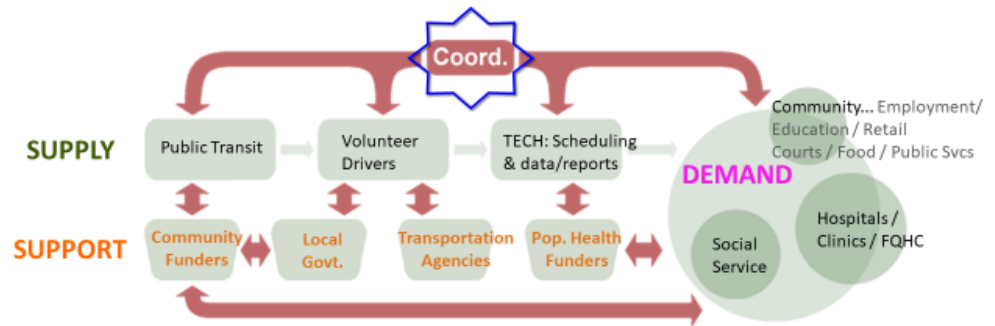
Promising Practice: Center Community Voice and Leadership to Promote Accountability

Generate Health St. Louis identified transportation as a contributing factor for racial disparities in infant mortality rates, and sought to elevate community voices and hold providers and policy makers accountable for medical transportation flaws and gaps that were identified through an iterative process of listening to consumers, engaging decision-makers, advocating for policy change, and reporting back to the community. Their FLOURISH Transportation Action Team engaged executive level leadership, but ultimately focused on the priorities and leadership of moms involved in the Making Change Happen Leadership Academy. As one mom voiced, people are too often "making decisions for people they don't know who live places they don't want to go." Generate Health has learned to center individuals with

lived experience to guide/lead the work, and give them the authority to influence decisions and investments. Lessons learned include: (1) Collaboration with community and other sectors broadens awareness of systems and can shed light on blind spots, (2) Focus on mutually reinforcing goals advised by strong relationships across sectors to clearly understand partner agendas and needs, and (3) Expect dilemmas, discomfort and tensions when you are building a common language and stretching to learn across experiences. It helps to balance short-term wins and long term goals to help maintain momentum, but be sensitive and responsive to pacing and priorities that may not be explicitly stated. Organizations should examine the culture and norms of their meetings and be prepared to flex and shift those norms to ensure full participation and remain responsive and accountable to their community.

Outstanding Questions / Tactical Challenges
- How can we best communicate the value of transportation to other sectors and interests?
- How do we identify and engage actors in the transportation "value chain" and keep them engaged over time?
- What can we do to advocate for a pivot in state policy towards greater investment in public transportation funding vs. the current focus on roads and bridges?
- How do we prepare policy makers and stakeholders for the discomfort and authenticity of "raw" information from residents? How do we train or prepare them to share decision-making power and act on what they are being told by residents?
- What can stakeholders do to solicit and invite additional resident engagement and promote accountability to community with lived experiences?
- How do we get more/new people to go to the capital and prepare them to speak directly to lawmakers?
- How do we amplify stories of individuals who have experienced transportation challenges that have impacted their health and capacity to thrive?
- How do we engage resident leaders when the system has failed them over and over?
- How do we articulate the common transportation challenges across rural and urban regions?

Panel Insights: Managed Care and Health System Innovations and Challenges

Healthcare Provider Constraints and Opportunities
- Healthcare recognizes that transportation is a problem, but does not have the tools and expertise to address it in a holistic way. The result is disconnected, unsustainable programs.
- Cross-sector collaboration with broad human services partnership could give healthcare providers a fuller picture to offer a frictionless consumer experience.
- Health systems recognize they will need broader outreach and coordination to transition from health "care" to health "hub."
- Health systems are investigating how to capture and integrate transportation data in their Electronic Medical Record (EMR) systems. This is critical for soliciting future reimbursement.

Community Health Workers
- Screening tools are helpful to identify social needs and determinants of health, but providers must listen, understand, and honor community voice and community needs.
- Community Health Workers (CHWs) can help capture social need data in a more meaningful way so that the data can help drive decisions and investments.

