Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation: A Workshop

June 6-7, 2016

MEETING MATERIALS
The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Health and Medicine Division and Transportation Research Board
Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation: A Workshop
June 6-7, 2016
AGENDA
Location: National Academy of Sciences Building, 2101 Constitution Avenue NW, Washington, DC; Room 125

DRAFT WORKSHOP OBJECTIVES:
1. To showcase models of transportation services that facilitate individuals’ access to health care providers.
2. To discuss data sources, information technology obstacles and solutions from and across the health care and transportation perspectives.
3. To explore opportunities to ascertain the value realized by transportation providers, health systems, and funders/payers if providing transportation services results in improved health outcomes.

June 6, 2016

8:15 am Welcome and overview of the day
Ysela Llort, former director, Miami-Dade Transit; planning committee chair
Neil Pedersen, executive director, Transportation Research Board, National Academies of Sciences, Engineering, and Medicine
Clyde Behney, executive director, Health and Medicine Division, National Academies of Sciences, Engineering, and Medicine

8:40 am Setting the context: FTA-supported efforts
Carolyn Flowers, acting administrator, Federal Transit Administration (FTA), U.S. Department of Transportation (DOT) (Welcome)
Bruce Robinson, acting associate administrator for program management, FTA (Overview of FTA’s Rides to Wellness initiative)
Oscar Gomez, chief executive officer, Health Outreach Partners (Overview of the Rides to Wellness Community Scan)

9:15 am Setting the context: other relevant efforts in the field
Heidi Guenin, senior associate, GridWorks, Portland, Oregon

9:30 am Q&A/discussion
Discussants: Flora Castillo, vice president of community and strategic engagement, United Healthcare; Heather MacLeod, assistant director, Physical Infrastructure, Seattle Field Office, Government Accountability Office; Judy Shanley, vice president, Education and Youth Transition at Easter Seals Inc., Easter Seals (partner in National Center for Mobility Management); Julie

1 New name, as of March 15, 2016, of the former program unit of the Institute of Medicine
10:10 am  **Panel I: Examples of cross-sector collaboration to provide transportation services in urban settings (10 minutes/presenter)**

*Moderator:* Nigel Wilson, professor, Civil and Environmental Engineering, MIT; planning committee member

*H. Scott Sarran, chief medical officer, Government Programs, Health Care Service Corporation (by WebEx)*

*Perry Meadows, medical director, Government Programs, Geisinger Health*

*Yahaira Graxirena, transportation planner, Central Massachusetts, Regional Planning Commission*

*Xavier Arinez, chief operating officer, Family Health Center of Worcester, Massachusetts*

*Mary Blumberg, program manager, Strategic Planning and Development, Atlanta Regional Commission*

*Katherine Kortum, study director, Between Public and Private Mobility, TRB*

11:15 am  **Q&A/Discussion with panel I**

*Discussants: Jana Lynott, senior strategic policy advisor, AARP; J. Barry Barker, executive director, Transit Authority of River City, Louisville, Kentucky; Art Guzzetti, vice president – policy, American Public Transit Association (APTA); Valerie Lefler, president & chief executive officer, Liberty Mobility Now, Inc.*

12:00 pm  **Lunch**

1:00 pm  **Panel II: Examples of cross-sector collaboration to provide transportation services in rural/small urban/suburban settings**

*Moderator:* Rich Garrity, senior associate, RLS & Associates; planning committee member

*Judith Kell, HUB operations manager, Pathways to Better Health of the Lakeshore, Mercy Health, Muskegon, Michigan*

*David Faldmo, medical director, Siouxland Community Health Center, Sioux City, Iowa*

*Suzanne Alewine, executive director, Missouri Rural Health Association*

*Dennis Johnson, executive vice president, Policy and Advocacy, Children’s Health Fund*

1:45 pm  **Q&A/Discussion with panel II**

*Discussants: Charles Carr, director, intermodal planning, Mississippi Department of Transportation; Amy Conrick, assistant director, Community Transportation Association of America (CTAA); Robin Phillips, executive director, National Rural Transit Assistance Program; Marianne Stock, division chief, Rural and Targeted Programs, FTA*

2:45 pm  **Break**

3:00 pm  **Breakouts (presentations of local data and analyses, followed by discussion)**

*Facilitator: Michelle Praser, Director of Research, National Association of Community Health Centers; workshop planning committee member*

*Presentation: Linking Transportation, Health, and the Built Environment in Washington, DC – Anneta Arno, director, Office of Health Equity, Office of the Director, District of Columbia Department of Health; Raka Choudhury, citywide transportation planner, Progressive Transportation Services Administration, District of Columbia Department of Transportation (DDOT); Steve Strauss, deputy associate director, Progressive Transportation Services*
June 7, 2016

8:15 am Welcome to Day 2
Ysela Llort, planning committee chair

8:30 am Panel III: Explore data sources available at different levels of government and in the public and private sector; addressing a range of barriers (e.g., privacy, technical, operational)

Moderators: Catherine T. Lawson, professor, associate professor, Geography and Planning, State University of New York at Albany and Paul Hughes-Cromwick, co-director, Center for Sustainable Health Spending, Altarum Institute; planning committee members

Chris Barnett, co-director, Center for Applied Research and Environmental Systems, University of Missouri – Columbia (and Community Commons)
Roy Grant, consultant (formerly at Children’s Health Fund)
Marcie Cynamon, director, Division of Health Interview Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention
Kelsey Walter, director of National Core Indicators-Aging and Disabilities, National Association of States United for Aging and Disabilities
Karen White, director, Office of Statistical and Economic Analysis, Bureau of Transportation Statistics, US DOT

9:30 am Q&A/Discussion with Panel III
Steve Yaffe, transit services manager, Arlington County; David Riley, director, Veterans Transportation Program, Department of Veterans Affairs; Peter McNichol, chief, Quality Control, NEMT\(^2\), Department of Vermont Health Access

10:15 am Panel IV: Data and barriers continued; return on investment and incentives for greater effectiveness in connecting patients to transportation

Moderator: Marsha Regenstein, professor, Department of Health Policy, George Washington University Milken Institute School of Public Health, planning committee

\(^2\) Non-emergency Medical Transportation
Valerie Lefler, president & chief executive officer, Liberty Mobility Now, Inc.
Alex Page, lead transportation planner, RideConnection, Portland, Oregon
David Riley, director, Veterans Transportation Program, Department of Veterans Affairs
Julia Resnick, program manager, Health Research & Educational Trust, American Hospital Association

11:00 am  **Q&A/Discussion with Panel IV**

Discussants: Virginia Dize, co-director, National Aging and Disability Transportation Center, National Association of Area Agencies on Aging, TRB accessibility committee; Ed Christopher, consultant (formerly, Federal Highway Administration); Joseph Cronin, John R. Kerr Research Chair in Marketing, Department of Marketing, and Co-Director of the Marketing Institute, College of Business, Florida State University

11:45 am  **Reflections on the workshop, next steps**

Ysela Llort, planning committee chair
Vince Valdes, associate administrator for research, demonstration, and innovation, Federal Transit Administration

12:30 pm  **Closing remarks and adjournment**

*For more information, visit [http://nationalacademies.org/hmd/activities/publichealth/transitandhealthcare.aspx](http://nationalacademies.org/hmd/activities/publichealth/transitandhealthcare.aspx)*
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Ysela Llort, M.S.
Former Director, Miami-Dade Transit
Miami, FL

Rich Garrity
Senior Associate
RLS & Associates, Inc
Dayton, OH

Paul Hughes-Cromwick, Ph.D.
Senior Health Economist
Center for Sustainable Health Spending
Altarum Institute
Ann Arbor, MI

Judith Kell
HUB Manager
Pathways to Better Health of the Lakeshore
Muskegon, MI

Catherine T. Lawson, Ph.D.
Associate Professor and Chair
Department of Geography and Planning
University at Albany
State University of New York
Albany, NY

Perry Meadows, M.D., J.D., MBA, FAAFP
Medical Director
Government Programs
Geisinger Health Plan
Danville, PA

Michelle Proser
Director of Policy Research
National Association of Community Health Centers
Washington, DC

Marsha Regenstein, Ph.D.
Professor
Department of Health Policy
George Washington University
Washington, DC

Elaine Wells
Executive Director
Ride Connection
Portland, OR

Nigel H.M. Wilson, Ph.D.
Professor of Civil and Environmental Engineering
Massachusetts Institute of Technology
Cambridge, MA
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Biosketches of Speakers, Discussants, and Planning Committee Members

June 6 and 7, 2016

Suzanne Alewine
Suzanne Alewine is a co-founder and principal partner of Community Asset Builders, LLC, in addition to serving as Executive Director of the Missouri Rural Health Association. Community Asset Builders is a health improvement-focused firm providing a variety of services to a diverse array of non-profit clients that includes Federally Qualified Health Centers, hospitals, local public health agencies and statewide associations. Team members provide technical assistance to identify tools and resources to design and sustain community and organizational processes and interventions, develop effective communication strategies, evaluate programs and services, and utilize technology for effective change and cost efficiency. The Missouri Rural Health Association is the administrator of HealthTran, a pilot program linking health care coordination and transportation mobility management services to create a simple, effective approach to improving access to care. HealthTran is currently funded by the Missouri Foundation for Health and the Missouri Department of Transportation through FTA Section 5310 funding. Suzanne holds an undergraduate degree in Business Administration and a Masters in Public Administration from the University of Missouri. She is a founding member of the Association for Community Health Improvement, is a past co-chair of the national Healthy Communities Network, and a graduate of the Health Forum’s Creating Healthier Communities Fellowship.

Sarah Anderson
Sarah Anderson, Senior Associate, at Cambridge Systematics currently serves as the Business Development Manager for the Software Business line where she oversees strategic planning, and development of client and partner relationships. Sarah is an advocate for expanded use of open data and open source technologies in the public transportation industry and is passionate about technology’s role in driving better results for transportation providers and consumers. For the past several years, Sarah has helped Cambridge grow their presence in the field of mobility management. In particular, finding grant funding and teaming partners for the development and implementation of 1-Click an open source, multi modal trip planning and trip booking software.

Xavier Arinez
Mr. Xavier Arinez graduated summa cum laude with a Bachelor of Science in Mechanical Engineering from the University of Kansas and a Master of Science from the University of Illinois. His professional experience started as a project Engineer at General Motors in Detroit, MI. After two years in the

1 Planning committee member are denoted with an asterisk.
automotive industry, Mr. Arinez took three major assignments in South America for American companies expanding into the countries in Bolivia, Colombia and Brazil, assuming senior engineering and administrative responsibilities for manufacturing plants at the start-up level geared to rapid-growth business models. After 20 years in these roles, his assignments led to the logistics of health care industry where, for the last 6 years, he has acquired a broad experience in Practice Management and Operations in large Federally Qualified Health Centers (120,000 visits per year), with emphasis in providing comprehensive health care to underserved populations.

**Anneta Arno**
Dr. C. Anneta Arno is an experienced public health professional with a track record in the field of health equity. This includes national recognition for work promoting community collaboration to transform views and perspectives related to root causes of health disparities, the integration of health equity concepts into healthcare delivery systems, and racial equity through a public health lens. Prior to joining the team at DOH, Dr. Arno served as the Division Manager for Communicable Disease Prevention & Public Health Preparedness in the Kansas City, Mo., Department of Health. She has also served as the Director for the Center for Health Equity in the Louisville Metro Department of Public Health and Wellness and as Adjunct Faculty in the University of Louisville, School of Public Health & Information Sciences. Dr. Arno holds a PhD in Urban Planning and an MPH in Healthcare Management. Dr. Arno’s diverse career experiences in public health, philanthropy, urban planning, and academia as well as her spirit of collaboration, make her the ideal candidate to lead the newly minted Office of Health Equity and serve as a critical ambassador for a “health in all policies” approach to improving population health.

