

COVER PAGE FOR ICAM PROJECT

FINAL REPORT

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TITLE OF PROJECT Health Awareness and Promotion Program (HAPP)-
Transportation

TOTAL AMOUNT FUNDED \$127,410

GRANT PERIOD 11/01/2020 to 05/31/2022

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EXECUTIVE SUMMARY

The goals for this ICAM project were to help 100 individuals with disabilities and senior clients with gaining access to transportation services. We were able to exceed the number requirements to 171 clients in May, where the program ended. We also continued assisting more clients with the help of our partners and in-house programs to over 200 clients until this day. Our methods include conducting educational workshops as well as trainings of how the clients could gain access and utilize preventative health services and use transportation. Not only that we succeeded the requirements in helping our clients, but we also gained great partnerships with local organizations. Although our performance was excellent, there were things that needed to be improved and achieved for better outcomes.

When BPSOS first received the funds for this program, we had many plans and goals to meet the project's measurement, outcomes and most importantly, to help the clients in need. Throughout these 2 years working on this project, we have successfully served 171 clients by May 2022, distributed 1,016 guidebooks and 13,498 flyers, conducted 27 workshops with a total of 534 participants. We also placed 240 ads on local newspapers, posted 175 PSAs and estimated to reach out to 94,000 people. Even though the funds ended in May, we continued assisting clients until this day and at the moment, we have served over 200 seniors and disabled individuals with easy access to transportation.

Our staff members were able to partner with 9 local providers to provide different services which our clients had been requested. We tried our best to connect with interested partners but unable to recruit more partners for our e-referral system. Our clients felt more comfortable communicating in their native language with Vietnamese providers because they could easily express themselves. We will find new strategies to strengthen our services and meet the clients' needs in the future.

Regarding the use of Lyft and Uber apps, our staff instructed and walked through the how-to's to the clients repeatedly; they still were not 100% confidence in using the apps to book the rides on their own. Even though they had the knowledge and were able to schedule by themselves when our staff were presented, but when they needed to use the apps at home, they lost confidence and started contacting us to explain to them all over again. Since we were always busy with other tasks, sometimes we were unable to talk to them right away. As a result, our clients would miss

their doctor appointments and it was hard for them to reschedule for another day. Our staff could not come up with new approaches to minimize clients' calls, we need to gather our brains and come up with more effective methods to help our clients.

Before the COVID-19 pandemic, our clients only required to pay \$20/twice a year to the transportation department of Fairfax County in order to receive \$200 yearly to use for transportation services. With the pandemic is getting better, clients only had to pay \$60/year to Fairfax County and receive a total of \$400 for transportation uses. Since most of the clients needed to visit their doctors, therapists, pharmacies and exercise to improve and maintain their health. Our clients were extremely pleased with the news. Although it really helped our clients to have more rides to places, but with the current economy; especially with the gas prices went up, our senior clients as well as individuals with disabilities had to pay for rides more than they used to.

Since the project already ended but our staff still thrive to find better solutions to assist our clients as much as we can. We don't want to leave anyone out and will continue improving our outreach activities as well as connecting with more partners.

INTRODUCTION and BACKGROUND

The purpose of the HAPP-Transportation project is increasing the availability and accessibility of community transportation services for Vietnamese American older adults with limited English and individuals with disabilities residing in Northern Virginia. Leveraging funding support from the Metropolitan Washington Council of Governments Enhanced Mobility, Office of Minority Health, and Centers for Medicare and Medicaid Services, this project builds on BPSOS' established infrastructure and employ a multi-pronged approach to successfully increase the availability of transportation options for Vietnamese older adults and individuals with disabilities.