Managed Care and Non-Emergency Medical Transportation
- [Managed Care Plans](#) are piloting new solutions and open to hearing from consumers and stakeholders about pros and cons of different medical transportation options.
- Managed Care Plans collect data about how often members visit the Emergency Department and they track complaints regarding Non-Emergency Medical Transportation (NEMT) vendors.
- Managed Care Plans are working to streamline policies and educate members about NEMT benefit protocols, as well as improve communications between provider offices and drivers.
- Managed Care Plans have resources (e.g., national phone line) that can help members and non-members navigate broader social services and community support.
- Mileage reimbursement is an option if there are no transportation service providers available.

Pilot Project: Missouri Care and Lyft Partnership for Medical Transportation
[Missouri Care](#) (Medicaid Managed Care Plan) will be launching a [pilot project](#) in Jefferson City and St. Louis in early 2020 in which they will offer patients [Lyft](#) as their first option for Non-Emergency Medical Transportation (NEMT). Current protocol is that Lyft is only used for urgent transportation when other methods are not feasible or fall through. Missouri Care will track data about patients who participate in the pilot and will share the findings with their vendors. The Plan will continue to use the traditional NEMT broker as the standard mode of travel in other markets, but they are open to hearing stakeholder feedback about the use of Transportation Network Company (TNC) providers for NEMT services.

Outstanding Questions / Tactical Challenges
- How can healthcare providers capture and normalize granular data about transportation challenges and the kinds of transportation services being accessed?
- How could this more detailed data be used to tailor solutions and align resources to address transportation barriers?
- How can stakeholders help managed care plans better understand and address transportation barriers in rural areas?
- How can we leverage the expertise and networks of community health workers to capture and report granular and/or rich data about transportation challenges and barriers?
- How can stakeholders help examine and improve the fidelity of performance and complaint data for NEMT brokers and transportation providers?
- How can we share information regarding NEMT benefits with underserved populations (e.g., non-English speaking patients)?
- How could we better mobilize healthcare providers to advocate for transportation investments and/or help them incorporate transportation factors in strategic planning?
- Should we develop a shared data system that would allow healthcare providers to become true health "hubs" of community information and resources?
- How can tracking data regarding social determinants of health (SDOH) help healthcare providers prepare for value-based care policies and financing that will likely be coming in the near future?

Panel Insights: Coordinated and Volunteer-Driven Transportation Solutions / Barriers

Transportation in Rural Areas
- Trend Data: America's rural population is declining, but rural ridership has increased from 2007 to 2015. There was an 8.6% increase in per-capita rural ridership over these 8 years, and a 7.8% increase in total rural ridership.

- Public transportation and/or enhanced mobility services are available in all Missouri counties.
- In rural areas there are no *fixed route* or *flexible* (on-demand) public transportation options.
- Even when community health needs assessments (CHNAs) identify transportation as a barrier, community residents often report not wanting to use the existing public transit services.
- Challenges identified include inconvenient pick up times, cost prohibitive rates for long-distance drives, pick up locations that were inaccessible for people with disabilities, and limited or no transportation available on the weekends.

Systemic Transportation Issues
- Transportation barriers impact many facets of inclusion and family/financial stability, including employment and social connection.
- A statewide taskforce is working to better coordinate funding streams, existing services and transit vehicles to serve all riders using a mobility management model/framework.
- More public transportation funding would allow providers in rural areas to increase service days and hours to create a more robust system of reliable, consistent transportation options.

Transportation Provider Constraints and Requests
- Driver recruitment and retention (volunteer and paid) is an ongoing challenge for providers, and those who use volunteers are exploring programs for driver recognition.
- It is challenging to finance insurance coverage for paid and volunteer drivers.
- Given the financial constraints, flexibility is not as feasible in very rural areas. However, providers are willing to review data regarding need and potential users to amend routes.
- Transportation providers would appreciate more data from social services and health providers to inform their routes and days/times of service offerings.

Promising Practice: Mobility Manager Coordinating Network of Volunteer Drivers
After the Health Care Collaborative of Rural Missouri (HCC) was awarded an Enhanced Mobility of Seniors and Individuals with Disabilities FTA Section 5310 grant (administered by MODOT), they worked with other local 5310 grantee organizations to use their grant-funded vehicles during times when they were otherwise idle. HCC assessed rider eligibility to leverage other transportation providers (e.g., OATS, Logisticare), and offered a $10 gas card to patients that had access to private vehicles. HCC also reimbursed partner organizations $0.50 per mile to use their agency vehicles to transport patients to HCC clinics. To expand services and capacity, HCC implemented a volunteer driver program in 2018 (HealthTran), which was funded in part by local philanthropy and staffed by dedicated volunteers. HCC hired a mobility manager to staff the volunteer driver program and coordinate transportation across modalities. HCC volunteer drivers are reimbursed $0.80/mile, and they have found that the volunteers form deep personal bonds with patients they transport and become personally invested in their welfare.