**Barry Barker**
Barry was the 2012 recipient of the prestigious Sharon D. Banks Award for Humanitarian Leadership in Transportation from the Transportation Research Board. He has been honored by Paralyzed Veterans of America, Easter Seals and the NAACP for work advancing workplace diversity and accessible transportation and by the American Public Transportation Association as a top transportation manager. Long active in national, state and local public service organizations, Barry is a former Executive Committee member of APTA and currently chairs APTA’s Legislative Committee. Under his leadership, TARC recognitions include awards for Labor Management, Education-Friendly Employer of the Year, and Psychologically Healthy Workplace. Barry holds a BS in Engineering from Case Western Reserve University and an MPA from Cleveland State University.

**Chris Barnett**
Christopher Barnett Co-Directs the Center for Applied Research and Environmental Systems (CARES) at the University of Missouri - Columbia. Chris has been with CARES since 1992, and has worked extensively with geographic information technologies (GIT). His early work combining GIT and Internet technologies contributed to the development of the CARES Map Room and a variety of web-based information and assessment tools, including the Missouri Clipper, an agricultural management data resource, and the Missouri Comprehensive Community Needs Assessment website. His current interests focus on the practical application of data and tools in an internet environment. Chris, a native of Missouri, received his B.A. in Geography in 1990 and M.A. in Geography in 1992, both at the University of Missouri. He is also a member of the Missouri Board on Geographic Names.
Julie Bershadsky
Dr. Bershadsky is a senior research specialist at Human Services Research Institute (HSRI). She is the Director of the National Core Indicators - Aging and Disabilities (NCI-AD) project for HSRI. She is also the primary methodologist, data analyst and researcher for the National Core Indicators (NCI) (an effort to develop indicators and benchmarks of performance across 45 states developmental disabilities service systems) and related projects. She works extensively with the NCI data, manages the multi-state dataset, and advises on all methodological issues related to data collection and analysis. Dr. Bershadsky has also provided analytic and methodological guidance and expertise to numerous resource allocation projects that state IDD systems in the U.S. have undertaken in the recent decade. Dr. Bershadsky’s training and experience is as a health services researcher, statistician and data analyst and is coupled with extensive knowledge of the field of developmental disabilities and aging. She received her doctorate in Health Services Research and Policy and BA in Statistics from the University of Minnesota, Twin Cities.

Clyde Behney
Clyde J. Behney is the Executive Director of the Health and Medicine Division (HMD) of the National Academies of Sciences, Engineering, and Medicine. Formally known as the IOM, HMD is a new division of the Academies. Previously he concurrently served as the Interim Leonard D. Schaeffer Executive Officer of the National Academy of Medicine (NAM). From 1998 until 2013 he was the Deputy Executive Officer of the IOM, overseeing IOM’s peer review process, communications activities, and other activities related to the quality of IOM reports. Prior to joining the IOM, he was Assistant Director of the Congressional Office of Technology Assessment (OTA) and Director of the OTA division responsible for health, life sciences, the environment, and education and human resources (1993-1996). From 1981 until 1993, he was the director of OTA’s Health Program. Behney was the co-founder and, from 1981 until its end in 1985, executive director of the Sorcerer’s Apprentice Network and editor of its newsletter. He has served as a peer reviewer for Health Affairs, the Milbank Quarterly, Medical Care, Health Services Research, and the American Journal of Public Health. He received his B.S. from Lehigh University and his M.B.A. from the University of Maryland. He completed all requirements short of the dissertation for his doctorate in health policy at the George Washington University. He will never write that dissertation.

Mary T. Blumberg
Mary Tonore Blumberg is the Program Manager for Strategic Planning and Development at the Atlanta Regional Commission, Aging and Health Resources Division. The Atlanta Regional Commission (ARC) serves as the planning, development and intergovernmental coordination agency for the ten-county Atlanta Region. ARC’s purpose is to serve the citizens, local governments and the broader regional community by providing services, support and leadership on issues that require comprehensive regional solutions. ARC is designated as both the Atlanta region’s Metropolitan Planning Organization (MPO) and Area Agency on Aging (AAA). Mary is responsible for overseeing activities within ARC’s Lifelong Community Initiative, which promotes diverse housing and transportation options, opportunities for healthy living, and convenient access to basic services. In addition she oversees strategic planning for the Division which includes the Area Plan on Aging. She oversees a diversity of transportation programs for older adults, persons with disabilities and low income including FTA 5310, DeKalb County Coordinated Transportation System and Title III Older American Act transportation services. She previously worked at the Louisiana Governor’s Office of Elderly Affairs serving as the Director of Home and Community Based Services. She has a BS and MS from Louisiana State University in Nutrition and is a Registered Dietitian.
Charles Carr
Charles Carr is the director of the Office of Intermodal Planning, which encompasses the Mississippi Department of Transportation’s (MDOT) Freight Waterways, Aeronautics, and Transit divisions. Mr. Carr has over 35 years of experience in the public sector, including health planning, housing, disaster recovery assistance and community development. He has more than 25 years of experience in the transportation field, including executive management, policy development, planning, project development, performance evaluation, compliance reviews and technical assistance. Most recently as the director of the Public Transit Division, he was responsible for policy development, contract management and grants administration for all the public transit programs administered through MDOT. He earned a bachelor’s degree in history and political science and a master’s degree in Sociology/Community Program Development from Jackson State University.

Flora Castillo
Flora M. Castillo is a Vice President of Community and Strategic Engagement at UnitedHealthcare Community & State. She has more than 20 years of health care and managed care experience, specializing in marketing, public relations, communications, advocacy and business development. Ms. Castillo previously served as Vice President of Marketing and Business Growth at PerformCare, a member of the AmeriHealth Caritas Family of Companies, which is a national full-service managed behavioral health care organization that supports members and providers through specialized behavioral health and human services programs in both the public and private sectors. Ms. Castillo has been a Director of the New Jersey Transit Corporation (NJ TRANSIT) since 1999 and currently chairs its Customer Service committee. She is also a past Chairwoman of the American Public Transportation Association (APTA). A passionate transportation advocate, Ms. Castillo is also a member of the board of the Women’s Transportation Seminar (WTS) based in Washington, DC, The Alan M. Voorhees Transportation Center (VTC) Advisory Board at Rutgers University and Transportation Diversity Council (TDC).

Raka Choudhury
Raka Choudhury is currently Citywide Transportation Planner with the Progressive Transportation Service Administration (PTSA) at the District Department of Transportation. In this position, in addition to managing the TransportDC program, she works with coordinating station area plans, Metrobus studies, and other planning studies with the Washington Metropolitan Area Transportation Authority. Raka is also DDOT’s representative on the National Capital Region Transportation Planning Board’s Access for All Advisory Committee. Raka came to DDOT in 2015 with almost 15 years’ experience in urban planning and transportation in both the public and private sectors. While the majority of her work has been in the Washington, DC area, she has also worked in land use and transportation coordination, infrastructure development and urban policy in South and South East Asia. While she was working in India in 2011-2012, Raka was also an op-ed contributor to the Wall Street Journal writing about planning and transportation issues. Raka has a Bachelor’s Degree in Architecture from the School of Planning and Architecture in New Delhi, India, and a Master’s Degree in City and Regional Planning from The Ohio State University. She is a certified planner with the American Planning Association since 2007.

Ed Christopher
Ed Christopher has been involved in urban transportation planning since 1979. He has a Masters Degree in Urban Planning and Policy from the University of Illinois at Chicago with a transportation specialization. Ed began his career at the Chicago Area Transportation Study (CATS) in 1979 as the
Director of Information Systems. There he was responsible for the collection, acquisition, maintenance and analysis of the data to support the many activities of CATS, the Metropolitan Planning Organization for the Chicago region. In 1998, Ed went to work for the Federal government, first at the U.S. Department of Transportation’s Bureau of Transportation Statistics (BTS). Between 2001 and December 2015 Ed was the Metropolitan Planning Specialist for the Federal Highway Administration’s Resource Center until December 2015. In December 2015 Ed retired from Federal service and has been doing transportation consulting since.

Ed’s active work in the field of transportation planning includes working on several transportation and health related projects, chairing a Transportation Research Board (TRB) Task Force on Arterial Health, co-chairing a TRB Sub Committee on Health and Transportation, and speaking as a national expert at various conferences and workshops on the relationship of health and transportation. Ed is also an active member on the TRB National Data Committee as well as the founding chair of a TRB Sub Committee on Census Data for Transportation Planning. He serves as a member at large to the TRB Data Section and is an emeritus Member of the Urban Data committee. Ed has a long list of accomplishments and is well known among the transportation planning and data community especially for his work with large data sets, travel behavior research, urban and statewide planning and programming, travel demand forecasting, traffic operations, travel demand management, developing long range transportation plans, communicating technical concepts to the public, developing large scale research projects, and policy analysis and planning.

**Amy Conrick**

Amy Conrick has 16 years’ experience in the transportation field, with 16 years as a writer and 10 years as presenter, trainer, facilitator, and program manager in the mobility management and employment transportation fields. Amy has provided technical assistance in developing transportation services and related solutions to several communities. She has also facilitated five communities in developing innovative transportation solutions to health care and jobs using a human-centered design approach, and applies portions of this approach to all of her work.

Amy has brought her wide-ranging transportation knowledge into the development and delivery of in-person and on-line trainings. She has planned and facilitated many mobility management, transportation coordination, and team meetings, and has presented on these topics in workshops and conferences as well as on webinars. She has also written and edited educational materials on employment-related and other transportation issues, provided direct technical support to communities and individuals, and developed community and agency self-assessment tools that lead to increased collaboration between the transit community and human service and workforce development agencies. Amy holds an M.Phil. degree in English and Irish Literature from the University College, Dublin, Ireland and an honors B.A. degree in English Literature from Georgetown University.

**Joseph Cronin**

Joe Cronin holds The John R. Kerr Eminent Scholar Chair in Marketing and Service Innovation at Florida State University since 2008. Prior to that, he held the Carl DeSantis Professorship in Marketing (2002-2008). He received his PhD in Marketing and Logistics from The Ohio State University. Dr. Cronin is recognized worldwide as a leading service marketing scholar, particularly in the conceptualization and measurement of service quality, service value, and customer satisfaction. The citations of his articles currently exceed 25,600. His co-authored 1992 Journal of Marketing article related to the measurement of service quality has been noted as the second most cited of all articles published in the Journal of Marketing over the last 25 years. Two other Journal of Marketing articles (1994 and 2001) are also highly cited, and a fourth was recently accepted (2016). A 2000 article he co-authored that contrast the effects of service quality, service value, and customer satisfaction is currently listed as the five most
frequently downloaded Journal of Retailing article. A 2005 Journal of Retailing article that extends this research is also among the journals most frequently downloaded papers. A 2009 co-authored Journal of Service Research article was runner-up for the journal’s annual Best Article Award.

Joe's research has also been published the Journal of the Academy of Marketing Science, the Journal of Services Research, the Strategic Management Journal, the European Journal of Marketing, the Journal of Advertising, the International Journal of Operations & Production Management, and other marketing journals. He currently serves as an Associate Editor of the Journal of Services Marketing and the Journal of Business Research. Dr. Cronin currently, or has, served on the editorial review boards of the Journal of Marketing, the Journal of the Academy of Marketing Science, the Journal of Retailing, the Journal of Services Research, the Journal of Service Management, the Journal of Business Research, Managing Service Quality, Health Marketing Quarterly Health Marketing Quarterly, and the Journal of Management Research. Dr. Cronin has chaired seventeen dissertations at FSU placing his graduates at such schools as Cornell, Michigan State, Boston College, Auburn, and Texas Tech. Dr. Cronin has also been the recipient of an FSU University Undergraduate Teaching Award.

Marcie Cynamon
Marcie Cynamon is Director of the National Health Interview Survey (NHIS), a large general purpose health survey of the civilian, noninstitutionalized US population. The NHIS is a primary source of data on health care coverage, health status, health behaviors, and access to health care conducted by the National Center for Health Statistics. Her expertise is in health survey methods research and launching new surveys.

Moumita Dasgupta
Moumita Dasgupta, PhD is the Director of Smart Transit for Healthcare holds a teaching position at Amherst College. She completed her PhD in experimental Physics from Clark University, Worcester MA in 2015. Her endeavor, Smart Transit for Healthcare developed a software interface prototype that facilitates scheduling of a patient’s appointment at a hospital by taking care of their transportation needs, especially for patients from low-income brackets. Smart Transit collaborates with Cambridge Systematics, for development and refinement of the software solution to better align with One Click platform, the open source multi-modal trip planner. Right now Smart Transit is collaborating with Jacksonville Transportation Authority, Florida, Pennsylvania Department of Transportation and Pioneer Valley Transit Authority, Massachusetts to share their learnings and different relevant aspects of their software solution to tailor these agencies to lead to a solution that meet needs of patients in their area based on the same model.