BPSOS has been implementing the Health Awareness and Promotion Program (HAPP) – Transportation project to increase access to public transportation for 200 Vietnamese American older adults with limited English and individuals with disabilities residing in Northern Virginia, by improving the coordination of transportation services and non-emergency medical transportation services and expanding public transportation options. Project activities include

travel training, partnership building, and utilizing a proven electronic referral (e-referral) technology to enable seamless referrals between transportation and health and human service providers. Using the e-referral system, the partners initiate bidirectional referrals and scheduling leads to provide more efficient, customer-focused transportation service. The ultimate goal is to remove barriers, including limited mobility, to access to health care Counties served includes Fairfax County, Falls Church City, Arlington County, Alexandria City, Loudon County, Prince William County, and Manassas City. The HAPP-Transportation program aims to: 1) increase access to care; 2) improve health outcomes; and 3) reduce healthcare costs. To improve access, the program removes barriers to transportation services such as limited English, inability to drive, low income, and cultural barriers. By employing innovative technology to support referrals and scheduling, the program increases coordination between transportation services and health and human services.

Our team collaborate with other in-house programs and partners to recruit as many clients as possible. Our outreach strategies include handing out flyers, going on radio talk shows, connecting with partners, and word of mouth. We research and talk to clients to find out their needs so we can properly assist.

PROJECT DESCRIPTION

Health Awareness Prevention and Promotion (HAPP) – Transportation program is to improve health outcomes for Vietnamese American older adults with limited English and individuals with disabilities residing in Northern Virginia. By increasing the availability and accessibility of community transportation services, the program will help 200 members of this target population to improve health outcomes access culturally and linguistically appropriate transportation service and expand their transportation mobility options. The program will use the e-referral system to improve coordination among health and human service providers, and transportation service providers.

KEY PARTNERSHIPS

We were able to build our partnership with nine (9) agencies in our community including CBOs/FBOs, doctor offices, health clinics, etc.

- 1. Peer Companion group:** comprises with more than 20 senior volunteers. Before the COVID-19 pandemic, this group visited the seniors at a community center every month. Although the volunteers could not conduct visits due to COVID-19, they still call the seniors to check on them frequently. They also assist senior clients with taking public transportation, if seniors do not feel comfortable going on their own.
- 2. JM Chiropractic Clinic PLLC:** is a private practice office of Vietnamese doctors. They are working closely with BPSOS on developing referral approaches to connect patients to appropriate services. They also provide screening, diagnosis, treatment, and any aspects of patient care to maintain wellness and health.
- 3. Internal Medical Doctor Kim Dung Nguyen:** is a female Vietnamese internal medical doctor who has been working with the Vietnamese community for more than 30 years; she was born and raised in Vietnam. Dr. Nguyen has a vast knowledge about the Vietnamese culture and can be competent with our senior clients. She provides screening, diagnosis, treatment and educates seniors on health-related subjects to maintain their health.
- 4. NAKASEC:** is a CBO, which serves different groups of Asian. Their focuses are immigration, citizenship, healthcare and gender empowerment. NAKASEC is working with BPSOS on connecting clients to appropriate services such as citizenship and low-cost dental clinics.
- 5. Dr. Anna Le:** is a Vietnamese OBGYN doctor in the Vietnamese community. She offers comprehensive care for women throughout their lifetime, from pregnancy to childbirth to the treatment of abnormal uterine bleeding, menopause, and urinary incontinence. Dr. Le specializes in minimally invasive gynecologic procedures including laparoscopy, endometrial ablation and hysteroscopic Essure procedures. She also practices the full scope of office gynecology including management of abnormal pap smears, adolescent medicine, hormone therapy, birth control, abnormal bleeding, sexual dysfunction, diagnostic ultrasound for obstetric and gynecologic disorders.

