



Session 2: Building Health Equity Capacity in Iowa CAHs: Transportation

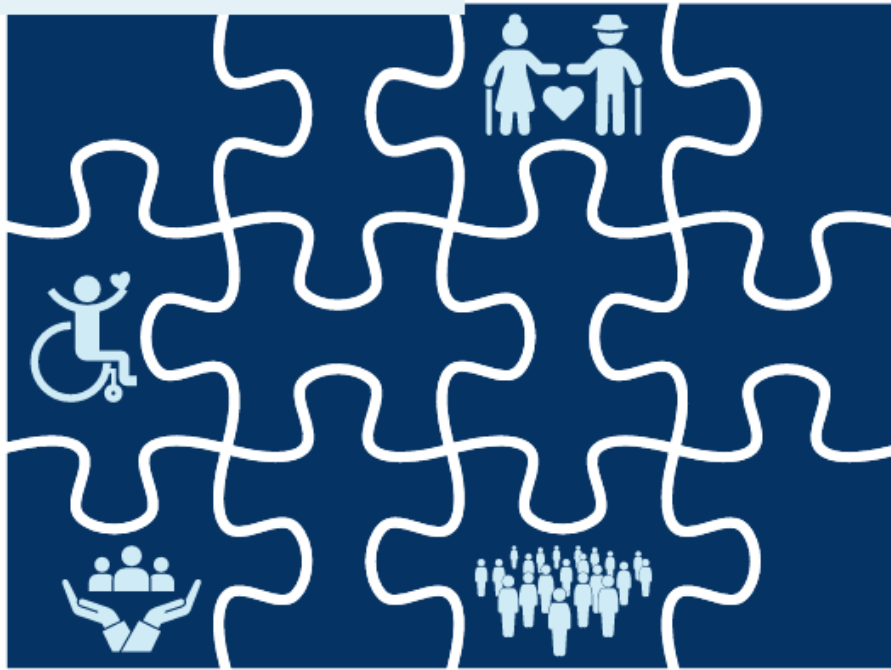
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Center for Health Policy
College of Public Health
University of Nebraska Medical Center
June 26, 2024

Meet & Greet

- Who's in the room today? (Name, facility/organization, role/job title)
- Please take a moment to mute yourself to prevent any background noise during today's presentation.
- We encourage questions and open discussion!
- Please utilize the Chat box to type in your questions or comments throughout today's event. Staff will be monitoring the chat throughout the event.
- Thank you, in advance, for participating in the polling questions. Your responses are just seen by us and used to help us plan useful content that meets your interests and needs.

HEALTH EQUITY TOOLKIT

Driving Equitable Care in Nebraska Hospitals



The trusted voice and influential advocate
of health care in Nebraska

View Previous Meeting Recordings and Slides:

<https://hhs.iowa.gov/public-health/rural-health/rural-hospital-programs>

(Click on the “Population Health” tab)

Overview of Presentation

- The relationship between transportation and better health outcomes
- Potential screening questions
- Short-term and long-term strategies
- Some benefits and challenges
- Building a business case and Z codes
- Conclusion



The Relationship between Transportation and Better Health



Strong interrelationship between transportation barriers and many other SDOHs (e.g., food insecurity and employment)



Often leads to missed appointments and decreased prescription fills



Patients with transportation needs are 2.6 X more likely to report multiple ER visits and 2.2 X more likely to report an inpatient stay



Access barriers + sdoh => fewer preventive services and worse health outcomes

Potential Screening Questions



Has lack of transportation kept you from medical appointments, meetings, work, or from getting things done?



Do you put off or neglect going to the doctor because of distance or transportation?



In the last 12 months have you ever had to go without health care because you didn't have a way to get there?

Short-Term Strategies for Addressing Transportation Barriers

01

Provide transportation services directly or in partnership with community agencies

02

Establish volunteer driver programs

03

Provide travel vouchers for patients



Strategies to Overcome Transportation Barriers

- Mobile clinics
- Telehealth
- School and workplace health services
- Home visiting programs - Best practice for new mothers



Which Option Is Best for Your Community?