Virginia Dize
Virginia L. Dize is Co-Director of the National Aging and Disability Transportation Center (NADTC)/Program Manager, National Association of Area Agencies on Aging (n4a). Ms. Dize has more than thirty years’ experience in Aging programs and joined the staff of n4a in 2008. She managed several rounds of demonstration grants under the National Center on Senior Transportation (NCST), which she co-directed from 2008 through 2015, and has done work on older driver safety, pedestrian safety, volunteer driver programs, transportation for elders living on Indian reservations and diversity. In addition, she oversees n4a’s efforts to support transportation within the Aging Network and related transportation projects. She developed the Inclusive Coordinated Transportation Partnership project’s grant program, funded by the U.S. Administration for Community Living (ACL), as well as guidance on call center operations under the Federal Transit Administration’s Veterans Transportation Community Living Initiative. She has a Master of Science degree in Gerontology from Virginia Commonwealth
University (1982) and is the author of publications on senior transportation, consumer direction, long term care and elder rights.

David Faldmo
David N. Faldmo, MPAS, PA-C, is the medical director of Siouxland Community Health Center. Mr. Faldmo, who has been at SCHC since 1993, received his medical training at the Roy J. and Lucille A. Carver College of Medicine, University of Iowa. Mr. Faldmo completed a Community Health Center Executive Fellowship through Kansas University Medical Center.

Carolyn Flowers
Carolyn Flowers is currently the Acting Administrator of the Federal Transit Administration (FTA). She joined FTA as Senior Advisor in January 2015 and was appointed FTA Deputy Administrator on April 18, 2016. In this role, Ms. Flowers will be carrying out the functions and duties of the position of Administrator.

Ms. Flowers leads a staff of more than 500 in the Washington, D.C. headquarters office and 10 regional offices throughout the United States, and implementing an annual budget of over $10 billion. Ms. Flowers’ decades-long career serving in public transit provides the FTA invaluable insight and guidance for delivering its programs, policies and initiatives. Prior to joining FTA, Ms. Flowers served as Chief Executive Officer/Director of Public Transit for the Charlotte Area Transit System, where she was responsible for countywide bus and rail transit planning and management. She began her career in public transportation with the Los Angeles County Metropolitan Transportation Authority (LACMTA) in 1993 and for nineteen years served in many capacities in budget, administration and operations at LACMTA. Her last position at LACMTA was as the Chief Operations Officer with responsibility for managing bus operations and Freeway Service Patrol.

Ms. Flowers earned a bachelor’s degree in history and political science and a master’s degree in business administration from the University of California, Los Angeles (UCLA) School of Management. She has served on a number of professional boards, including co-chairing the American Public Transportation Association’s (APTA) Reauthorization Task Force, and has received a number of awards for her commitment to advancing public transportation nationwide. She participated in a 2005 international study project for the National Association of Sciences, sponsored by the Eno Foundation for Transportation Studies, as well as the executive development program sponsored by the Eno Center for Transit Leadership.

Rich Garrity
Mr. Richard Garrity is a Senior Associate with RLS & Associates, Inc. and is based in the Wilmington, NC area. He brings over 31 years progressive experience in transit and paratransit planning, operations and management evaluation, policy development, and state DOT program management of Federal Transit Administration (FTA) programs. Mr. Garrity specializes in Federal regulatory issues, including charter, interstate transportation, and ADA/paratransit operations issues, and is a highly regarded trainer for community transportation programs. Mr. Garrity’s combination of State DOT experience combined with his many years of consulting work with the Federal Government as well as state and local governments and all sizes of transit systems make him uniquely qualified on a number of subjects, but in particular financial management and oversight and regulatory compliance.

Oscar Gomez
Oscar C. Gomez is the Chief Executive Officer of Health Outreach Partners (HOP). Originally from south Los Angeles, Mr. Gomez was born to Mexican immigrants and is bilingual in English and Spanish. Mr.
Gomez holds a BA in International Studies from Pepperdine University and has over 23 years of experience in the field of community health. He joined HOP (then East Coast Migrant Health Project) in 1992 as an Administrative Assistant and dedicated himself to HOP’s work, eventually being named CEO in July 2000. As HOP’s CEO, he has led HOP through two company re-designs including a scope expansion from a regional service area to a national scope and focus on safety net organizations that serve low income, marginalized, and vulnerable communities. He also served as a member of the National Seasonal & Migrant Head Start Advisory Council and as Board Treasurer for the California Institute on Rural Studies. In 2008 he received a certificate from the UCLA Anderson School of Management for completion of their Health Care Executive Program and is a former LeaderSpring Executive Fellow, focusing on equity, social justice, and social change. Mr. Gomez has served on numerous community and national board of directors addressing issues related to community health, migrant health, education, and public health research. In addition to professional experience and educational opportunities, Mr. Gomez strongly believes that his interpersonal skills and intercultural perspective is rooted in his extensive personal travel throughout the globe including Cuba, the Middle East, New Zealand, and rural America.

Roy Grant
Roy Grant MA is a public health research consultant based in New York City. Following three years on the editorial board of American Journal of Public Health, he is now a Department Editor for AJPH. Previously, Mr. Grant was research director at Children’s Health Fund for 15 years and directed community pediatric programs for Mount Sinai Medical Center for 10 years. Mr. Grant has published more than four dozen book chapters and papers in peer-reviewed journals including New England Journal of Medicine, JAMA Pediatrics, Pediatrics, AJPH, Maternal & Child Health Journal, and many others. In addition to his area of clinical specialty, early childhood mental health and development, Mr. Grant has published on diverse topics including transportation and health care access, service needs of vulnerable populations, cost savings of clinical best practices, integrated primary and behavioral health care, and the interface between public health research and public policy.

Yahaira Graxirena
Yahaira Graxirena is a Principal Transportation Planner for the Central Massachusetts Regional Planning Commission, an entity that supports the Central Mass MPO 40-member communities and acts as the planning arm of the Worcester Regional Transit Authority (WRTA). Mrs. Graxirena worked on the Automatic Data Collection System implementation for the WRTA, assisted in the calibration/validation of the APC data and its subsequent certification process. Her roles included route planning, development of performance metrics and support systems to operational decisions as a way to increase accessibility to basic needs and services within the WRTA service area. As the agency’s Title VI/EJ liaison, she had collaborated with numerous local organizations within the Central Mass region, most recently through the Mobility2040 - the region’s long range transportation plan. Currently, Yahaira is part of FHWA’s core group for the EJ Tools Peer Network. She has worked closely with the Worcester Division of Public Health in the development of the Greater Worcester Community Health Improvement Plan (CHIP) and recently appointed to serve in the local Community Health Network Area (CHNA) Steering Committee, charged with implementing the CHIP. At the state level, she was appointed in 2014 to be part of the Massachusetts Healthy Transportation Compact Advisory Council as the state’s strategy to achieve positive health outcomes through the coordination of transportation, land use and public health policy. Also, she was part of the Worcester’s Food and Active Living Policy Council Steering Committee from 2012 to 2015. Last year, she became the team leader on the development of the Healthcare Access Mobility Design challenge grant, a Ladders of Opportunity initiative from the National Center for Mobility Management and the Community Transportation Association of America to explore
solutions to improve access to the Family Health Center in Worcester using a design-thinking approach. Currently her tasks include the development of performance measures and multimodal analyses related to the Vision Zero goal as an effort to reduce fatalities and serious injuries in the region’s roadway system, and to expand the CMMPO data integration program.

Yahaira, born and raised in Puerto Rico, holds a B.A. in Environmental Design from the School of Architecture and a M.A. in Planning, both from the University of Puerto Rico. She is a member of COMTO, Boston Chapter.

Heidi Guenin
Heidi Guenin is a Senior Associate with GridWorks in Portland, Oregon. Prior to joining GridWorks, she worked with Upstream Public Health as the Transportation and Land Use Policy Manager. She has over 10 years of experience working with community members, government staff and elected decision makers – researching, developing, and advocating for transportation and land use policies to reduce health disparities. Heidi completed her bachelor of arts in economics and English language & literature at the University of Virginia, a master of public health at Oregon Health & Science University, and a master of urban and regional planning at Portland State University.

Art Guzetti
Art Guzetti, a 33 year veteran of public transportation at the local, state and national levels, serves as Vice President-Policy for the American Public Transportation Association, the trade group representing the public transportation industry in the United States. Among other things, Mr. Guzetti is responsible for APTA's extensive policy research agenda, policy analysis and development, transportation information and statistics. Mr. Guzetti and the APTA team work with legislative and executive branches of all levels of government, and with other national associations, think tanks and interest groups to cultivate the ideas, relationships and advocacy initiatives that will propel public transportation forward.

Prior to coming to APTA in June 1997, Mr. Guzetti had 16 years in management at two of the nation’s leading public transportation systems: New Jersey Transit, and Port Authority of Allegheny County, plus two years at the New Jersey Department of Transportation. Duties focused on transportation policy, government affairs, capital programming, grants development and grants management and advocacy. In short, career focus has been on generating support for public transportation and the benefits it provides to communities and regions.

Mr. Guzetti has a Political Science degree from Edinboro State University, and a Master of Public Administration Degree from the University of Pittsburgh. He has been married for 33 years, the father of four children, and the grandfather of two.

Paul Hughes-Cromwick
Paul Hughes-Cromwick is a senior health economist at Altarum Institute, where he has worked since 2002. He has been involved in health care economic and policy analyses since receiving his master’s degree in 1981. He leads outreach activities for the Center for Sustainable Health Spending, which was launched by Altarum as a critical systems issue in May 2011.

Before working at Altarum, Mr. Hughes-Cromwick worked for the University of Michigan School of Nursing; the Henry Ford Health System; the University of Pittsburgh Graduate School of Public Health; the State of Connecticut, where he was research director for the Connecticut Partnership for Long Term Care Insurance; and the U.S. Department of Health and Human Services in the Office of the Assistant Secretary for Planning and Evaluation. He was chairman of the board at Care Choices HMO in Farmington Hills, Michigan, until its sale and is currently on the board of trustees of Health Alliance Plan in Detroit, Michigan. He is a member of the American Economic Association; AcademyHealth; the American Public Health Association; and the National Association for Business Economics, where he serves as chairman of the Health Economics Roundtable.
Mr. Hughes-Cromwick has a BS in mathematics and philosophy from the University of Notre Dame and an MA in applied economics from Clark University, where he completed all nondissertation requirements toward a PhD. His areas of expertise include health economics, health policy analysis and forecasting, and health sector economic indicators.

**Dennis Johnson**

Dennis Johnson is Executive Vice President for Government Affairs at the Children's Health Fund, a nonprofit organization that initiates and supports innovative pediatric programs designed to meet the complex health care needs of medically underserved, homeless and economically-disadvantaged children. Mr. Johnson is also the Policy Director, National Center for Disaster Preparedness at Columbia University's Earth Institute, where he acts as a liaison between the Center and policymakers and elected officials at the state and federal levels.

Mr. Johnson directs the Fund's public policy, government affairs and advocacy agendas and coordinates the Fund's relationship with a broad spectrum of public officials, public and private sector entities, advocacy groups and health provider organizations.

Prior to his current position, Mr. Johnson was Vice President of External Affairs and Senior Director, Policy and Planning. Before that, he served as the interim director of the Fund's national network of mobile-based pediatric programs.

Prior to his tenure at The Children's Health Fund, Mr. Johnson was a senior program officer at the Fund for New York City Public Education and a research analyst at the Public Policy Institute of the Business Council of New York State.

Mr. Johnson received his Bachelor's Degree from the University of Pennsylvania and his Master's Degree in Political Management from the Graduate School of Political Management at Baruch College.

