Meeting the Health Care Needs of Children at Risk

Children face multiple barriers to care:
- Severe physician shortages throughout the U.S.
- Persistent poverty
- Transportation barriers
- Language and cultural issues
Unique state-of-the-art mobile medical clinics with staff providing comprehensive health care. We provide a “doctor’s office on wheels”.
Every child in every neighborhood deserves access to a doctor

Children's Health Fund

24 Programs serving America's most impoverished communities

250 THOUSAND Visits each year

3.5 MILLION Health encounters with kids and families to date

CHF's Innovative Mobile Medical Clinics
Equipped to provide primary care, dental care and mental health services, our fleet of mobile medical clinics brings health care professionals to children who otherwise would not get the care they need.

386 Service Sites
53 Mobile Clinics

childrenshealthfund.org
Lack of Transportation: A Critical Health Access Barrier for Children
Referral Management Initiative (RMI)

Facilitated by web-based TRMS database

Primary Care Provider:
- Identifies and makes specialty referrals
- Assesses level of urgency

Family Health Worker:
- Management
- Schedule appointments
- Inform/remind patients
- Transportation
- Provide assistance

Specialty Care Provider:
- Consultation & Report

Patient
Recognition and Response

• National Child Health Caravan
• Research
  – National/regional surveys
  – Health Transportation Shortage Index tool
• Program and partnership development
• Advocacy
Transportation as a Health Access Barrier

- Missed opportunities for immunizations and routine well-child care
- Increased incidence of untreated chronic illnesses
- Increased use of emergency rooms (and ambulances) for non-emergency care
- Increase in preventable hospitalizations
Challenges to Accessing Pediatric Health Care in the Mississippi Delta: A Survey of Emergency Department Patients Seeking Nonemergency Care

Roy Grant, MA and John J. Green, PhD

10% cited transportation as a barrier to keeping health care appointments

All (100%) of the interviewees who reported having missed a child health care appointment during the preceding 12 months because of transportation were after-hours ED users.

Conclusion: Nonurgent pediatric emergency department use could be reduced by extending clinic hours, adding a walk-in service, and making transportation more available
Bottom Line

• Transportation is a key element of the “enhanced medical home” model of care
• Transportation accessibility, promotion and utilization will contribute to improved health outcomes for children and families
Health/Transportation Collaboration: Potential Value

- Improved return on investment
  - health costs
  - health outcomes
  - infrastructure
- Opportunity to leverage technology innovation
- Local economic development
Transportation for Community Health

• Strategic initiative to identify and reduce impact of transportation barriers that impede access to health

• Mobilization and engagement of key community leaders and stakeholders

• Collaborative planning that incorporates essential community-based perspectives and is informed by integrated health and transportation sector data
Proposed Framework

• Needs analysis
• Establish governance/oversight framework
• Determine appropriate mobility management/coordination model to address needs
• Identify potential resources / strategize re sustainability
• Determine metrics for evaluation
65% of MS counties (53 of 82) at high risk for transportation shortages

HTSI:
1 to 3
4 to 5
6 to 7
8 or higher
TCH – Key Elements

• Collaboration of national/state/local partners
• Cultivation of local leadership
• Builds on shared understanding of how health access is shaped by a set of social determinants
• Prioritizes establishing community trust as key to progress in planning and decision-making process.
• Recognizes likely resource limitations and encourages innovative approaches
• EPSDT evaluation plan
TCH Lessons Learned

• the importance of establishing **trust** by aligning with anchor organizations that have a track record of success in convening community stakeholders;
• the irreplaceable value of **momentum** that is stakeholder generated and progress that is driven through local leadership;
• the critical need for strategic planning that recognizes that success will likely be **incremental and non-linear** and
• success in forging relationships and “moving the needle” in economically-disadvantaged, underserved communities is **hard won**. There is often a degree of **residual disaffection** related to previous attempts to engage by non-local institutions.

• **Investment in appropriate relationship building** and outreach is a necessity to encourage and support community stakeholders to engage, discuss and take action on basic infrastructure issues that can improve access, opportunities and outcomes for their community.
Discussion

• Do health sector (especially community-based) providers participate in the transportation planning process in your state/county? Should they be invited? How can this be incentivized?

• How can transportation be incorporated as a quality measure (Medicaid managed care, PCMH certification)?

• How can we best make the case for the value of transportation services within the transforming health system?

• Innovation and new technologies are changing the face of health care delivery and transportation. Can this be a driver for collaboration?