- Assess the need/demand in the community with other stakeholders
- Identify current assets/resources available
- Estimate the costs and funding options, including federal and state grants
- Examine legal constraints and potential liability
- Evaluate and determine the sustainability of the project

Potential Costs



Vehicles (e.g.,
vans)



Personnel –
manager,
scheduler/
dispatcher,
drivers



Operational
costs – gas,
maintenance



Promotion of
the program



Funding Options



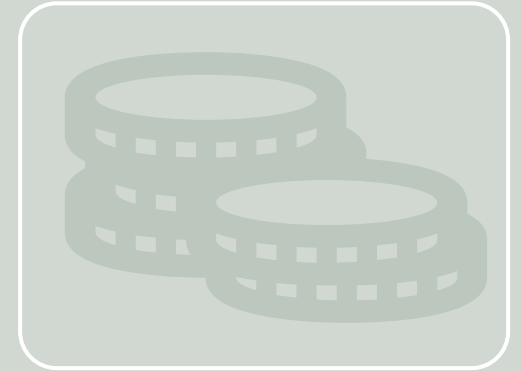
Share
expenses
with other
partners



Federal grants
– U.S. Dept. of
Transportation,
Federal Transit
Administration



State
funds???



Establish a
fee
schedule
but will only
generate
limited
revenue

Lessons Learned - Transportation Programs

No age or income restrictions

Provide door-to-door services to health care facilities, banks, grocery store

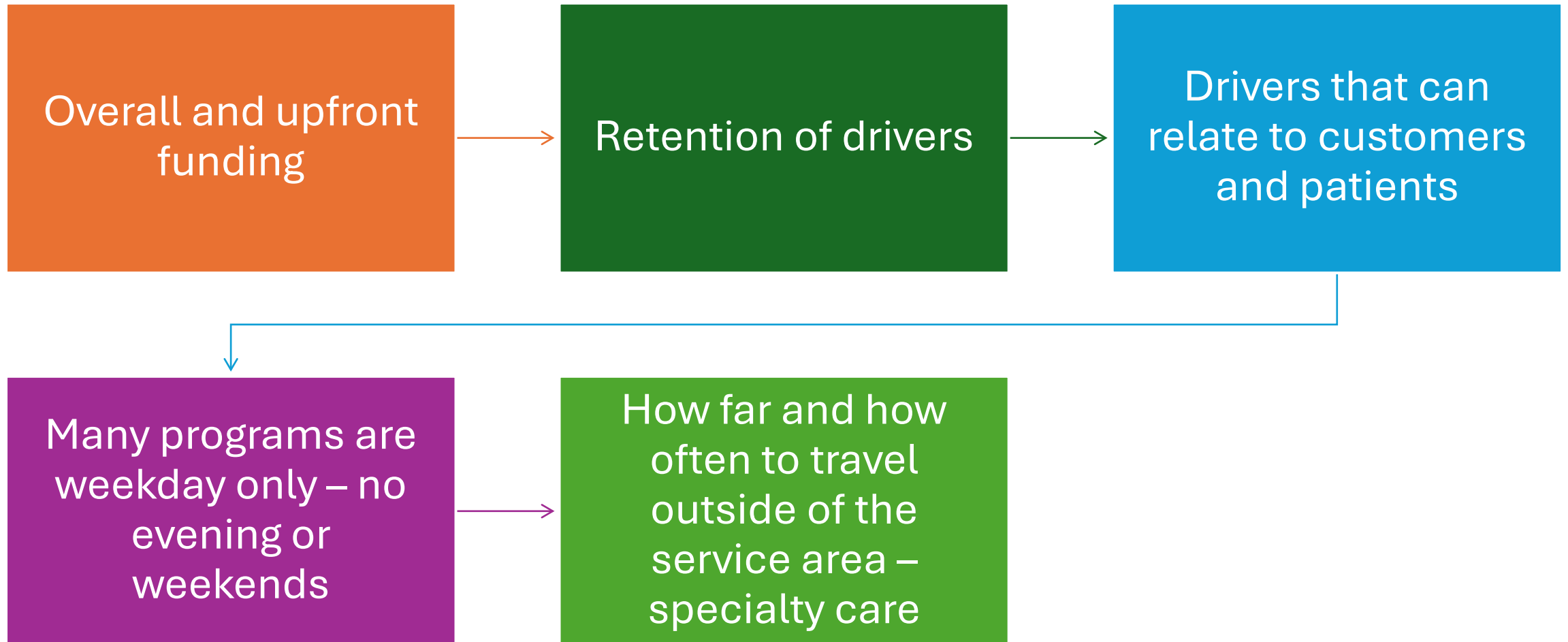
If hospital is the coordinator, must have staff buy-in

