

GAPS IN RURAL AREA TRANSPORTATION 2/21/18

Good afternoon. I would like to take this opportunity to publicly thank State Representative David Millard for making the connections that have brought us to this public hearing today. State Representative John Taylor, thank you for taking the time to listen to my concerns regarding the rural area transportation issues and for scheduling this public hearing. Thank you to State Representative William Keller for attending as well. I am hopeful this public hearing is the beginning of future dialogues regarding the issues surrounding transportation locally.

How did I end up here at this public hearing on February 21, 2018? Unfortunately or fortunately it began with a patient and his significant other, who were desperately in need of healthcare, they walked SEVEN (7) miles to get to the free medical clinic I founded. I can still see the couple standing at the window as they registered for their appointment, on one of the warmest days in March 2011. These same folks ended up at a homeless shelter, where one of them had to walk to Dunkin Donuts, only a few miles away, whereas the other one had to walk at least FOUR (4) miles to their job. I remember soliciting a bicycle from the local community, buying a helmet and a light since they rode at night to work, and delivering it along with my seventeen year old son to the homeless shelter.

In 2012, Bucknell University inquired as to the need for an intern to help understand the social sciences of the clinic. Jenny Rosen was accepted to participate in the clinic's happenings. She indicated she needed to identify a particular problem among the rural uninsured folks. I assigned to her the task of creating a survey regarding transportation, this was on the heels of a patient at the check-in window in tears because they had just lost their job—the reason was their car wouldn't start and they had no way of getting there, this was probably not the first time it had happened. Jenny composed the survey and it was distributed to all of the clinic's patients. Ironically, senior citizens who had heard through the grapevine, there was a survey, showed up at the clinic wanting to fill out the survey, unfortunately we told them they couldn't participate since you had to be a patient in the clinic. Their response was, "I want to find a way to get to Wal-Mart". The results were then forwarded to the Columbia County Commissioners. There is a copy for your review.

In 2013, I was asked by the National Patient Advocate Foundation to attend the PA State Cancer Plan stakeholder meeting in Harrisburg. I became a part of the Access to Care workgroup, which designated as one of the primary problems, transportation, this from folks from across the Commonwealth. In conversations with folks all dedicated to designing the FIVE (5) year cancer plan, which is part of the Centers Disease Control funding for the DOH, Division of Cancer Prevention and Control, we focused, whether it was the urban area or the rural area on the problems of not only cancer patients being able to receive their cancer care, but also the effect it had on patients being able to obtain the much needed preventive services. I had the opportunity as a stakeholder and speaker to attend a conference in State College, in which Toby Fauver of PennDOT was describing the importance of PennDOT and DOH coming together to carve out a potential strategy for transportation. From that I was able to draft a pilot project idea to

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Some pt's have no family to rely on for transportation to and from the clinic for Doctor's appts. and treatments. There are pts. whose family members could bring them but can't take off from work. There are other pts. who rely on the mass transit to bring them to and from the appts. and then have to wait 1 or more hrs. to be picked up. There also is a cost to the pt. for mass transit. Our pts. are trying to pay co-pays for treatments and medications and do not have the extra cash to pay for mass transit.

Our patients experience issues with accessing transportation and finding treatment centers. Access issues pertain to rural areas utilizing public transportation or crossing county lines with restrictions of state funded transportation programs. If patient are referred into Pittsburgh for treatment, most of them choose not to

Transportation related issues include - lengthy travel distance, not be able to drive themselves anymore, family that cannot take time off work to provide transportation, and high cost associated with cost of gas/distance to

There are a variety of issues: no free transportation no access to the area where they live live beyond area where transportation is provided no free transportation for screening driver cannot assist someone in need of help due to age, weakness or disability no availability daily for radiation therapy or frequent appts. must travel with others and treatment causes immunosuppression, also cannot endure the long ride to drop off or pick up others unreliable not sure what resources are in one's area system is very complex, many forms to fill out, etc cannot accommodate time, may need to stay at treatment later and no return ride long waits when one is not

Patients who do not have a license or access to transportation often have trouble. Many patients we see rely on family friends for transportation