**Judy Kell**

Judy Kell has been HUB Manager of Pathways to Better Health of the Lakeshore, part of Muskegon Community Health Project, since 2012. Her role includes managing a CMS innovation project to deploy community health workers to assist individuals with two or more chronic diseases who have or are eligible for Medicaid and Medicare to address social determinants of care. Ms. Kell was previously Chief Operating Officer of West Michigan Therapy after four years of serving as Grant Coordinator for the County of Muskegon. Ms. Kell has more than two decades of experience in strategic planning, grant writing and program evaluation services to hospitals, coordinating agencies for substance abuse services, Michigan Department of Corrections, nursing homes, governmental and non-profit agencies.

**Katherine Kortum**

Katherine Kortum is a Senior Program Officer at the Transportation Research Board where she creates and guides committees analyzing transportation policy topics, such as regulation of new mobility options (including Uber and Lyft), transit asset management, development of federal research plans, and intercity passenger travel. In 2015-2016, she was also a Robert Bosch Fellow, working with the Innovationszentrum für Mobilität und gesellschaftlichen Wandel GmbH (InnoZ) in Berlin, on shared and integrated mobility research projects. She was elected chair of Young Professionals in Transportation by the international membership three years in a row and managed the nonprofit professional organization. Katherine was also appointed chair of the Institute of Transportation Engineer’s Younger Member Committee in 2013. She coordinates with the Institute’s board and local leadership to encourage younger member participation in ITE and is working to reposition the organization to better serve the needs of young professionals. In addition, she has spoken in a number of settings on the development of the next generation of the transportation workforce and on innovations facing the industry. Katherine holds an MS and PhD in Transportation Engineering from The University of Texas at...
Austin and a BS in Civil Engineering from the University of Pittsburgh. She is a Professional Engineer in the District of Columbia.

**Catherine Lawson**
Kate Lawson is Geography and Planning Associate Professor at State University of New York at Albany, where she examines Urban Transportation Data and Information Systems, hazardous materials transport, transportation and land use connection, and microsimulation and GIS applications. She is currently leading a team of researchers and students in the AVAIL (Albany Visualization And Informatics Lab) project, which seeks to empower a new generation of graduates to assimilate computer science knowledge and subject-matter expertise in the mining and dissemination of "big data," as they create groundbreaking web-based solutions for government and business. The AVAIL team is tackling a range of open source and open data projects. Working with New Jersey Transit, AVAIL is incorporating U.S. Census household data into microsimulations of bus transit ridership to provide travelers with ultra-efficient open source trip-planning. Lawson's team is also developing a Cloud-based decision support system for New York’s Mesonet, a statewide network of automated weather stations. Through an AVAIL-produced interactive web-based map, Mesonet stakeholders will select evidence-based sites that best serve New York. Overseas, AVAIL is transforming an academic study on community gardens by University of Glasgow colleagues into an interactive map to increase community participation in agriculture network expansion.

**Valerie Lefler**
Ms. Valerie Lefler is President & CEO of Liberty Mobility Now Inc. Valerie has a degree in business administration from the University of Nebraska-Lincoln and a master’s degree in public administration from the University of Nebraska at Omaha. Ms. Lefler spent almost 12 years in managing university transportation research and then transitioned to specializing in rural public transportation regulation and public outreach. Based upon that experience, Valerie started her own business and submitted a Small Business Innovative Research (SBIR) to US DOT-FTA project to use advanced technology to design customer focused mobility options—called Liberty. The project has now evolved into a formal company dedicated to providing responsive customer centered care across the United States.

**Ysela Llort**
Ysela Llort is the past director of Miami-Dade Transit (MDT). She was appointed to this position by Mayor Carlos A. Gimenez in Feb. 2012. From Aug. 2011 to Feb. 2012, she served as MDT's Interim Director. Prior to being at the helm of MDT, Llort served as an assistant County manager, responsible for the County's major transportation departments, which included MDT, Public Works, Miami-Dade Aviation, and Seaport (Port of Miami), as well as the County's Consumer Services Department. Llort also was responsible for overseeing the Citizens' Independent Transportation Trust and the Metropolitan Planning Organization.

Before working for Miami-Dade County, Llort was the Florida Department of Transportation's assistant secretary for Intermodal Systems Development; she was responsible for the executive management and operation of the department's planning, environmental management and public transportation programs. Llort directed the long range and strategic planning and formulation of policy for developing capital improvement and investment plans for the state's intermodal

**Jana Lynott**
Jana Lynott manages AARP's transportation research agenda and is responsible for the development of policy related to transportation and other livable communities issues adopted by the AARP Policy Council and Board of Directors and presented in the AARP Policy Book. Her research focuses on human
services transportation coordination, accessible street design, the travel patterns of older adults, transit service needs, and older driver safety.

Ms. Lynott was responsible for the development of AARP’s Livability Index, which was released in April 2015. This first-of-its-kind online tool blends mapping technology, preference survey results, quantitative measures, and public policies to measure how well a location—down to the neighborhood level—is meeting residents’ current and future needs. It uses a scoring system of 60 indicators spread across seven categories of livability: housing, neighborhood, transportation, environment, health, engagement, and opportunity.

Before her employment with AARP, Ms. Lynott was director of transportation planning for the Northern Virginia Transportation Commission, where she designed and managed a groundbreaking study on the link between land use and the mobility of older adults. She also initiated and managed a travel instruction program to teach seniors how to use transit services. As a land use and transportation planner, Ms. Lynott brings practical expertise to the research field.

Heather MacLeod
Heather MacLeod is an Assistant Director at the U.S. Government Accountability Office (GAO). She has extensive experience in the design and execution of research and analysis resulting in studies presented to the U.S. Congress. Ms. MacLeod has led numerous teams and studies related to surface transportation, aviation, and other issues. Ms. MacLeod is based out of GAO’s Seattle Field Office and assigned to GAO’s Physical Infrastructure team.

Peter McNichol
Peter McNichol is Medicaid NEMT Quality Control Chief at the Department of Vermont Health Access. He has been working with the Vermont Medicaid program for 15 years, and he has been working specifically with Vermont’s non-emergency medical transportation (NEMT) program since 2006. As Quality Control (QC) Chief for the Department of Vermont Health Access, his department oversees Vermont’s contracted system of public transportation brokers. This oversight includes, but is not limited to, program audits, member eligibility, compliance, and program quality control. Peter is currently serving as a panel member with the Transit Cooperative Research Program’s research project TCRP B-44, Impact of the Trend Toward Separate Statewide Medicaid Transportation Brokerages on Human Services Transportation Coordination.

Perry Meadows, MD, is Medical Director, Government Programs, for Geisinger Health Plan. He is the medical lead for government programs, which includes Medicare and Medicaid. His responsibilities include health care services and the development of medical necessity guidelines for Geisinger Health Plan. He is also the medical director lead for GHP Fraud, Waste, & Abuse.
Dr. Meadows has been with Geisinger Health Plan since August 2014. Prior to joining GHP, he was in Louisville, KY for several years.
Dr. Meadows graduated from Marshall University with a Bachelor of Science in chemistry, Master of Science in Biological Sciences, and Doctorate of Medicine. He completed his internship and residency at Marshall University School of Medicine in Family Practice. He is a fellow of the American Academy of Family Practice and is board certified in Family Practice. He also received his Juris Doctor from Salmon P. Chase College of Law, Northern Kentucky University and M.B.A. from Regis University

Alex Page
Alex Page is the lead Service Planner for Ride Connection in Portland, Oregon. His projects focus on last-mile connections to regional transit, community connector shuttles for areas with limited transit services, and demand-response transportation programs targeted for seniors and people with disabilities. He specializes in implementing flexible transit services that blend demand-response and fixed-route models. He holds a Master of Community and Regional Planning from University of Oregon. He is an active transit, bicycle, and pedestrian advocate to promote public health and increase quality of life in our communities.

**Neil Pedersen**

Neil Pedersen is Executive Director of the Transportation Research Board of the National Academies of Sciences, Engineering, and Medicine. Pedersen joined the National Academies in 2012 as the Deputy Director of the second Strategic Highway Research Program (SHRP 2) after more than 36 years of experience in the transportation profession. For 29 years Neil served in management and leadership positions at the Maryland Department of Transportation’s State Highway Administration (SHA), including as chief executive officer for more than eight years.

A native of Massachusetts, Pedersen earned bachelor’s degrees in civil engineering and urban studies from Bucknell University and a master’s degree in civil engineering from Northwestern University. He began his career as a consultant in transportation planning, working first for R. H. Pratt Associates and then for JHK and Associates. He managed projects ranging from travel demand forecasting to transit alternatives analyses and toll road feasibility studies.

In December 1982 he joined SHA as Deputy Director of the Office of Planning and Preliminary Engineering; in 1984 he became Director of that office. Pedersen served in that post until July 2000, when he was appointed Deputy Administrator for Planning and Engineering, with responsibility for SHA’s planning, environmental, engineering, and real estate activities. In January 2003 Pedersen was named Administrator of SHA. In this role he served as principal adviser to the Governor and the Secretary of Transportation on highway-related matters and provided strategic leadership to an agency of 3,200 employees who plan, design, construct, maintain, and operate Maryland’s 5,200-mile state highway network and 2,500 bridges. Pedersen also had oversight responsibility for Maryland’s highway safety and motor carrier programs, and he lead delivery of the state’s two megaprojects—the Woodrow Wilson Bridge and the Intercounty Connector. Throughout his tenure, Pedersen remained technically engaged in the science and art of planning and engineering while providing highly effective management and leadership, often in a politically charged context.

For the American Association of State Highway and Transportation Officials (AASHTO), Pedersen served as Chair of the Task Force on Context-Sensitive Solutions, Vice Chair of the Standing Committee on Highways, and Vice Chair of the Subcommittee on Asset Management. He also was a member of AASHTO’s Standing Committee on Research, and Standing Committee on Planning.

Before joining the TRB Staff, Pedersen was an active volunteer at TRB for more than 30 years serving on numerous committees and panels. He is a past chair of the TRB Executive Committee, the Technical Activities Council, and the SHRP 2 Technical Coordinating Committee for Capacity Research. He also served as a member of the Executive Committee’s Subcommittee on Planning and Policy Review and the National Cooperative Highway Research Program Project Panel on Research for the AASHTO Standing Committee on Highways. In addition, he is an Emeritus Member of the TRB Committee on Statewide Multimodal Transportation Planning.

Among his honors, Pedersen has received the George S. Bartlett Award (2006), the Road Gang’s Lester P. Lamm Award (2005), the Planner of the Year Award from the Maryland Chapter of the American Planning Association (1997), AASHTO’s Intermodal Award (1994), and the Community Service Award of the Institute of Transportation Engineers’ Baltimore–Washington Chapter (1992).
Robin Phillips

Robin Phillips joined National RTAP in December 2014 with almost 18 years of experience working with FTA programs. Ms. Phillips went to law school after getting a BA in history from Reed College in Portland, OR, and practiced law for five years. She decided that municipal bonds and energy litigation were not connected enough to community development issues to be truly satisfying, so she went on to work for Oregon DOT, where she was hired to write and implement a multimodal intercity policy. The Oregon Intercity Network was the result. This collaboration between the 5311 program and the rail program shifted the paradigm from community projects to regional connectivity and access to transportation networks.

Parallel to service development was the realization that information about services was as important as the services themselves. In 2005, as Administrator of Coordinated Transportation at Washington State DOT, Ms. Phillips hired staff to create the simplest data schema possible to run the Google transit trip planner. She then worked on finding ways to help rural providers input their data, to increase awareness and access to services.

Finding the right balance of public and private investment has been integral to Ms. Phillips’s career. In Oregon there was little money, and private transportation services needed to stay in business in order to meet access and connectivity goals. The integration of public and private operators into the OR and WA state networks was key to their success. In 2007 Ms. Phillips was hired as Senior Policy Director at the American Bus Association, where she facilitated private operators trying to work with the states and federal programs, and vice versa. Working at National RTAP is a natural culmination of Ms. Phillips’s experience and her dedication to improving transportation options in rural communities.