6. **S&T Transportation Services, LLC:** a small business Vietnamese transportation, which has Vietnamese drivers. This company joins our e-referral system as our clients' preferences in communicating with the drivers in the native language.
7. **Endeppence Center of Northern Virginia (ECNV)** is a community resource and advocacy center run by and for persons with disabilities. ECNV's mission is to empowering people with disabilities to live independently. They are a cross-disability organization and work with people of all ages who have every type of disabilities.
8. **CarePeople Home Health, INC:** CarePeople Home Health is a locally owned and operated Medicare/Medicaid certified home care agency in VA. CarePeople Home Health provides Medicaid waiver personal care, respite care, and skilled nursing services in the community setting. CarePeople Home Health's bilingual staff deliver high quality of care and culturally sensitive nursing services in the client's home with enhanced communication and a greater level of understanding in their culture & family dynamics.
9. **Fairfax County Department:** a county in the Commonwealth of Virginia in the United States. Their mission is to help protecting and enriching our quality of life for people, neighborhoods, and diverse communities. Their community health workers and our staff worked closely together to conduct outreach activities in the areas to recruit more clients with this program.

IMPLEMENTATION

We implemented HAPP-Transportation project by working collaboratively with our partners (Peer Companion group, JM Chiropractic Clinic PLLC, Internal Medical Doctor Kim Dung Nguyen, NAKASEC organization, Fairfax County Health Department, S&T Transportation Services, Endeppence Center of Northern Virginia (ECNV), CarePeople Home Health, Dr. Anna Le) and other staff members from different in-house projects. We came up with strategic plans with the goal of assisting as many seniors to fulfill their needs as possible. We often called our clients to check up on them, answered their questions and concerns, registered them with vaccination appointments, connected them with proper transportation services, conducted educational workshops and so on.

Our staff were able to recruit clients by disseminating flyers and guidebooks to various community areas such as supermarkets, nearby businesses, and by recording weekly radio talk shows and word of mouth. On top of that, we emailed and followed up with partners and clients weekly to remind them in helping us spread the news. We also promoted the project by posting related information on our Facebook and website. As a result, we had walk-in clients and received many phone calls wanting to know more about the HAPP-Transportation project and how we could help depending on their situations. Since we could not fully explain to each client about the project in detail due to time consuming, we organized and conducted educational workshops and trainings in group settings for clients to gain more knowledge. Our partners also helped referring their clients to us by either using the e-referral system or over the phone. These methods were very effective and that was how we were able to serve over 200 clients.

To implement the project successfully, our project staff and the Technical Assistance (TA) worked closely together to finalize the workplan, performance measurement, and the project's outcomes during the first quarter. Our first move was contacting local agencies such as healthcare providers, community-based and faith-based organizations, doctor offices, etc. to recruit and enroll them into our e-referral system. By providing needed services to our clients, our staff offered training sessions including topics such as Medicare Open Enrollment, How to Navigate Public Transportation for Non-Emergency Needs, The Important of Physical Annual Check Up, and Preventive Care to educate the clients. We worked with Fairfax County to create and translated 2 guidebooks named "From Here to There," and "Handbook for Using Public Transportation" to inform the seniors and individuals with disabilities the transportation knowledge. In addition, we had various outreach activities such as contacting 2 local newspapers, developing weekly radio talk shows, and disseminating flyers at nearby communities to promote this program.

For 2nd quarter, we had some impacts when we first started working with the clients over the phone. Since this was something new to us, all staff had come up with strategies to adapt to current situations and that we could meet the clients' needs. We faced some issues when educating the clients because the majority of our clients were seniors and disabled, who had hard of hearing, and did not understand what documents were needed for their case. Also, in order to apply for the transportation program, we needed our seniors to take pictures of their documents

and email to us. However, most of them did not know how so they mailed the documents, which was time-consuming. Another challenge was that our staff had to speak loudly and clearly for them to hear and explain thoroughly of what paperwork was needed in order to apply for them. We had to make follow up calls, but our clients often forgot the appointments, so they did not pick up our calls. This resulted in delaying paperwork and wasting time for both the clients and our staff. For those clients who we already assisted, we still had to instruct them regarding how to call the taxi and use the Uber/Lyft apps. To do that, our staff had the apps opened and requested the clients to do the same along with having the speakers on, so they could easily follow through and that would be more convenient for us to instruct them step-by-step. As always, we would have called and repeated the process to our clients multiple times. In contrast, our clients did not have to come to our office. Although it was time-consuming, we still tried our best to assist the clients so they could get transportation. We were flexible to serve our senior clients and continued our plans until mid of 3rd quarter as the pandemic was getting better. With that being said, since it was slowing down, we started having in-person appointments.