Our Cancer Center is the only center within Clarion County and is centrally located. As you know oncology patients that are on treatment can have up to five trips to the center on a weekly basis We are working with The American Cancer Society to attempt to activate the Road to Recovery Program in Clarion County. But this has proven to be futile in the past. We do use Clarion County Transportation but this can be challenging because they require a three day notice and this can lead to potential delays in patient care. The American Cancer Society has changed their funding focus to research and no longer provide financial assistance for gasoline costs associated with travel for oncology care. To counteract this we fundraise within Clarion County and purchase gas cards to give to our patients in need. I will quote one of our patients that was forced to take a leave of absence from his work due to his cancer "I used to sit in my recliner and worry if I would have enough money to buy gas to get to my next chemo treatment"

Patients may have the following barriers when regarding transportation: They do not drive Lack a support system Family members work during the day and are unavailable There are good resources available, but there is criteria that has to be met which could be a barrier for patients such as distance or difficulty with ambulation. There is also no guarantee that a volunteer from an agency will be available.

Dont always have a way in or relatives work & can not take time off.

Daily problems w/ transportation, especially in outlying counties. There is limited free transportation only thru the volunteer program of the American Cancer Society. Otherwise most pts have to buy tickets. Financially there is no reimbursement to help.

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Patients who have no family and are unable to drive to an appointment often need to cancel or reschedule vital screenings and appointments. The system is complicated and even with many applications, patients are denied for various reasons. They become frustrated easily.

I work with Breast cancer patients. Transportation is an issue for many patients to and from radiation and chemotherapy treatments as well as follow up doctor appts.

Elderly and low income patients have difficulty finding transportation for physician appointments and

A few patients do not have any access to transportation other than public transportation which in our area is very limited.

Rural area, with public transportation not available throughout the area When gas prices were extremely high, patients would cancel appointments due to lack of funds for fuel. Needs to rely on others, who may not be able to take to appointments during normal business hours due to their work schedule.

My elderly patients do not drive. They need to come to the hospital frequently for chemo appointments, blood work and sometimes every day radiation appointments for 6 weeks. It is a SIGNIFICANT problem.

Some patients have a limited social network and don't have any family or friends to transport them. Others are unable to take public transportation because of physical limitations. Other patients can not afford to pay for transport services.

Financial concerns with daily travel to the center not having access to public transportation in rural area Many patients do not have family or friends available to assist with transportation

Many people have difficulty finding a ride to and from their treatments. Their family members work during the daytime and no one is available to transport them.

Elderly and unable to drive with some of the preps for scheduled procedures, rural community no cabs to take from home to hospital.

There are limited resources for patients for transportation. We utilize the American Cancer Society and some local churches have ride programs which are helpful. We have some Community transit companies but patients find them unreliable (arrive late or early and take a long time to return to pick patients up). We have paid for cab rides home when the transit company doesn't show at all and myself and my staff have driven patients home ourselves. Thanks for asking, any programs would be so welcomed! Maureen Lowry RN, BSN, OCN

Sometime patients don't have a ride to get treatment, but they get help via American Cancer Society via social worker assistance

Either, patients feel they may not feel well enough to drive or may not drive at all to get to treatment

Some do, depending on appointment times, family work schedule, or financial disparity.

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Sometimes they need a ride in because they are unable to drive.

Do not own a car Cannot afford the transportation cost Poor access to Public transit Other medical issues that complicate non assisted transportation

Unable to drive themselves, have no family available, and county transportation is not always reliable. Another issue that is experienced is transportation from radiation therapy to other provider's offices for chemotherapy and vice versa.

Many patients rely on family members for rides however they usually work during the hours we are open. In some instances, patients have no family or friends to provide rides so they rely on public transportation or volunteer services.

Some don't own a car and rely on the CATA bus, medical transportation, or their own means

Rural areas struggle despite some resources being available they are strained at best.

Patients in our area often need to be referred for specialty care at centers that are at least 30-40 miles distant, and often 90-100 miles distant. They experience problems with finding the time to travel to these centers, to find drivers if they are not feeling well, and in taking time off from work and paying for gas. Even patient who receive care locally often have issues with time, work, drivers and gas money.