Drivers play an important role in satisfying customers

Important to have a manager that can work through complications

Overall, it is an important service for the hospital

Challenges





Building a Business Case

- What are the costs of missed appointments, delayed care, and unfilled prescriptions
 - More ER visits
 - More unnecessary hospital admissions
 - Payments for Medicaid and uninsured patients well below costs
- If widespread, it affects worker productivity and economic growth and development in the community

Z Codes

- Any positive response to predetermined questions allow Z codes submissions
- For example, 259.64 – unable to pay for transportation and 259.82 – transportation insecurity



Rural Transportation Assistance Program – 5311(b)(3)

- Funding targeted for rural areas
- Eligible applicants include states, local governments, and providers of rural transit services
- Funds available for 3 years and based on a formula
- Information available at: www.transit.dot.gov
- State Contact: Kristin Haar, Iowa DOT,
Phone: 515.233.7875; Email:
kristin.haar@iowadot.us

Conclusions

- A strong relationship exists between transportation barriers and adverse health outcomes.
- The first step is to assess transportation needs and current assets/resources with other stakeholders.
- There are options for small communities to address transportation needs (e.g., purchasing vehicles, volunteer driver programs, and vouchers).
- There are significant costs, so it is important to explore grants and involve other partners.



Polling Questions

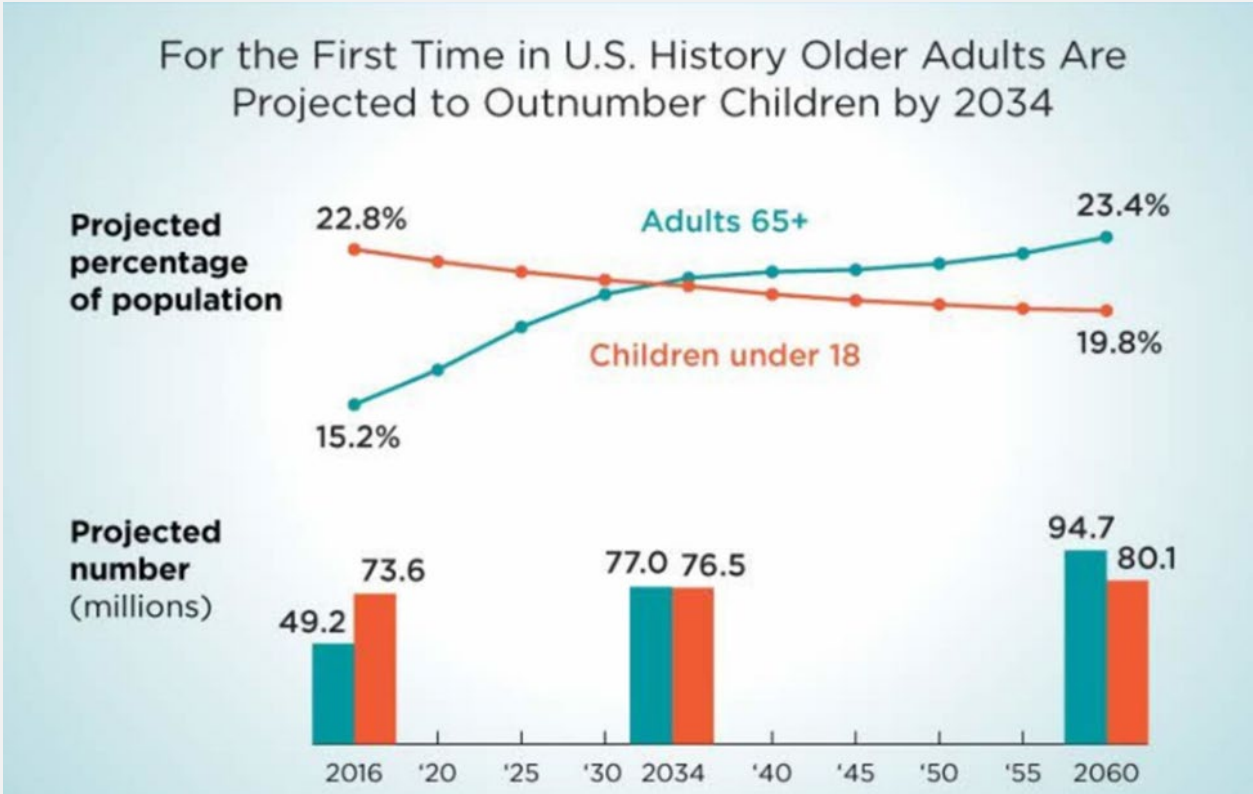
We appreciate your responses to our Polling Questions!