Michelle Proser

Michelle Proser is the Director of Research at the National Association of Community Health Centers (NACHC) where she conducts research and writing related to health centers, access to care issues, health disparities, quality improvement and care integration, and other issues related to medically underserved populations. She is responsible for analyzing data from all Federally-Qualified Health Centers, as well as other data sources. She has authored and co-authored numerous reports, articles, and other publications on Community Health Centers and primary care. Michelle also coordinates activities that promote community-based participatory research as a tool for improving community health. She received her Master’s in Public Policy from The George Washington University and is currently working on her Doctorate in Public Policy at the same institution.

Marsha Regenstein

Marsha Regenstein, PhD, is a professor of health policy and management at the George Washington University. She also directs the Milken Institute School of Public Health’s Doctor of Public Health Program. Dr. Regenstein is the Director of Research and Evaluation for the National Center for Medical-Legal Partnership and is principal investigator for a HRSA-funded evaluation of the Teaching Health Center program created by the Affordable Care Act. Along with dozens of other projects, Dr. Regenstein has served in leadership roles in four multi-site quality-improvement initiatives designed to improve the quality and accessibility of health care for low-income and underserved individuals. Previously, she was vice president of research for the National Association of Public Hospitals and Health Systems and vice president of the Economic and Social Research Institute.

Julia Resnick

Julia Resnick is a senior program manager with ACHI and the Health Research & Educational Trust. Julia is responsible for day-to-day operations of ACHI as well as developing the educational curriculum, analyzing survey data and planning the ACHI National Conference. In addition to her ACHI
responsibilities, she works on a variety of population health-related projects through the American Hospital Association’s Health Research & Educational Trust including leading the Population Health Task Force and writing guides for Hospitals in Pursuit of Excellence. She is passionate about fostering a health care system that aims to keep people healthy.
Prior to joining ACHI, Julia worked as a research coordinator on NIH funded grants at NorthShore University HealthSystem. As a volunteer fellow in Israel, she worked in a community clinic and coordinated perinatal care for pregnant African refugee women. Julia received her Master of Public Health at Hebrew University’s Braun School of Public Health and Community Medicine and a Bachelor of Arts in sociology from Bates College.

David Riley
David Riley is the Director of Veterans Transportation Program (VTP) in the Veterans Health Administration. VTP consists of Beneficiary Travel (BT), the Highly Rural Transportation Grants Program (HRTGP) and Veterans Transportation Service (VTS).
VTS is a sub-initiative of the VA Initiative, Enhancing Veteran Experience and Access to Healthcare. The program is at over 100 VHA sites and focuses on providing transportation solutions for Veterans that increase access to care and overcome barriers that discourage Veterans from accessing VHA services.
BT is a complex program that provides access to care through travel reimbursement to Veterans and payment for some transportation services. BT had national expenditures of over $850 million in FY15.
HRTGP provides grants for Veteran Service Organizations and State Veteran Agencies to improve transportation options for Veterans in counties averaging less than seven persons per square mile.
Mr. Riley has been in his current position for six years and has 19 years as a VA employee, beginning as a clinical social worker in the Greater Los Angeles Healthcare System. He was the Chief of Social Work Service at the Battle Creek VAMC prior to assuming his current position. He has an MSW from University of California Los Angeles and a BA in Communication from University of Wisconsin.

Bruce Robinson
Bruce Robinson is the Acting Associate Administrator for FTA’s Office of Program Management. He has served as the Deputy Associate Administrator for that office since 2012. Along with the Associate Administrator, he oversees the Office of Transit Programs, the Office of Capital Project Management and the Office of Grants Management and Guidance. Collectively, these offices administer a national program of capital and operating assistance by directing program implementation through the FTA Regional Offices. The office provides procedures and program guidance to assist the field staff and grant recipients in grant program administration and grant management requirements and manages FTA’s major project capital oversight programs. Previously he served as the Deputy Associate Administrator for the Office of Research, Demonstration and Innovation. Mr. Robinson joined the Department of Transportation in 1997 within the Office of Acquisition Management of the Federal Highway Administration. He holds a Master of Arts from Yale University and a Bachelor of Arts degree from the University of North Carolina at Chapel Hill.

Ann Lundy
Ann Lundy is the Vice President of Medicaid Clinical Operations in Government Programs. She is a dynamic health care professional with 25+ years of experience in leading, designing, managing, structuring and implementing operational policies and procedures that support business for Medicaid and Dual Medicare managed care programs. She has identified strategies in developing programs, across multiple business lines, to achieve mission, goals, and objectives. Ann, nationally led the development,
implementation and outcome measurement of the clinical Utilization Management, Case Management, Population Health, Disease Management programs for Medicaid including all populations of ABD, TANF, CHIP, LTSS, ID/DD and Complex Care, Long Term Care Medicaid and Dual Special Needs populations in multiple states. Ann is a registered nurse with a Bachelor’s degree from Indiana University and has a Master’s of Business Administration from Rockhurst University. Ann has served on multiple boards and volunteers on a regular basis at several homeless shelters.

**Judy Shanley**

Judy Shanley, Ph.D. is the Vice President, Education and Youth Transition at Easter Seals Inc., Chicago, IL. She manages projects, provides technical assistance, conducts research, and develops materials regarding accessible transportation, mobility management, and coordinated transportation and also oversees Easter Seals national youth transition programs. Shanley serves as a project director to several large national centers, funded by the Federal Transit Administration, and the Administration for Community Living, including the National Center for Mobility Management. She supports FTA in their implementation of national and local Rides to Wellness initiatives. Prior to Easter Seals, Shanley worked at the U.S. Department of Education, where she served as a technical assistance chair for United We Ride and has over thirty-years of experience in supporting individuals with disabilities. She earned her Ph.D. in Special Education from the University of Florida and an M.B.A. and a Master’s in Rehabilitation Counseling, both from Syracuse University.

**Anson Stewart**

Anson Stewart is a PhD candidate in the Interdepartmental Doctoral Program in Transportation at the Massachusetts Institute of Technology. His research, affiliated with the MIT Transit Research Group, the Mobility Futures Collaborative, and the Bus Rapid Transit Center of Excellence, revolves around urban design, open data, accessibility indicators, and civic engagement. His dissertation centers on the value of interactive connectivity mapping tools for communicating with stakeholders about public transit projects.

A native of Southern California, Anson is a graduate of Swarthmore College. Anson has worked with transit agencies including LA Metro (Los Angeles, CA) and Transantiago (Santiago de Chile), as well as community-based organizations such as Alternatives for Community and Environment (Roxbury, MA) and municipal governments (Irvine, CA). He has participated in transportation planning and design workshops in the United States, Chile, Colombia, and China. As a 2010-2011 Thomas J. Watson Fellow, Anson spent a year in Latin America and Africa researching emerging bus rapid transit systems and their impacts on incumbent operators and the environment.

**Marianne Stock**

Marianne Stock is currently Division Chief, Rural and Targeted Programs for the Federal Transit Administration. She is responsible for the administration of FTA formula and discretionary grant programs for rural areas, tribes, and the enhanced mobility of seniors and individuals with disabilities. This includes the management of three technical assistance centers and overseeing FTA’s leadership of the Coordinating Council on Access and Mobility.

Ms. Stock came to FTA in 2015 after 32 years with NJ Transit, most recently as Program Director, Community Mobility. In that role, Ms. Stock oversaw administration of NJ Transit's pass-through grant program for subrecipients, including providing grant support, technical assistance, and compliance oversight to county, municipal, and private non-profit transit services funded through a variety of state and federal grant programs. Ms. Stock also oversaw planning functions related to data collection and analysis, including travel demand modeling and market research, and developed Title VI equity analysis procedures for NJ Transit. She previously directed NJ Transit’s strategic planning and policy development
efforts. Ms. Stock has a BA from the University of Virginia and a MBA from New York University, Stern School of Business Administration.

Steve Strauss

Steve is currently a Deputy Associate Director of the Progressive Transportation Service Administration (PTSA) at the District Department of Transportation. In this position he manages the District’s annual capital and operating contributions to the Washington Metropolitan Area Transportation Authority, is responsible for the District’s School Transit subsidy program and serves as the District’s Alternate Representative on the Northeast Corridor Commission. Steve came to DDOT from New York City in June of 2008 to join then DDOT Director Emeka Moneme as his Special Assistant.

Steve began his public sector career at the NYC Office of Management and Budget in 1980 where he was involved with budget oversight of the NYC Department of Transportation. He moved to the Metropolitan Transportation Authority in 1982 where he spent ten years in a variety of increasingly more responsible positions in the budget and planning departments. He was the Special Assistant to the Chief Financial Officer of the MTA, Mortimer Downey, for approximately three years. In 1993 Steve became an Assistant Director of Government and Community Relations at New York City Transit, an operating subsidiary of the MTA. He managed nearly all of the outreach activities to community groups, neighborhood associations, BIDs and elected officials for the agency in the borough of Manhattan for nine years.

Steve was born in Little Rock, Arkansas and began his lifelong interest in transportation and infrastructure opposing the construction of an urban interstate highway during the Earth Day movement of the early 1970s. He attended Dartmouth College in Hanover, NH and received a Master’s Degree in Business Administration from Columbia University in New York City.

Vince Valdes

Vincent Valdes was named Federal Transit Administration Associate Administrator for Research, Demonstration, and Innovation on April 13th. As Associate Administrator for TRI, Vincent will be managing an office of 40 program managers, transportation specialists and engineers who work on FTA's critical transit research program. The program provides research leadership to the transit industry and facilitates the development of transit technologies and techniques that support national transportation goals.

Over the last two years Mr. Valdes was Director of FTA's Office of Oversight and Program Guidance. Under his leadership, the Oversight office has been extensively revamped in order to streamline and improve productivity, performance, and efficiency. As a result of these efforts, the oversight program has achieved a 20 percent increase in oversight reviews and an ability to anticipate problems among grantees before they become major issues.

In his 25 years as a senior manager in the public and private sector—the last six with FTA—Vincent has demonstrated a clear ability to lead change and innovation in transportation research, urban and regional planning, engineering research, neighborhood economic development, environmental protection, and international development. Moreover, Vincent has adopted a results-oriented approach to managing people and projects in diverse settings within the District of Columbia, Venezuela, and elsewhere. As the Chief Ward 1 Planner for the D.C. Office of Planning, he was instrumental in devising and disseminating the city's transit-oriented development guidelines, and successfully led a staff of urban planners, architects, and real estate development specialists to achieve neighborhood revitalization goals. During his tenure at the World Bank, Vince managed a team of engineers, scientists, and technicians involved in devising, evaluating, and implementing technology transfer strategies to signatory counties of the Montreal Protocol. And while serving as a foundation representative with the Inter-American Foundation, Vincent pioneered a new approach to conducting international
development in Latin America that involved forging ties with private sector corporations as well as non-governmental organizations.

**Kelsey Walter**
Kelsey Walter is Director of National Core Indicators-Aging and Disabilities, of the National Association of States United for Aging and Disabilities (NASUAD). Ms. Walter has worked as a Policy Associate at NASUAD since November 2012, and has been closely involved in the work to expand the NCI-AD since the beginning stages. In her new capacity, Ms. Walter will assist the NCI-AD Steering Committee as they finalize the adult consumer survey and support Georgia, Minnesota, and Ohio as they begin to pilot the new tool.

**Karen White**
Karen White directs the Office of Statistical and Economic Analysis at Bureau of Transportation Statistics at Department of Transportation. She has over 26 years of experience as a Transportation Economist. Karen leads research measuring the role of transportation in the economy, transportation and economic cycles, performance management data, benefit-cost analysis, and the value of transportation to the economy.
Karen holds undergraduate degrees in Finance and Economics from the University of Texas at Austin and a Ph.D. in Economics from the University of Houston.

**Nigel Wilson**
After doing his undergraduate degree at Imperial College in London, Nigel Wilson came to MIT in 1965 as a graduate student in transportation. He studied with Professor Dan Roos and earned a Ph.D. in civil engineering with a transportation systems focus. He joined the faculty in 1970, the same year he graduated. He has since done research on urban transport systems for major cities around the world, including Boston, Chicago, San Juan and now London, which was the second major city in the world (after Singapore) to successfully introduce congestion pricing. For most of the last 20 years, he has also run the interdepartmental M.S.T. program, from which his son John graduated in 1995.