Our patients travel great distances to our center as it is the only radiation treatment center in Westmoreland County. many of them have limited incomes and the cost of gas becomes a burden.

We have a large patient population that have difficulty with transportation. The reasons range from unable to drive or have someone available to drive them. Patients also can't afford the taxi system. Access is available but can be unreliable. A sick patient sometimes has to wait for hours to be picked up and driven to the cancer center and home. It's inhumane. Our hospital has a van that picks up radiation oncology patients and delivers them here and back to their home. They will not allow outpatient oncology to utilize this service for our

Other than delays when the weather is bad if it is a Medivan or if a family member is running late due to their own issues. The service provided by the hospital is free to the patient.

Many of our patients do not drive and must use the bus system. When they are not feeling well, traveling via bus is a challenge and sometimes a barrier.

Having transportation to treatment (especially frequent treatment) is a problem. Our social worker spends the majority of her day coordinating rides for patients. The public transportation (bus etc) is not appropriate for most cancer patients. The City provided medical transport is not reliable. The private providers are not reliable. Often, our patients sit for hours waiting for a ride home. We end up providing cab vouchers at a great expense because it is the right thing to do for patients.

Most have no transportation to get to their treatment. Some live in other counties and do not qualify for county transportation.



Columbia County Volunteers in Medicine Clinic, Inc.
MEETING THE NEEDS OF THE UNINSURED
310 East Third Street P.O. Box 416
Mifflinville, PA 18631
570-752-1780 570-752-1786 (fax)
"A member of the National Volunteers in Medicine Alliance"

2012 Transportation Survey Results
Jenny Rosen, Bucknell University Student Intern

****all percents rounded to the nearest thousandth**

Question 1: Do you own your own vehicle?

"Yes" – 133 (76.879%)

"No" – 39 (22.543%)

N/A – 1 (0.578%)

Question 2: Do you have access to a vehicle (your own or someone else's) on a day-to-day basis?

"Yes" – 149 (86.127%)

"No" – 21 (12.139%)

"Yes & No" – 1 (0.578%)

N/A – 2 (1.156%)

Question 3: If you are employed, does your job require you to drive to work?

"Yes" – 91 (52.601%)

"No" – 49 (28.324%)

"Unemployed" – 12 (6.936%)

N/A – 21 **possible indication of unemployment as well (12.139%)

Question 3.2: If "yes", but you do not have access to a vehicle (your own or someone else's), what mode of transportation do you use: Bus, walking, other?

"Bus"—2 (1.156%)

"Walking"—11 (6.358%)

"Other"—26 (15.029%)

"None"—2 (1.156%)

N/A (or said 'no' to Q3)—132 (76.301%)

Question 7.2: If “no”, are you living with someone else?

“Yes”—66 (38.150%)
“No”—44 (25.434%)
N/A (or said ‘yes’ to Q7)—63 (36.416%)

Question 7.3: If “yes”, is this person: a family member/relative, partner, friend, co-worker, other?

“Family member/relative”—29 (16.763%)
“Partner”—34 (19.653%)
“Friend”—9 (5.202%)
“Other”—3 (1.734%)
N/A—98 (56.647%)

Question 7.4: Do you pay monthly (or another form of) rent?

“Yes”—114 (65.896%)
“No”—37 (21.387%)
“Yes & No”—1 (0.578%)
N/A—21 (12.139%)

Question 8: Where is your current place of residence (county)?

“Columbia”—123 (71.098%)
“Luzerne”—26 (15.029%)
“Montour”—6 (3.468%)
N/A—18 (8.671%)

Question 9: (If applicable) how easy is it to attain housing in Columbia County?

“Very Hard”—14 (8.095%)
“Hard”—42 (24.277%)
“Fairly Easy”—33 (19.075%)
“Easy”—13 (7.514%)
N/A—71 (41.040%)

Question 10: Do you use a food bank?

“Yes”—36 (20.809%)
“No”—120 (69.364%)
“Sometimes”—4 (2.312%)
N/A—13 (7.514%)