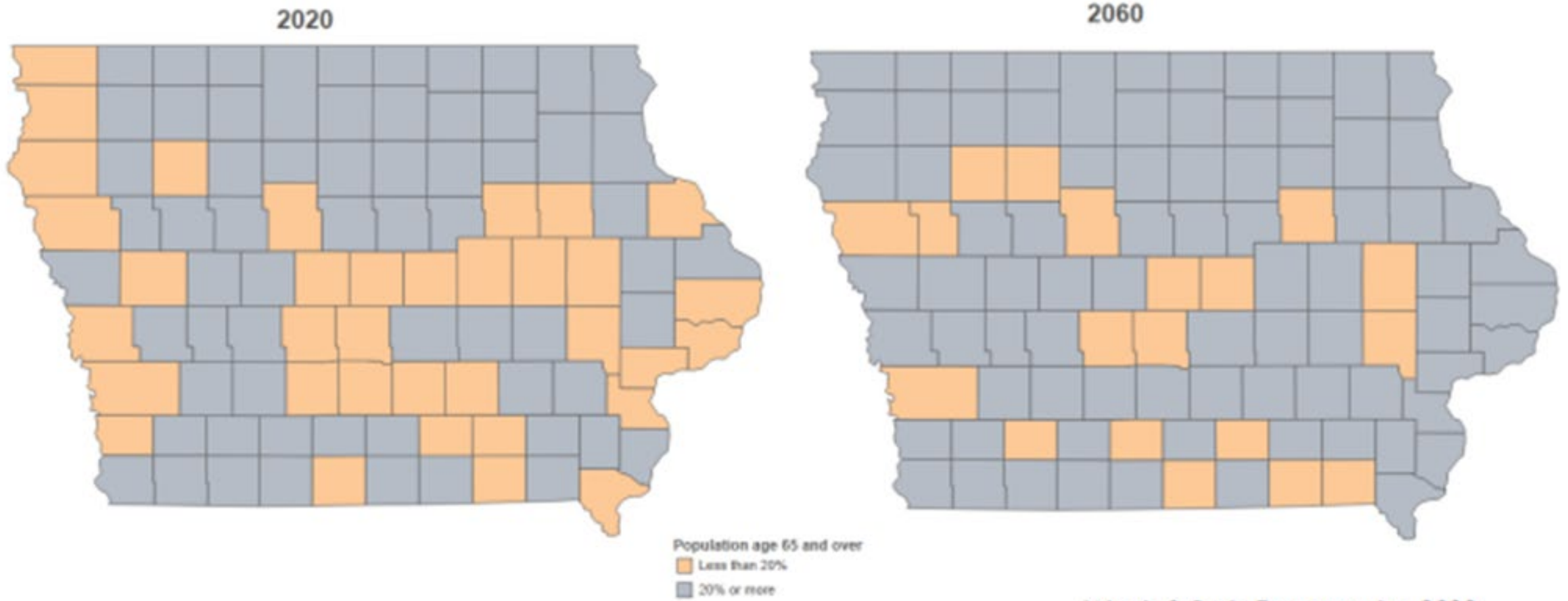
Aging Population s Program

PRESENTED BY HOMETOWN HEALTH, LLC

Aging in America



Percent of the Population 65 Years of Age & Over



Woods & Poole Economics, Inc. 2022

4 M's Age-Friendly Healthcare

A Framework – not a
Program

A shift in how we provide
care to older adults

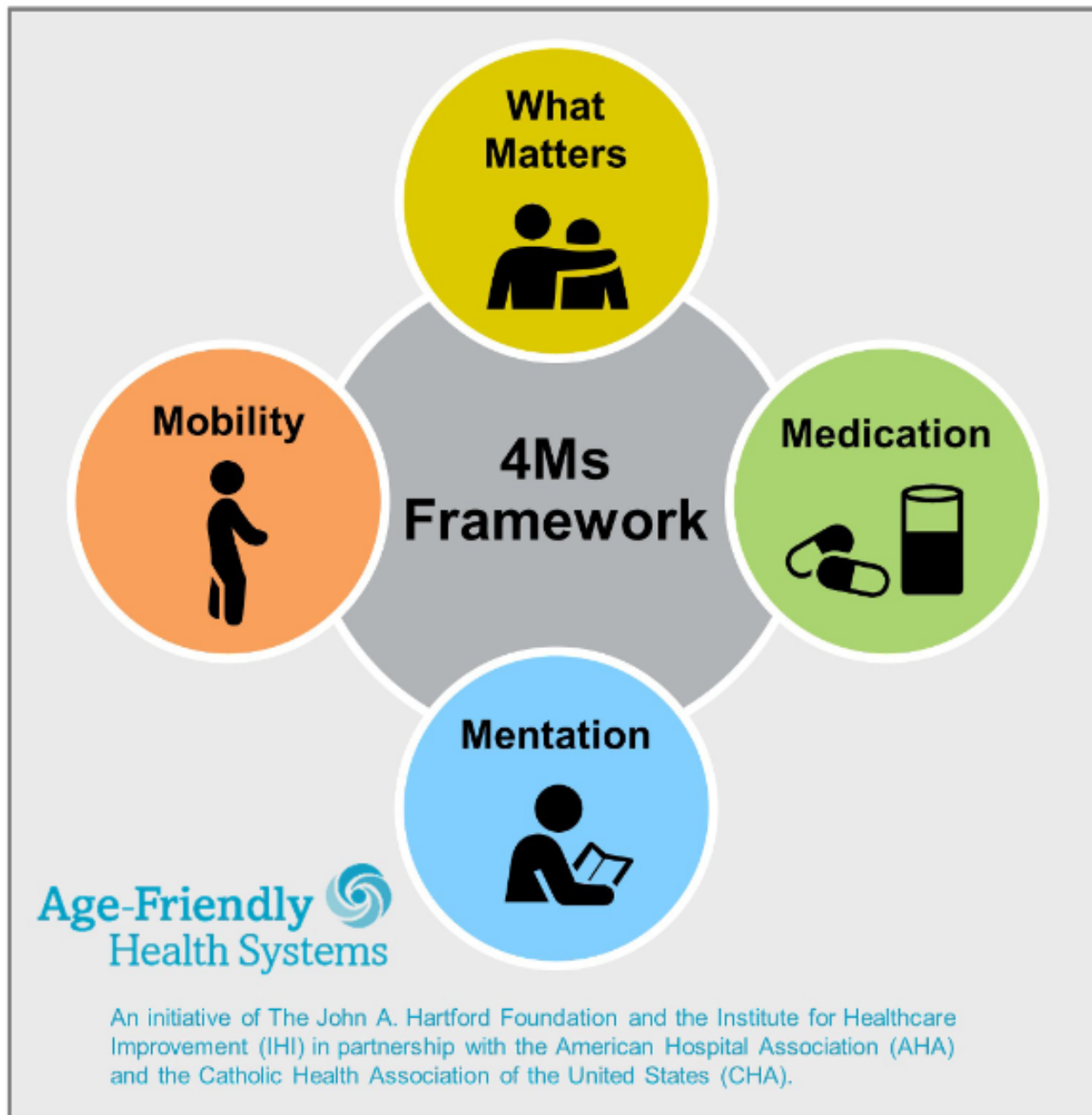


Age-Friendly Healthcare

The goal of the national age-friendly health systems movement is to create health systems that ensure every older adult:

- Receives the best care possible
- Is not harmed by care
- Is satisfied with the care they receive





What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

The Recipe for Equity in the 4Ms

Integrating Equity into your AFHS Journey



Step 1: Understand

Understand current work underway in your system regarding equity and how older adults are represented in that work.

Step 2: Make Equity Central

Ensure equity is a central to your AFHS journey, specifically in your aim and 4Ms Care Description.

Steps 3&4: Examine and Target Disparities

Examine workflows and test change ideas that address known disparities in care and align with the diverse cultures.