**Steve Yaffe**
As the Transit Services Manager, Steve Yaffe oversees Arlington Transit (ART fixed route bus) and Specialized Transit for Arlington Residents (STAR) demand responsive transit service. He is a former co-chair of the Mobility and Transportation Committee of the Fairfax Area Long Term Care Coordinating Council & Disability Services Board. He also has served on the board of the ENDendence Center of Northern Virginia, a center for independent living. Prior to joining Arlington Transit, Steve was the planning manager for 16 years with FASTRAN, a human service transportation provider in Fairfax County, VA. He also has held transit and paratransit planning and oversight positions in Dayton, OH, Houston TX, and Sacramento, CA. Steve is a former research coordinator and member of the Transportation Research Board’s Paratransit Committee.
## List of Registered Attendees

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<tr>
<th>Name</th>
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<tr>
<td>Negin Askarzadeh</td>
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<td>Patrick Benko</td>
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<td>Valerie Berton</td>
<td>Federal Transit Administration, USDOT</td>
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<td>Fred Bowers</td>
<td>FHWA</td>
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<td>Margot Brown</td>
<td>US EPA OSC</td>
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<td>Jami Carrington</td>
<td>Los Angeles County Metropolitan Transportation Authority</td>
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<td>John Clymer</td>
<td>National Forum for Heart Disease &amp; Stroke Prevention</td>
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<td>Mary Ann Cooney</td>
<td>Association of State and Territorial Health Officials</td>
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<td>David Cummings</td>
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<td>Jacqui De Los Santos</td>
<td>LeFleur Transportation</td>
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<td>Derald Dudley</td>
<td>U.S. Department of Transportation</td>
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<td>Suzie Edrington</td>
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<td>Eric Feazel</td>
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<td>Cindy Frene</td>
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<td>Tara Kelley-Baker</td>
<td>NORC at the University of Chicago</td>
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<td>Nick Kushner</td>
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<td>Cedric Lawson</td>
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<td>Stephanie Macias</td>
<td>Riverside Transit Agency</td>
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<td>Selwyn Mahon</td>
<td>BIDMC Disaster Medicine Fellowship</td>
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<td>Barb Mee</td>
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<td>Jesse Moore</td>
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<td>Sandy Neyhart</td>
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<td>Rural Economic Assistance League</td>
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## List of Registered Attendees

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<td>Jason</td>
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<td>America’s Essential Hospitals</td>
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<td>Jamie</td>
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<td>Nanette</td>
<td>Md Dept of Transportation / Motor Vehicle Adm</td>
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<td>Lucinda</td>
<td>KFH Group</td>
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<td>Rebecca</td>
<td>American Foundation for the Blind</td>
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<td>Felicia</td>
<td>Rohrer Bus</td>
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<td>Mary</td>
<td>HHS Office of the Assistant Secretary</td>
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Federal Transit Administration - Rides to Wellness Update May, 2016 – provided by FTA

The vision of the Rides to Wellness (R2W) Initiative which kicked off on March 11, 2015 is: through rides people and community health thrive. The Federal Transit Administration’s (FTA) R2W initiative is a 3-pronged strategy that includes: building commitment, driving change and stimulating investment. FTA builds commitment through R2W Regional Forums. FTA drives change through two research projects: the Community Scan and the Workshop Project. Lastly, FTA stimulates investment through grant programs, including a planning grants program awarded in June 2015 to communities to create partnerships between healthcare and transportation; as well as implementation grants to be awarded during 2016.

Current Rides to Wellness Activities:
1. Coordinating Council on Access and Mobility (CCAM)

In December 2016, Congress passed the first long-term authorization in more than a decade. The Fixing America’s Surface Transportation (FAST) Act strongly emphasizes the need for coordination between health and transportation. It mandates action from the federal CCAM,
chaired by DOT, which will make it easier for the health and transportation sectors to coordinate locally to provide easier access to trips, and appointments. The FAST Act requires the CCAM to publish a strategic plan within one year of the Act’s enactment that:

(A) outlines the role and responsibilities of each Federal agency with respect to local transportation coordination, including nonemergency medical transportation;

(B) identifies a strategy to strengthen interagency collaboration;

(C) addresses any outstanding recommendations made by the Council in the 2005 Report to the President relating to the implementation of Executive Order No. 13330, including—

(i) a cost-sharing policy endorsed by the Council; and

(ii) recommendations to increase participation by recipients of Federal grants in locally developed, coordinated planning processes;

(D) to the extent feasible, addresses recommendations by the Comptroller General* concerning local coordination of transportation services;

(E) examines and proposes changes to Federal regulations that will eliminate Federal barriers to local transportation coordination, including non-emergency medical transportation; and

(F) recommends to Congress changes to Federal laws, including chapter 7 of title 42, United States Code (Social Security Act), that will eliminate Federal barriers to local transportation coordination, including nonemergency medical transportation.

*Refers to the December 2014 GAO Report, “Nonemergency Medical Transportation Not Well Coordinated, and Additional Federal Leadership Needed.” Recommendations were: 1. Publish a new CCAM strategic plan; 2. Issue a cost-sharing policy; 3. Address the challenges in coordinating with Medicaid and VA NEMT services.

To launch the process of meeting these requirements, FTA plans to host a meeting during 2016 of the officials of the CCAM agencies most closely tied to the accomplishment of the outcomes required in the FAST Act.

2. **R2W Notice of Funding Opportunity (NOFO)**

The Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility NOFO was posted on 3/29/16 and closed on 5/31/16 in the amount of $5.3M. Awards will be made during 2016. These 18 month demonstration projects will demonstrate innovative, successful solutions to healthcare access transportation challenges.

3. **Healthcare Access Challenge Grants (Phase I/Planning Grants)**

$400,000 in grants was given to 16 communities ($25,000 each) across the country to create and test innovative transportation solutions to health care destinations. The National Center for Mobility Management (NCMM) facilitated the teams through a design think process and is now sharing the final results of the communities’ work through business pitch presentations which have been posted on their website: http://nationalcenterformobilitymanagement.org/challenge/

4. **Rides to Wellness Regional Forums/Peer Exchanges**

The goal of the “Ladders of Opportunity” Initiative is identifying and addressing connectivity gaps in accessing essential services that include: employment, healthcare, education, and
recreation. FTA along with the NCMM is holding Peer Exchanges on Implementing the Ladders of Opportunity and Rides to Wellness Forums across the country during 2016 and 2017. The purpose of these events is to help advance the US DOT Ladders of Opportunity Initiative by developing a coordinated approach to accessing essential services among transit agencies, MPOs and healthcare providers. Participants will have the opportunity to engage with and learn from one another to identify and address connectivity gaps in accessing essential services.

5. Community Scan
The goal of this $230,000 project is to quantify the impact of lack of transportation on healthcare costs.
FTA is working together with the Veterans Administration (VA), Centers for Medicare and Medicaid Services, and a private insurance provider to conduct a national survey of three networks: Health Resources and Services Administration’s 1,300 Community Health Centers, VA Medical Centers, and health care providers participating in the private provider’s network.

The National Survey will be designed to answer these key questions:
1. How does lack of transportation impact healthcare costs, including percent of missed appointments?
2. What percent of missed appointments are due to transportation issues?
3. What are the direct costs associated with missed appointments?
4. What are the indirect costs associated with missed appointments?

The project is aligned with a Health Resources and Services Administration project that includes creating a Return on Investment (ROI) calculator and convening learning collaboratives in multiple States. The project is expected to be complete in early 2017.

6. TRB/Health and Medicine Division Workshop
The Transportation Research Board (TRB) and the Health and Medicine Division, both of the National Academies of Sciences, Engineering, and Medicine, are holding a workshop on June 6-7, 2016 in Washington, D.C. that will explore the interface of health care and transportation. The workshop will showcase local examples of formal and informal health care and transportation partnerships; explore ways to use data to estimate the value of transportation to health care in various settings; examine performance measures pertinent to the relationship between transit/transportation services and health care outcomes; and, discuss what is needed to calculate the return on investment in terms of health outcomes. (For example: Does providing transportation access lead to improved health?). A workshop summary based on the day’s proceedings will be prepared by an independent reporter.
Transportation for Community Health (TCH) – provided by Charles Carr

Overview

Working closely with local stakeholders, the Mississippi Department of Transportation (MDOT), the Community Transportation Association of America (CTAA) in partnership with the Children’s Health Fund (CHF) and Sunflower-Humphrey’s Counties for Progress, Inc. (SHCP), have launched a strategic transportation/healthcare initiative. The focus is on identifying and reducing the impact of transportation barriers to health and human services for children and families in two economically-disadvantaged/medically underserved Delta counties.

Objectives

This initiative actively engages key community stakeholders in a collaborative local planning process. These stakeholders include health and transportation providers, elected officials, educators, parents, civic action and faith-based organizations. Specifically, this initiative will:

- Establish community “buy in” by actively involving local project steering committees and working groups for each county in all phases.
- Develop an 18-month pilot program based on locally driven Project Action Plans for Holmes and Humphreys counties.
- Implement innovative strategies and transportation options to improve access to healthcare for children and their families.
- Build on longstanding cooperative relationships between health, education and transportation stakeholders while increasing support from local elected officials.

Key Actions

- Identification of local community stakeholders
- Town Hall meetings (community focus groups)
- Refine strategic priorities based on input derived from meetings
- Establish steering committee and work group to advisors
- Develop plan for pilot projects in Humphreys/Holmes counties

Outcomes

It is important to keep in mind that this initiative focuses on access issues. Consequently, initial performance benchmarks for the TCH initiative are:

- Improved availability of mobility options within the targeted communities; and
- Increased utilization of healthcare and related social services
- Maintain active community “buy in”.

4
TRB Special Report 319: Between Public and Private Mobility – provided by Katherine Kortum

TRB Special Report 319: *Between Public and Private Mobility: Examining the Rise of Technology-Enabled Transportation Services* analyzes how innovative transportation services, including ridesharing, carsharing, bikesharing, and microtransit, are changing mobility for millions of travelers. Such services could reduce congestion and emissions from surface transportation if regulated wisely to encourage concurrent, rather than sequential, ride sharing. Rapidly growing transportation network companies (TNCs), like Uber and Lyft, however, are disrupting conventional taxi and limousine services and raise policy challenges regarding personal security and public safety, insurance requirements, employment and labor issues, and accessibility and equity. The equity concerns are particularly concerning for public health, as taxis and paratransit are of key importance for providing individuals with access to work, social opportunities, and health care. The committee’s report offers guidance to state and local officials responsible for policy setting and regulation of for-hire transportation services in each of these areas. The report also addresses the need for greater consistency in regulations across jurisdictions and calls for TNCs to share more information about the volume, frequency, and types of trips being provided to allow for informed regulation and planning of transportation services.
Context setting from the National Center for Mobility Management – provided by Judy Shanley

About the National Center for Mobility Management

- National technical assistance center funded by the US Department of Transportation, Federal Transit Administration.
- Partnership across Easterseals, the American Public Transportation Association (APTA), and the Community Transportation Association of America (CTAA).
- Mission: To facilitate communities in adopting customer-centered mobility strategies that empower people to live independently, and advance health, economic vitality, self-sufficiency, and community.

Learning about Data and Metrics through Federal Investments in Support of FTA’s Rides to Wellness Initiatives

- NCMM supported – 16 demonstration grants focused on health-transportation connections to support access to preventive care, chronic disease follow-up (renal), behavioral health, and hospital readmission.
- Learning from Rides to Wellness Grants that could Facilitate Replicability
  - Ensure there is broad representation to inform the process. Include patients and other stakeholder groups.
  - Include an education component targeted at both health and transportation audiences.
  - Implement systemic data collection – guiding the conceptualization, development, implementation, and continuous improvement of health-transportation connections.
  - Focus on measures at multiple levels – system, organizational, and individual.
  - Provide technical assistance and supports regarding performance measurement, return on investment, and data collection.
  - Highlight the application of data collection and the use of data across projects as a way to help others learn.
  - Encourage the use and integration of data to inform communications, marketing, and requests for funding.
Short Background on Presentation about Liberty Mobility Now – provided by Valerie Lefler

Liberty is about connecting communities through the spine of technology for improved transportation opportunities. ROI is hard to capture and measure effectively when currently there are very limited systems for data points in improved access to care. To top it off all too often the patient is put in the position to “be glad you even got there” versus “how was your experience.”