Northwest Health Services implemented the same volunteer driver program, but had to overcome challenges relating to staff and patient perceptions about the safety and reliability of public transportation, as well as ensuring sufficient staff and infrastructure capacity to support data capture and program coordination. Hiring a community health worker (CHW) to manage a system of volunteer drivers helped to lower cancellation rates, because the CHW could call consumers to remind/confirm ride appointments and serve as a mobility manager across multiple modes of transportation. Northwest was able to demonstrate improved health outcomes for patients who use the volunteer driver service, and they are currently developing a driver recognition program for their volunteers.

Resources Cited by Speakers
- [Public Transportation's Impact on Rural and Small Towns](#)
- [Expanding Access to Our Communities: A Guide to Successful Mobility Management Practices in Small Urban and Rural Areas](#)

Outstanding Questions / Tactical Challenges
- How can those seeking to collaborate find out who has FTA 5310/5311 and other funding to serve rider populations in their area?
- How do we capture the data needed to advise new service routes or times in rural areas?
- How can we improve affordability of rural public transportation for individual riders?
- How can smaller providers engage volunteer drivers and find affordable vehicle liability insurance coverage for them?
- What can we do to support and/or stay informed of the work being done by the statewide taskforce?
- What can stakeholders do to help mitigate the driver shortage that is occurring industry-wide?
- What technical assistance or support do communities need to better coordinate transportation services and resources?
- How can we disseminate lessons learned from other states that have improved coordination of transportation services across rural and urban areas?
- How do we strike a balance between the desire for flexibility and the reality of capacity restrictions that limit days/hours of transportation services? Can we find a middle ground of semi-flexible services that are tailored to community needs based on resident input?
- How can we identify and disseminate best practices for driver recruitment, retention and recognition?
- Can we find an appropriate technology solution that helps individuals in rural areas find a ride?
- Can we develop a common definition of "transportation insecurity"?
- Should we engage researchers and academic institutions to help us investigate the correlation between transportation and health, including consistent data capture and analysis?

Recommendations Moving Forward

1. Connect with Statewide Taskforce and Existing Advocacy Efforts

In 2019, the [Missouri Developmental Disabilities Council](#), with technical assistance from the FTA-funded [National Center for Mobility Management](#), launched a new statewide transportation taskforce to advocate for state-level interagency coordination and examine other state models for improving transportation coordination across regions. The taskforce has identified concerns focused on **four themes**: **Cost** for both user and provider of transportation services; **Efficiency** of different funding sources for different target populations resulting in duplicative service; **Availability** of affordable options in local communities; and **Flexibility** (lack thereof) stemming from limited days and hours of operation. The taskforce seeks to align with the U.S. DOT [Coordinating Council on Access and Mobility](#) and better coordinate FTA programs with county-level SB40 board funding that is focused on services for individuals with disabilities. There is also a clear desire among taskforce participants for state level policy advocacy and comprehensive service gap analysis across geographic regions. Taskforce agendas and meeting summaries are available at https://morides.org/transportation-task-force/. To learn more or engage in the statewide taskforce please contact Ed Thomas (director@ccddr.org), Cory Schmitt (cschmitt@boonslick.org) or Chaz Nickolaus (cnickolaus@moddcouncil.org).

In 2018, [Missourians for Responsible Transportation](#) (MRT) was established by four Missouri organizations: PedNet (Columbia), BikeWalkKC (Kansas City), Ozark Greenways (Springfield) and TrailNet (St. Louis), each with significant expertise and capacity for policy advocacy and movement building around healthy transportation and ensuring safe spaces for biking and walking. These organizations are working collaboratively to advocate for policies and legislation that will result in healthier transportation infrastructure, planning and priorities. Learn more at http://movingmissouri.org/.