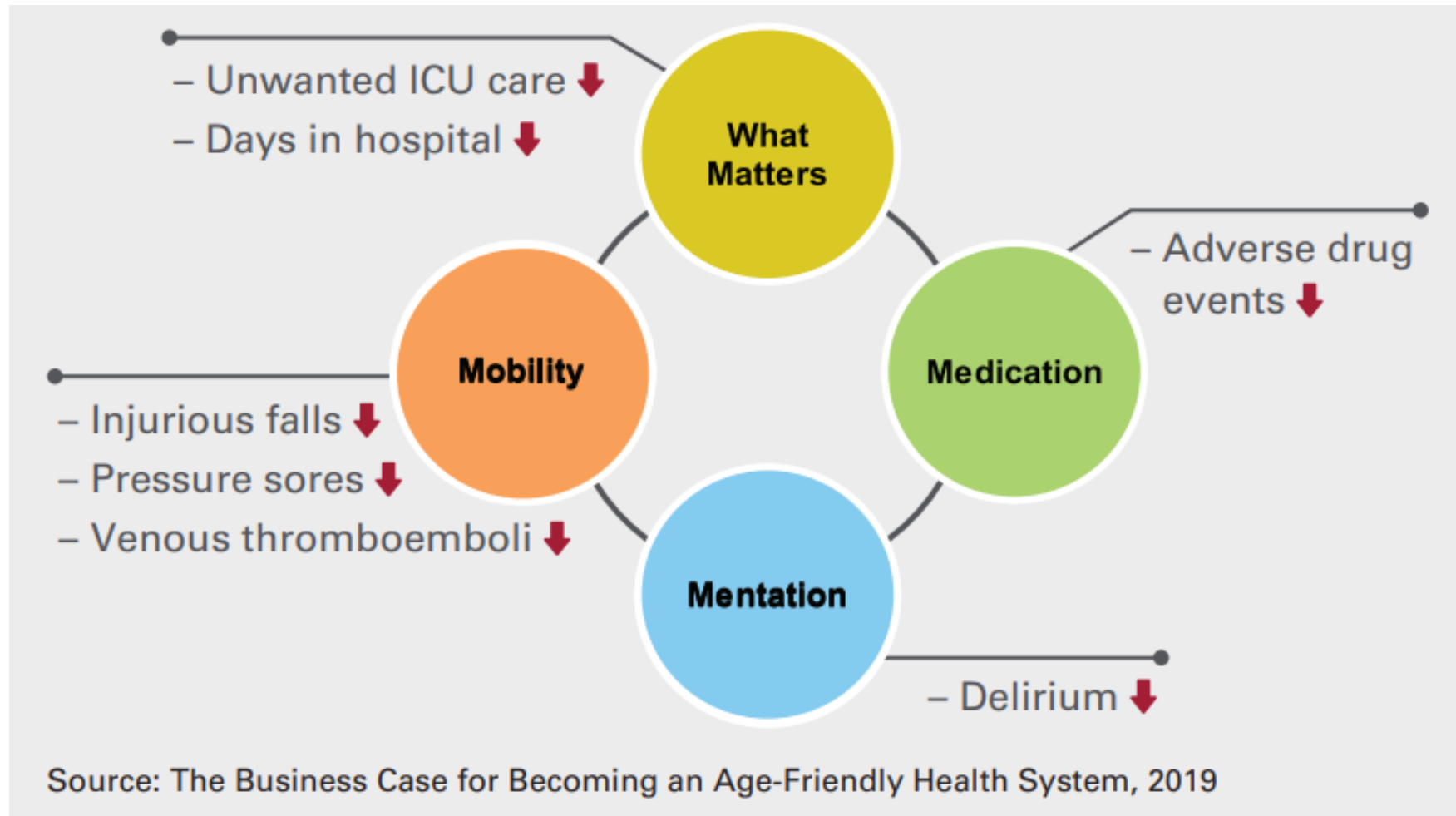
Step 5: Stratify Data

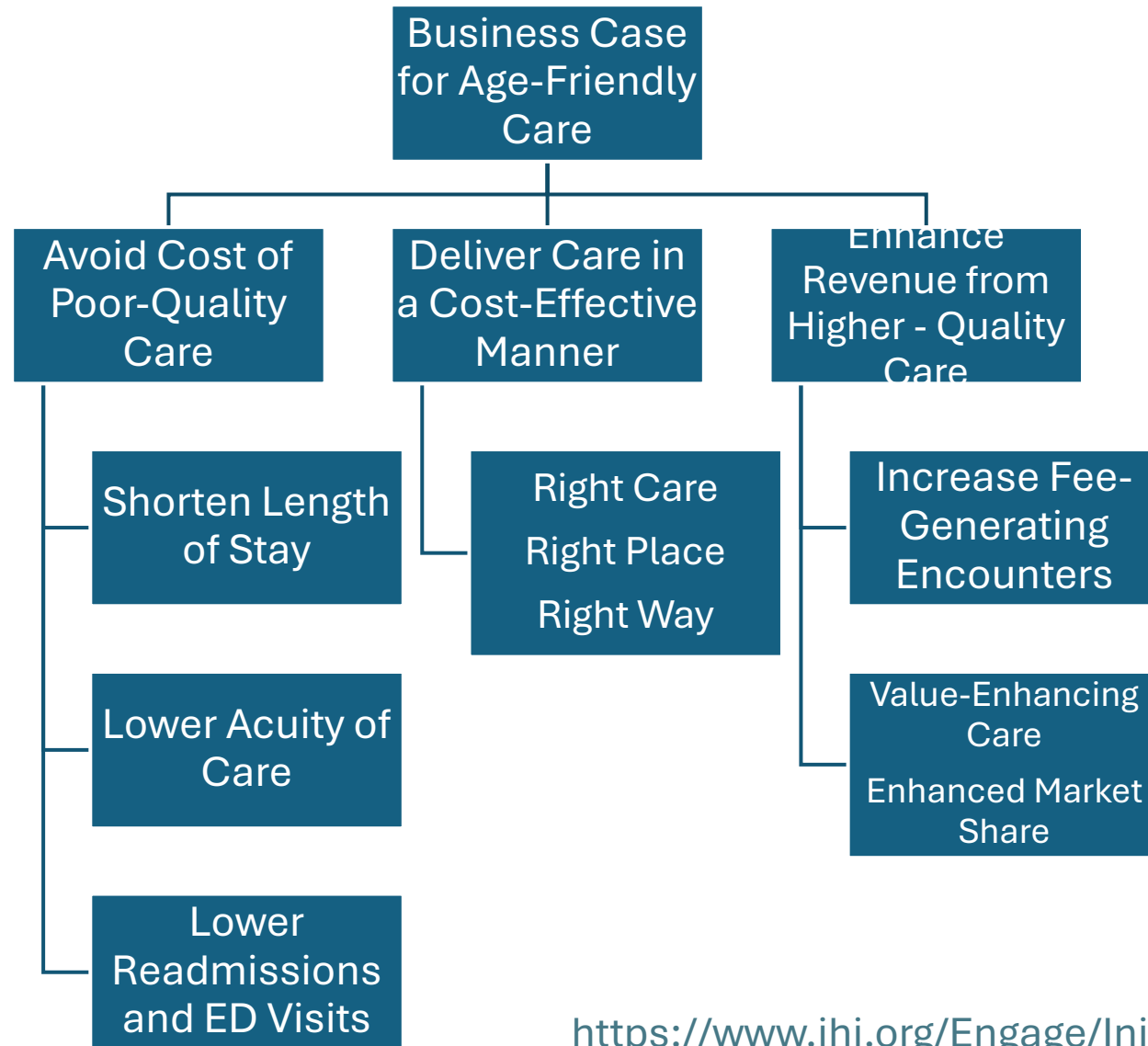
Stratify your Age-Friendly Health Systems measures to understand any disparities in process or outcome measures.