Liberty requests customer and driver satisfaction data with every trip. For those using the care giver platform, the agency is able to provide a rating for satisfaction for service and courteousness as well in handling the transition.

Transparency, responsiveness, and attention to detail is very difficult to achieve if transportation providers are using manual tracking and operational systems. On the other side of the equation, overdesigned technology and software in this environment leaves the managers drowning in data, yet still starving for actual information. Thus by right-sizing the key data points, transportation providers are able to respond to areas of concern for improved service and patients are able to provide insight relative to their standard of care. This is particularly important for areas where it is long distances to health care, as the process of getting to and from the appointment becomes a significant part of their health care experience.

Liberty works using advanced non-invasive technology to help identify gaps and opportunities for improvement with technology and optimizing solutions with information from the access to care ecosystem – the patient, driver, dispatcher, and medical/care professional. Active engagement regarding the patient experience as well as the levers that control that environment are key to the success of Liberty.

Draft Thought Questions:

1) Why the seemingly lack of interest or avoidance of customer service in transportation health care?

2) Does the psychological concept “your perception is your reality” ring true in understanding improved access to care? If so, how do we best communicate and education consumers about their options when the key issue is awareness.
National Health Interview Survey – provided by Marcie Cynamon

About NCHS
The National Center for Health Statistics (NCHS) is the nation’s principal health statistics agency, providing data to identify and address health issues. NCHS compiles statistical information to help guide public health and health policy decisions. Collaborating with other public and private health partners, NCHS employs a variety of data collection mechanisms to obtain accurate information from multiple sources. This process provides a broad perspective on the population’s health, influences on health, and health outcomes.

National Health Interview Survey
The National Health Interview Survey (NHIS) provides information on the health of the U.S. civilian noninstitutionalized population through confidential interviews conducted in 35,000 to 44,000 households each year. NHIS is one of the nation’s largest in-person household health surveys. It provides data for analyzing health trends and tracking progress toward achieving national health objectives. These data, continuously collected throughout the year, are also used for epidemiological and policy analysis, such as characterizing those with various health conditions, determining barriers to accessing and using appropriate health care, and evaluating federal health programs.

Major Health Topics Addressed
- Physical and mental health status
- Chronic conditions, including asthma and diabetes
- Barriers and access to and use of health care services
- Health insurance coverage and type of coverage
- Health-related behaviors, including smoking, alcohol use, and physical activity
- Measures of functioning and activity limitations

Examples of NHIS Data

NHIS data from 2015 show:
- The percentage of persons of all ages with a usual place to go for medical care was highest for non-Hispanic white persons at 89.6% and lowest for Hispanic persons at 81.7%.
- The percentage of current smokers among adults aged 18 and over was highest for non-Hispanic white persons at 19.2% and lowest for Hispanic persons at 10.5%.
- The prevalence of diagnosed diabetes (based on self-report of a diagnosis by a doctor or other health professional) was higher among non-Hispanic black and Hispanic persons than among non-Hispanic white persons.
• The number of uninsured persons has declined in the past year. In 2015, total of 28.6 million persons of all ages (9.1%) were uninsured at the time of the interview—7.4 million fewer than in 2014.
• Among persons under age 65, 65.6% (176.8 million were covered by private health insurance plans at the time of the interview.

Challenges and Future Opportunities
• Introduce in 2018 a redesigned survey questionnaire that will increase relevance, enhance data quality, and minimize respondent burden, developed in consultation with other federal agencies and other stakeholders

For further information about NHIS visit http://www.cdc.gov/nchs/nhis.htm

HealthTran – Missouri Rides to Wellness – provided by Suzanne Alewine

HealthTran – Missouri Rides to Wellness
Suzanne Alewine
Co-Founder and Principal Partner, Community Asset Builders
Executive Director, Missouri Rural Health Association

(1) How do you work with the other sector (health or transportation)?
HealthTran began as a cross-sector collaboration between the Missouri Rural Health Association and the Missouri Public Transit Association. This partnership formed the basis for the initiative, and is replicated to the local level to include both health care and public transportation organizations. Partners have developed a business plan and are refining a membership model to assure funding for direct transportation remains in place while also advocating for new thinking in benefit design relative to inclusion of transportation as a covered benefit.

(2) Do you partner or collaborate with other organizations in helping people who need transportation services to get to their health care, and if so, what organizations?
HealthTran collaborates with multiple organizations, including clinics, hospitals, senior centers, health departments, and transit providers.

(3) Do you spend money on transportation services and are they included in your budget? Does the level of funding meet the need?
HealthTran does have a budget for transportation services, however, the need is much greater than the available funding.

(4) What data do you collect, if any, that is relevant to the intersection of health and transportation? If yes, please describe.
Data is a core focus of HealthTran. Without a robust data set, a case for funding and system redesign cannot be made. HealthTran gathers data from the patient, health care provider, public transportation partners and others to create a more complete picture. HealthTran is now engaging payers (insurers) to gain access to patient-specific claims data in order to further enhance the business case for including transportation as a piece of the benefit package.

(5) What measures do you track, report, etc.? If you responded yes to 3, do you have any outcomes measures (or other non-process measures)? For example, are you able to determine if patients who get help with transportation have fewer missed appointments? HealthTran tracks patient demographics, referrals and rides given, along with information from health care providers relative to missed appointments, types of services, and billed charges. In addition, transportation providers submit data on each transport at the person-specific level. Early data clearly reflect patients are getting to their appointments. 100% of health care providers believe HealthTran has contributed to their patients having better access, and 97% report seeing better medical outcomes for patients because of the availability of transportation. Over 80% of providers report fewer “no shows” and attribute it to HealthTran. Longitudinally, using both retrospective and prospective analysis, we expect the data to reflect utilization of the health care system more heavily for primary and preventive care as opposed to for emergent and acute care.

(6) Please feel free to contribute other background information that could be shared with participants in advance, so you can maximize your speaking time!
More information on HealthTran is available at www.morha.org – under “Initiatives”. Contact Suzanne Alewine via email at suzanne@cabllc.com or MRHA by phone at 573-616-2740.
Panel I: Examples of cross-sector collaboration to provide transportation services in urban settings
SLIDE 1 Through the Healthcare Mobility Design Challenge, the Worcester team was able to explore two solutions to improve access to primary care for low income and minority individuals who receive health care services at the Worcester Family Health Center. The design challenge opened the doors for collaboration between the healthcare facility and the Worcester Regional Transit Authority. SLIDE 2 The collaboration was essential to understand the magnitude of the problem and patients’ transportation needs. But also, we brought peers to the conversation to validate the problem and receive feedback and analyzed other models to get acquainted of lessons learned from actual practice.
SLIDE 3 In terms of data from the transit perspective, we knew that the FHC was one of the major destinations within the service area based on boardings and alightings on the stops close to the healthcare facility. Also, through the bi-annual customer service surveys, the transit agency knew that roughly 20% of all trips are related to medical purposes, and moreover, the City of Worcester has a 95% coverage rate, which means that most of the Worcester’s population lives within a quarter of a mile from a transit route. The geocoding analysis of patients’ addresses showed that the majority of the patients lived within a quarter of a mile of a bus route.

Through this project the transit agency learned that is hard for people to reach their medical appointments on time and sometimes they even missed their appointments due to the need for transferring from one route to another at the transit hub. (The WRTA is designed as a hub and spoke network that requires all trips to start and end at the Hub). In summary, almost half of the patients mentioned to have some type of transportation problem to access the facility. Time and cost using transit were a deterrent to get to their medical appointments at the FHC. Other reasons like walking during wintertime and high cost of taxi were also mentioned as transportation problems to access the facility. It was clear that proximity to transit service is not necessarily an indicator for access to healthcare.

From the FHC side, we learned that almost 70% of the patients needed some type of third-party transportation service (45% use transit, 15% share a ride, 10% livery service). Family Health Center (FHC) has 85,000 to 105,000 patient visits per year, which translates to an approximate of 300 to 400 patients per day. The FHC missed appointment rate is 15%, even higher during the wintertime (18%) when it is much harder for people to walk and travel around the city.
SLIDE 4 The FHC has an average of 800 missed encounters in a monthly basis. Currently, the standard rate per person/visit is $154. As a result, FHC has an estimated loss of $123,300.00 in a monthly basis. This amount adds up to a loss of $1.4 millions of dollars per year solely on missed appointments. Half of this figure can be traced back to some type of transportation problem. It is important to note that the FHC is not the only healthcare facility in the City of Worcester, so this figure can be much higher if we gather data from the other healthcare facilities in the City.
SLIDE 5 Based on the assumptions related with patients’ frequency of visits and costs associated by mode, we were able to estimate the average out-of-pocket yearly expenses for
those patients that use transit to be $2.8 million of dollars, or $67.48 per patient annually if we used the One-Day Pass base fare, $3.50. Nonetheless, for taxi or livery services the patients’ expense will range from $8.00 to $12.00 per trip. So the $2.8 million estimate could fall short from reality.

Currently, the FHC has an agreement with the WRTA to purchase 20,000 One-Day Passes a year at a discounted rate, for a total of $35,000 a year. These passes are distributed to patients that require visiting a specialist outside the facility. Some clinics (like the Ob/Gyn clinic within the FHC) depend on grants to purchase the passes.

The team strongly believes the healthcare industry should invest more in transportation. We couldn’t analyze the impacts of the transportation investment on people’s health due to the scope of the project, but we were able to access national data from the Medical Expenditure Panel Survey (2012)\(^1\), released by the Agency for Healthcare Research and Quality (AHRQ). The data shows that in 2012 the mean expense per person with an expense in hospital outpatient services was $2,601; for inpatient services was $18,012; and for office-based medical provider services was only $1,390. These figures are more relevant when broken down by categories, like age, race/ethnicity or health insurance status or poverty status. This survey does not include questions about transportation. The Center for Health Information and Analysis (CHIA) on their annual report found that the total health care expenditures (THCE) in 2014 in MA was $54 billion of dollars or $8,010 per capita, an increase of 4.8% from 2013. At the local level, the City of Worcester is designated as a Health Professional Shortage Area (HPSA) for low-income populations because of demonstrated low access to primary care providers. Moreover, The Dartmouth Atlas of Care, 2012, reports the number of hospital stays for ambulatory care sensitive conditions (ACSC) per 1,000 Medicare enrollees in Worcester County is 65. This rate is higher than Massachusetts (63) and much higher than the nation’s rate (45). In Worcester County the rate for Black and African American population is 66.8. Given these figures, an investment of $67.48 per patient a year is meaningless compared to the high costs of healthcare.

SLIDE 6 As a matter of fact, if all the 180 patients a day that use transit to access the facility are provided with a One-Day Pass, the daily investment for the FHC will be close to $630. In a year, the investment will prove to be close to a 10% of the actual loss in missed appointments. The other 25% of patients that require a third-party transportation service could also see a financial relief if they are provided with a $3.50 stipend to cover part of their transportation costs (livery or ride hailing services).

This experience highlighted the need for expanding current collaboration with the healthcare institutions in our City and also the need to leverage all the transportation services available besides transit. The product of the Healthcare Mobility Design Challenge was a technology solution that will be presented in detail in the breakout session. The Smart Transit solution addresses the gap between healthcare providers and transportation services for everyone regardless of their eligibility criteria for demand-response or ADA paratransit services by

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\(^1\) Agency for Healthcare Research and Quality. Hospital Outpatient Services – Mean and Median Expenses per Person with Expense and distribution of expenses by source of payment: United States, 2012. Medical Expenditure Panel Survey Household Component Summary Data Table. Table 5, Table 7 and Table 8.
facilitating the coordination of transportation options when patients are scheduling their appointments.