[Missouri Public Transit Association](#) (MPTA) was established in 1980 to provide a unified voice for public and specialized transportation providers in Missouri and to work toward elevating the status of public transit as a national priority. MPTA values personal mobility as a basic quality of life by promoting access to public transit and advocating for public transit investment. They advance this value of mobility access through education, advocacy and research. [Citizens for Modern Transit](#) (CMT) leads advocacy efforts for an integrated, affordable, and convenient public transportation system with light rail expansion as the critical component that will drive economic growth to improve quality of life in the St. Louis region. To learn more visit https://mopublictransit.org for MPTA and https://cmt-stl.org for CMT.

2. Conduct Regional Workshops and Organizing to Examine Local Service Gaps and Explore Community-Driven Solutions

The convening clarified the need for a dual approach of **statewide** advocacy and local, grassroots problem-solving and coordination at the **community level**. Panelists associated with transportation planning and advocacy suggested that participants engage their [Regional Planning Commissions](#) (RPCs), which are comprised of representatives from local governments within each RPC region. Public engagement is solicited to develop each region's [Coordinated Human Services Transportation Plan](#)**,** which identifies transportation needs of individuals with disabilities, older adults, and people with low incomes; provides strategies for meeting these needs; and prioritizes transportation services for funding and implementation. Planners across sectors appealed for greater community involvement and amplified community voice through these processes and meetings.

Advocates from the health sector suggested engaging Community Health Workers, social workers or navigators who have extensive networks across sectors as well as first-hand knowledge of patient barriers and challenges. Learn more about the strategy engaged by FLOURISH St. Louis in [this chapter](#) from the CDC [Practical Playbook II](#). The [National Center for Mobility Management](#) offers several tools and resources to help communities organize stakeholders and communicate transportation needs.

The convening [resource library](#) includes additional tools and guides for engaging in transportation advocacy across sectors and assessing service gaps and needs. MFH offers a variety of workshops and learning opportunities to build the health advocacy capacity of Missouri's nonprofits. For more information please visit https://mffh.org/our-focus/policy/advocacy-training-technical-assistance/.

3. Establish Common Data Capture, Sharing and Reporting Protocols

There are excellent surveys, gap analyses and screening tools being implemented in individual communities and regions across the state. However, there may be a need to normalize and/or standardize a subset of common metrics across transportation and health sectors to get a comprehensive picture of how residents are being impacted by the current infrastructure and capacity constraints in public transportation and Non-Emergency Medical Transportation (NEMT). In 2016, two divisions of the National Academies of Sciences, Engineering, and Medicine, the Health and Medicine Division (HMD) and the Transportation Research Board (TRB), held a joint workshop to explore

partnerships, data, and measurement at the intersection of the health care and transportation sectors. Findings included a chapter titled "Data Sources and Tools for Understanding and Addressing Health-Related Transportation Needs." This is just one of the tools available in the convening resource library.

4. Amplify and Integrate Government Funding Sources

Convening participants requested additional information about the funding sources and regulatory parameters of government funding for transportation services. The Coordinating Council on Access and Mobility (CCAM) has developed a Program Inventory that identifies **130 federal programs** that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income. The CCAM Program Inventory includes detailed program information, such as CFDA numbers and statutory references, information on recipients and beneficiaries, and eligible transportation activities. Several of these federal awards flow through state agencies. See the Missouri Department of Transportation MODOT website for more information about government transit funds in Missouri, including previous awards and a rural transit provider map. A local audit of state and federal funding awards could help identify potential collaborators across funding streams, as well as reveal funding opportunities that are not currently being accessed in your community.

The MFH MoCAP program offers technical support and consulting services free of charge to eligible organizations pursuing federal or national funding for health- or prevention-focused programs. MoCAP grant writing and consulting resources are available to nonprofits and governmental organizations that serve counties in the MFH service region. MoCAP also monitors and distributes federal and private funding opportunities monthly. To learn more about MoCAP support or join the funding opportunities listserv visit https://mffh.org/the-foundation/funding-opportunities/mocap/.

Missouri Foundation for Health Commitments and Next Steps

Missouri Foundation for Health (MFH) intends to help partners build on the momentum and energy from this one-day convening as they pursue next steps for the four recommended areas above. In addition to this synthesis of convening findings, MFH has compiled a resource library to help local organizations deepen cross-sector dialogue and apply concepts discussed at the convening.

The Missouri Foundation for Health's Transportation and Health Convening was a first step in what is hoped will be ongoing conversations across sectors to improve transportation options with a goal to increase access to care across all communities in Missouri.