Step 6: Close Gaps in Care

Eliminate disparities while sustaining care consistent with the 4Ms.

Medical Benefits of Age Friendly Care





https://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Business_Case_for_Becoming_Age_Friendly_Health_System.pdf

Education and Training – All Iowa CAHs

Age Friendly Health System – Focus on Older Adults

- Aging Population Series – Focus on What MATTERS
- Aging Population Series – Focus on MEDICATION
- Aging Population Series – Focus on the MENTATION (THE MIND)
- Aging Population Series – Focus on MOBILITY

Motivational Interviewing

**Mental Health and Wellbeing in Older Adults with Serious Illness
Boarding Geriatric Patients in the ED**

Login to lms.hthu.net

Webinars

July 30, 2024

Journey toward becoming an Age-Friendly Health System

To prevent harm to older adults, improve health outcomes, and lower overall costs, health systems must adopt evidence-based models and practices that deliver better care to our rapidly aging population across all settings, including the home and community. The Age-Friendly Health Systems Initiative aims to accomplish the reliable delivery of age-friendly care - based on the 4Ms framework (what Matters, Medication, Mentation, Mobility) - to all health care settings.

In this presentation, participants will discover the tools and resources available to help you ASSESS and ACT to implement a specific set of evidence based best practices that correspond to each of the 4Ms.

August 28, 2024

Motivational Interviewing with Older Adults

Motivational Interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Care management programs are most successful when patients are deeply engaged in their own care. Working with Older Adults to identify and act on "What Matters" is a key component In the 4Ms Framework.

This presentation provides as overview of motivational interviewing technique and how providers can work with patients to identify personal care goals and motivators to follow the care management program.

Questions?

If you have any questions about this
program, please contact:
lisa.ryles@hometownhealthonline.com



HOMETOWN
HEALTH



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Next CAH Population Health SDOH Cohort Mtg.

Food Insecurity and Housing Instability

Tuesday, July 30th at 11 a.m.

Thank you for participating today!

Questions or Assistance: Reach out to Wanda Hilton, Flex Program Coordinator
(wanda.hilton@hhs.iowa.gov or 515-322-9708)