Our staff came up with different outreach strategies for the 4th quarter in order to attract more clients. For example, we partnered with our in-house projects to distribute more flyers and they referred their clients to us. We also joined them with their COVID-19 vaccination clinics and conducted educational workshops to educate community members about how to use public transportation during the pandemic besides our usual outreach activities. In addition, we went above and beyond to help our clients with language barriers when using public transportation as well as refer them to appropriate services. We continued to recruit and encourage local organizations to join our e-referral system. Although it was a struggle, we still successfully recruited 9 agencies. Other partners such as healthcare providers were under staff so they could not join the e-referral system, but we still referred the clients to them over the phone. As always, our staff continued outreach activities to promote the program to the community. With the help of the in-house program staff, we outreached to multiple areas using flyers and guidebooks throughout the project period.

PERFORMANCE MEASURES & OUTCOME

For the past 2 years, our performance measures have been exceeded the expectation. While the goals have been met, we continued serving as there was still a huge need in the community. See below tracking data for this project’s performance measures:

	Performance Measure	Target	Total Number	Percent of Target to Date
1	Number of referrals using e-referral system;	80	130	160%
2	Number of participants who gain access to preventive health services;	200	308	154%
3	Number of participants who utilize preventative services;	100	149	149%
4	Number of guidebooks distributed to the seniors and people with disabilities;	650	1016	160%
5	Number of participants who are connected to wrap-around services;	100	166	166%
6	Number of trainings provided to participants;	15	28	180%
7	Number of participants who use the transportation services;	100	171	171%

Outcome
85% of Vietnamese participants reported gain access to preventive health services; 95% of Vietnamese participants reported increased healthy behaviors; 90% of Vietnamese participants reported changed attitude toward his/her own health status 90% of Vietnamese participants self-reported data on transportation costs related to care

MOVING FORWARD/SUBSTAINABILITY

Even though the HAPP-Transportation program ended, we have other grants from other sources to continue helping clients with transportation needs. These include transportation to vaccination sites, doctor offices, grocery stores, pharmacies, etc. Our project staff will offer our services to all eligible seniors and individuals with disabilities beyond the project period. By implementing HAPP-Transportation project for the past two years, we understand how important transportation

is for our clients and we are eager to help. It would be a struggle for seniors if they do not have rides to doctor appointments to check up on their health, grocery shopping to get food, pharmacies to pick medicines, etc. These may impact their healthy lifestyles as well as wellness in general.

For the services that we cannot provide or unable to assist, we can refer the clients out to partners for help. With different resources and services that our partners have been offering, the clients will be taken care properly.

We have diversified our funding sources as a sustainability plan. We do not operate based on one funding as we know our community needs will always be there. Joint efforts and development across partners will better serve our target population.

LESSON LEARNED

There are several things we have learned while working with our senior clients and individuals with disabilities to make our program successful and build relationships with them. These include cultural sensitivity and patience, flexibility, knowledge, kindness, coaching, building trust with each individual, working collaboratively with our partners, and conducting outreach activities in the community.

A. Cultural sensitivity:

Staff need to understand how to work with seniors and individuals with disabilities who are Limited English Proficiency. This population is very sensitive, they may get hurt if staff are not cultural competency. When working with this population, staff need to speak slowly, clearly and loudly enough so our senior clients could hear, but do not feel like we are yelling at them. In addition, staff should be very patient and repeat as many times as needed until our clients understand the situations. Staff would need to write down what they and the clients discuss and what documents the clients need to prepare and bring them to their next appointments. Also, our staff should try to get everything done for clients in one appointment because it is hard for the seniors and disability individuals to come to our office several times.