As next steps, we suggest FTA considers the creation of a funding source, similar to JARC/New Freedom with a 80/20 match structure, that way transit agencies can increase the service levels to healthcare facilities. One of the solutions that we explored was a “catered” service to the city’s neighborhoods just for the purpose of medical appointments, but this option was doomed from the start based on the high operating costs, funding and asset limitations. This funding source could also be used to provide transit passes to the healthcare facilities, with the potential to add other organizations/institutions that provide essential services to the community. The second phase of Smart Transit could benefit from the implementation of a “Smart” Medicare/Medicaid card to achieve a user-centered seamless integration of both healthcare and transportation services. This will eliminate the need to give away passes, since it will be automatically downloaded to the card the day of the appointment and it could also be swiped to pay for transit or other transportation providers linked through the user identification number. This option will allow the collection of big data useful for tracking usage; determine costs, do origin-destination analysis and even cost-benefit analyses on health outcome measures.

In summary, through this experience we found that there’s a need for more buy-in from the healthcare top level management; and both, the transportation sector and the healthcare sector need to have a better understanding of people’s limitations, stressors and burdens. A user-centered approach proved to be the right approach throughout this collaboration.
Background about CTAA – provided by Amy Conrick

The Community Transportation Association of America (CTAA) is a national membership association comprised of public, nonprofit, and private transportation and mobility management providers. CTAA is an advocate for making transportation available, affordable, and accessible, particularly for older adults, people living in poverty, and people with disabilities. For nearly three decades, the organization has supported the creation of transportation solutions in all types of communities. During those years, CTAA has guided its members in adapting to the ever-changing climate of providing health care–related mobility, whether from a financial, regulatory, accessibility, or operational perspective.

CTAA recognizes that effective transportation is transportation that is responsive to community needs and integrated into the fabric of resources that support residents. Knowing that transportation agencies cannot achieve this vision alone, CTAA encourages its members to partner with local stakeholders from the health care, housing, workforce and other social service sectors to design the best possible mobility options. From 2007 to 2011, supported by the Federal Transit Administration (FTA), CTAA led more than 100 multi-sector community teams in designing such solutions through its Institutes for Transportation Coordination. During the Institutes, these community collaboratives created a 12-month action plan for improving the coordination of transportation resources and services. In the words of one of the attendees, they were all working toward the common goal of “coordinating and enhancing accessible transportation to meet the daily living needs of our residents.”

During the last 15 years, CTAA has championed efforts in both policy and legislation to ensure a transportation benefit is provided to all Medicaid recipients. It supported publication of a seminal document, Medicaid’s Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform, published in 2009 by the Department of Public Health, School of Public Health and Health Services, George Washington University. The results of the analysis underscored “Medicaid’s unique capacity to not only finance medically necessary health care but also the services and supports that enable access to health care by low-income persons.” More on CTAA’s efforts in this arena can be viewed on its website under “Medical Transportation” (http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=16&z=40).

CTAA staff have led numerous national-, regional-, and local-level discussions on dialysis-related transportation, helping its members as well as colleagues from the health care industry to understand how best to respond to these service-intensive transportation requirements that link patients to literally life-sustaining treatment. The organization has promoted options such as tapping into traditional and time-bank–registered volunteer drivers to fill in gaps in dialysis transportation, and creating real-time transportation options that respond to hard-to-pin-down return trips from dialysis appointments. Communities are also looking at enhancing private sector partnerships and cooperation with dialysis units with the goal of simplifying and ensuring patient access.
As the lead partner in the Transit Planning 4 All initiative, CTAA guides communities in developing, testing, and demonstrating ways to empower people with disabilities and older adults to be actively involved in designing and implementing coordinated transportation systems. The project, now entering its third year, is sponsored by the Department of Health and Human Services' Administration for Community Living. Its aim is to demonstrate the value that inclusive processes can bring to transportation efforts.

As a partner in the National Center for Mobility Management (NCMM), an FTA-funded technical assistance center, CTAA has played the lead role in facilitating communities in their efforts to design innovative health care–related transportation solutions. In 2015-2016, the NCMM launched 16 projects through its Health Care Access Mobility Design Challenge grants, funded by the FTA through its Rides to Wellness initiative. Using a human-centered design process, called design thinking, these multi-disciplinary health care transportation teams delved deeply into the needs of all related stakeholders, including health care providers, patients, caregivers, funders, and transportation partners, before designing and testing potential solutions that respond to those needs. Collaboration between the transportation and health care providers was a cornerstone for each project. A sampling of these solution concepts included:

a) incentivized rides to post-hospitalization appointments to reduce patient readmission rates
b) close collaboration among hospital discharge staff and transportation call centers to simultaneously scheduled transportation and medical appointments
c) providing patient transportation navigators dedicated to different patient populations (e.g., behavioral health patients, low-income pregnant mothers) to ensure positive health outcomes
d) exploring technology solutions to coordinating transportation and medical appointments
e) identifying transportation catchment areas for federally qualified health clinics to ensure mobility options are available to these areas
f) creating a membership-based foundation for health care providers to assist their patients in making appointments

More information, and recorded videos of each team pitching their solution is available on the NCMM website [http://nationalcenterformobilitymanagement.org/challenge/].

CTAA’s May 2016 “Improving Health Care Outcomes: The Mobility Management Connection” conference probed the value proposition embedded in health care transportation solutions for health care providers, patients, transportation agencies, and other stakeholders. More than 120 participants, drawn from both transportation and health care industries, listened to many distinguished presenters discuss the impact of transportation barriers on patients’ health outcomes. A researcher from the Finger Lakes Performing Provider System in Rochester, NY, identified both transportation and mobility writ broadly as social determinants of health, and explored their role in the health care system’s efforts to achieve the triple aim of 1) improving
health outcomes, 2) improving the patient experience, and 3) reducing the per capita cost of care.

CTAA will continue to be a leader in the country as it strives to reduce health care–related costs while ensuring people can reach medical destinations that support good health outcomes.

Veterans Transportation Program Key Metrics/Return on Investment – provided by David Riley

- BT Mileage Reimbursement and Special Mode Transportation Offset
- Reduction in Missed Opportunities
- Satisfaction Surveys
- E-mail Surveys
- Rurality as a factor in metrics

**Beneficiary Travel**

- The Beneficiary Travel Program (BT) assists eligible Veterans and other beneficiaries with offsetting cost of their travel or transport to VA and VA authorized medical care.
- This important benefit helps ensure access to and receipt of necessary VA health care.
- VA has authority to provide or reimburse to certain eligible Veterans and other beneficiaries for:
  - Mileage (currently $0.415), special mode (ambulance, wheelchair van etc.) transport, and common carrier (plane, bus etc.) transport.
  - The actual cost of bridge tolls, road and tunnel tolls, parking, and authorized luggage fees when supported by a receipt.
  - The actual cost, in limited circumstances, of meals, lodging or both, not to exceed 50% of the local Federal employee rate.
- Eligibility is based upon receipt of VA service connection and/or low income (VA pension thresholds) or special administrative authority.
- BT program costs were $856.2M in FY2015. The projected costs in FY2017 are $923.7M.

**Veterans Transportation Service**

VA is committed to providing Veterans and Caregivers with convenient and timely access to transportation services, transportation resources, and alternative transportation options for all Veterans. VA has employed Mobility Management concepts as a mechanism to develop a network of available transportation resources.

- The Veterans Transportation Service (VTS) program improves access, while offsetting Beneficiary Travel costs and improving compliance and oversight.
- VTS partnered with the VHA Office of Rural Health, VA Voluntary Service, Fleet Management and others to provide over 409,000 rides totaling over 13 million miles in FY 2015.
- VHA anticipates regulations to be published in 2016.
- System enhancements include:
  - Ride Share Software & SharePoint pilot.
  - Mobility Management Academy.

**Highly Rural Transportation Grants**

The Highly Rural Transportation Grants Program (HRTG) provides grants to Veteran Service Organizations and State Veteran Service Agencies to improve access to healthcare for Veterans in highly rural counties.

Nearly $3 million in grants in FY15

The program is authorized by section 307 of the Caregivers and Veterans Omnibus Health Services Act of 2010, Pub. L. 111-163

Highly rural counties are defined by 7 or less people per square mile and are primarily in the center of the country, and in highly rural areas transportation options, including public transportation, are limited.

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**Health Care Service Corporation Summary – provided by Ann Lundy**

Health Care Service Corporation (HCSC) is the nation’s largest consumer-owned health insurance company and the fourth largest health insurance company overall, serving nearly 15 million members and operating Blue Cross Blue Shield plans in Illinois, Texas, Oklahoma, New Mexico and Montana.

HCSC, as an expression of our Mission and Values, works to meet both the spirit and the letter of the mandated transportation benefit under each State's Medicaid program. As there is no statute mandating coverage of transportation under traditional Medicare, HCSC offers a limited supplementation transportation benefit under some of our Medicare Advantage plans.

Additionally, HCSC aims to address other barriers that may exist beyond transportation that hinder true health care access, and leverage opportunities under access, quality, and coordinated care to improve outcomes and health status of our members.

**Partnerships and Reimbursement**

Medicaid non-emergency medical transportation (NEMT) is an important benefit for members with no means of transportation. Medicaid coverage for eligible individuals to and from the doctor’s office, the hospital, or another medical office for Medicaid-approved care may be different depending on the beneficiaries’ individual situation, needs and specific State requirements. Health plans are required to provide transportation for medical care under all Medicaid programs as part of a health plans medical costs. This is reimbursed by the State agency though PMPM capitation rates for Medicaid membership. HCSC works with the
individual State to provide the required Medicaid transportation benefits, though members may need to gain State Medicaid approval to qualify for transportation.

Under Medicare Advantage, HCSC offers seniors or eligible Medicare beneficiaries who need transportation services a supplemental transformation benefit which provides 12 one-way trips to plan approved locations annually. Often this benefit is used for non-emergent transportation to doctor’s appointments, medical treatments, access to medications or medical supplies, and sometimes to grocery stores.

HCSC works with a URAC accredited transportation vendor to provide non-emergent medical transportation. This program is designed to link HCSC members to increased access to health care services and community resources, expand independence, and reduce non-compliance with treatment and services. The vendor is required to meet strict standards, provide reporting and serve the HCSC members according to the contract requirements.

HCSC currently works with Adult Day Services (ADS) to provide transportation for Elderly Waiver members to attend ADS. We are exploring options to expand partnerships with local public transportation companies and other transportation models including the use of services such as Uber.

**Data Collection**

HCSC’s contracted vendor is required to submit a monthly report on performance which is associated with all scheduled member transportation trips. This report is reviewed and analyzed for improvement opportunities and recommendations. HCSC’s team has also initiated an analysis of member issues related to transportation services. These issues are closely monitored and addressed with the vendor. In addition to the performance report and issue monitoring, HCSC is discussing the development of an information collection mechanism related to members’ utilization of transportation services and the impact of these services on emergency room visits and/or admissions, medication and treatment adherence.

**Additional Information**

Utilizing non-emergent transportation as a means of connecting patients to health care is only one approach, which still faces its challenges. It has been found that primary care access by Medicaid beneficiaries was disproportionately affected by limited transportation, reflecting a need for more convenient clinic locations, alternate hours, or alternate access points.

HCSC is working to improve consumer access to health services by exploring emerging innovative ideas and models. As an example, some companies connecting providers and patients based on the Uber model. These companies are redefining the concept of the house call by leveraging technology to bring the provider to the patient. This is just one example of how new models could expand the ability to improve patient access to health and healthcare services. Having more alternatives will allow us to work with consumers to meet their needs in a high value way.
Telemedicine and other telehealth services could also have a significant impact on cost, access and health care quality, with the potential to increase partnerships with community organizations, hospitals, physicians. Utilization of telemedicine could:

- Significantly reduce transportation cost due to inefficient use of staff time who accompany patients on medical visits and improve staff quality by overcoming the logistical difficulty of arranging training and educational programs.
- Decrease risk of injury, disorientation, and anxiety for patients (normally associated with physical transport).
- Provide required preventative screenings, health exams, and other communications to increase access points to physicians without the need for physical patient transport.
- Integration of patient medical records leading to the use of real-time electronic/visual records to better inform decision making by physicians and staff, and involve patients and family/caregiver in discussions.
- Increase attractiveness of a physician practice or facility by providing the ability to utilize telehealth mechanisms.

As with innovative and alternative care models, telemedicine is at an inflection point. Further experience is needed to better understand how coverage, state and government oversight, regulations and licensure impact the ability to provide improved health care opportunities.