When assisting the seniors with using Uber app or sending support documents, staff would need to guide them slowly step-by-step to make sure they are able to do it by themselves. It is time-consuming but staff should always remain calm, show their patience and are happy to repeat the instructions until the clients are knowledgeable. Staff also assist clients in setting up and saving places where they normally go to since they do not know how to add new destinations.

B. Building trust:

The majority of our seniors are well alert when they need to provide their personal information to strangers or over the phone. To build trust with the seniors, staff should thoroughly explain what the process is like, and why we need to see their documents. Also, staff need to show their professionalism, knowledge, kindness, and enthusiasm to our clients by taking time to talk to them, listen to their stories and provide feedback. These would help staff build a strong relationship with the clients.

C. Building connection with partners:

First of all, our staff started outreaching for this project by connecting with the local doctors by going to their offices and introducing them about our transportation services and how much we could help their clients with medical or health-related uses. Since we have a good relationship with the doctors, so they didn't mind spreading the news for us. Secondly, we collaborated with other in-house programs and their partners such as ECNV, CarePeople, and so on to host educational workshops and vaccination clinics to educate the community. Most importantly, the main goal was for the clients to learn more about public transportation services and how they could access to places easily with low-cost.

D. Outreach activities

We have been using many strategies to conduct outreach activities in our community such as radio talk shows, advertise ads on local newspapers, distribute flyers at community events/businesses, word of mouth and through our other in-house programs. We've learned that the best approaches are word of mouth and the referrals from our in-house programs.

IMPACTS OF COVID-19

Due to the COVID-19 pandemic, most of the clients were afraid of going out, which resulted in us not having a lot of clients and it was difficult for us to outreach. We had to think of new strategies to be able to assist our clients during this time. Our staff started to work over the phone to accommodate the clients' needs and to ensure our plans were working effectively. Since we were unable to conduct in-person group workshops, we had to train seniors one-on-one, and it was extremely time-consuming for both our clients and staff. On top of that, most of our clients were not familiar with technology and did not know how to use smartphones. We had to come up with multiple methods to assist them. One of the methods was that we had to call clients directly over the phone to walk them through the process. Due to old age, they also often asked us questions which we already answered, which took us from an hour to 2 hours for 1 call. Usually, for in-person appointments, they only take us from 30 to 45 minutes maximum.

Our program struggled a lot in the beginning of the COVID-19 pandemic. Seniors did not want to go outside and take public transportation. They stated that with their age and health problems, it would be easy to catch COVID-19 virus and might lead to severe illness and hospitalization. Our staff decided to educate the clients over the phone to reassure and educate them on how to protect themselves appropriately.

When our senior clients developed mild headache or needed more medications; they would have either been online or over the phone appointments with their Primary Care Doctors.

Unfortunately, they were not able to pick up the medicine due to no rides. Many seniors did not have kids nor relatives to assist them with medication delivery. Our clients also expressed their frustration with the virtual appointments and thought that it was ineffective. Same thing with the virtual visits for food distribution, they had to depend on others and sometimes they did not have enough food to eat.

Even though we are still in the pandemic, but the condition is getting better compared to before, our clients started to feel safer going out again. Plus, they could handle living without their medications and limited food choices. With the doctors' orders, our seniors had to get back to their regular routines to improve and maintain their health. They were advised to visit multiple therapy sessions and get back to normal activities such as walking, swimming, exercising, etc. Having said that, they needed help with transportation to go to places and we were able to help.

As we organized COVID-19 vaccination clinics, many seniors wanted to get the vaccines and were willing to go out again. They started contacting us for help with transportation needs so that they could come and get vaccinated at these clinics.

Before the pandemic, most of our local projects had high requirements. For examples, only 65-year-old and above individuals, and low-income households of around \$37,000 were eligible. But now, the government has lowered the requirements to 50-year-old and above and increased income to \$50,000 would be eligible. Since the number of unemployment had increased during the pandemic, our TOPs programs from Fairfax County transportation department started to increase money value from \$200 to \$400 yearly to assist our senior clients. Ever since then, people were interested in joining our project which resulted in us serving more clients than before.