**Rides to Health and Wealth AUDIO ONLY Recording**

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>> CHRISTY: Hi, everyone. Welcome to the Rides to Health and Wealth webinar presented and hosted by the National Aging and Disability Transportation Center. I'm really happy that you could join us to hear about this really exciting project. I can't wait to hear about it myself. We're going to be hearing from Kelly today on her program and how they have increased transportation in central Missouri. Without further ado, I'm going to turn it over to Kelly to get us started.

>> KELLY AST: Hi. Thank you, Christy. My name is Kelly Ast and I am located in west central Missouri. And so currently I am working as a community developer throughout the rural part of Missouri working on projects with transportation. My background for the last five years has been working in a local not-for-profit with a wellness initiative. One thing I noticed is that as we continue to grow throughout our community and serve with innovative health programs and serving youth and families, what I found was that there was a constant barrier to transportation. Our hours were limited. And when I would work throughout the state, I found out this was rural America. Either there was no transportation, or the hours were limited, but the quality of life for our residents is being affected.

Today I work with West Central Community Action Agency and our community development corporation New Growth. And so we are looking at building rural transportation in west central Missouri. We are currently in a strategic plan, so we are building a Rides to Health and Wealth network. We think that this project is innovative. One thing in the last four years the agency had reported in the annual report that showed a huge disparity in public transit. And so in some communities, the only public transit that is available primarily transport senior adults. And so we believe that in this planning and building this network that we will coordinate transit services by mapping the needs and exploring the gaps, then we will work with communities and we will build a model that will be asset-based. We will look at what is available in those communities and what can be used for public transit to provide a door-to-door transit service.

As we begin, I'd like to share with you our inspiration. We always begin with our inspiration of our riders. We refer to this as the rider profile. And so we bring these stories of our engaged partners and our community and we bring our mission to our meeting every month. And so I want to share with you one of our most successful rider profiles. This is Leo. Leo is a veteran. He was a former software developer and he retired in Mountain Grove, Missouri. This is a beautiful area in southern Missouri located with rolling hills down in the Ozarks. Leo, like most of the riders that we're finding that need transport, has insurance with Medicare and the VA. But healthcare wasn't the problem. Unfortunately, Leo battled diabetes and was looking at a possible amputation. He developed an infection that spread into the bones and he needed daily oxygen hyperbaric treatment. Unfortunately, in his support system, his wife could no longer drive him. And then in addition, the closest hospital was a minimum of 30 miles away. He was looking at using local transit. What he found available for him was a bus service that only ran on Wednesday. Without care, the risk to Leo's quality of life was a possible amputation and readmission which would drive – and possible readmission which would affect his local hospital, and even more negative, he was looking at without the constant care, looking at a nursing home stay. Later in my presentation, we'll talk about the outcomes and the improvements for Leo.

Let me step back and explain to you about our planning – our opportunity right now. We are funded through Health Resource and Services Administration of America, referred to as HRSA. We are working across the nine-county region in west central Missouri and building a rural health network. Out of this network, we will facilitate and we are also building a program to support rural transportation, and we refer to that program as Rides to Health and Wealth. All of this strategic planning was launched in August of 2019 and we will finalize our strategic plan in July of this year. We are excited to say that throughout this process, we have engaged 44 partners, and these are partners across all sectors of our community, and this also includes 11 MOA partners who have signed on with us as we've explored additional funding to develop and implement Rides to Health and Wealth, our program that will support our network, the Health and Wealth Network.

Let's look at some of the strategic partners. As you can see, again, the Health and Wealth Network, and the we have our program Rides to Health and Wealth. You'll notice the partners in the black are primarily our medical institutions along with our behavioral health institutions. Then you'll see that our partnership has grown to our partners in the green. And so we've been able to work with to explore additional community members. So Disabled Veterans Association, they were once very active in this area providing transportation, but they needed some convening. We've also found a lot of independent organizations. These are serving as – these are working with adults who are living with disabilities. We're doing a lot of advocacy and helping them to work with communities and explore transportation needs. Care Connection represents our senior adults. Healthy Nevada. In one of our counties, this is a local wellness initiative. We've also been able through - the family court system reached out to us through one of our counties, so they are needing support with families and getting them to appointments and therapy. And Cottey College is a women's college in this area who has a lot of international students that need transportation. And then, of course, our Regional Planning Commission is active. They're one of our connections with MoDOT, our statewide transportation service. MU Extension is at the table through their economic development strategy. And then, of course, West Central and Community Action Agency.

How are we working in engaging all these communities, because we all know transportation is very, very difficult? What I want to show for you here is a map. Behind the map here we have the busyness of the transportation system. What we're finding is that each one of those bubbles represents all these different outlets of transportation, so we're finding through senior adults, we even know some schools have mini transportation, we have churches that have busses, Head Start. We have all of these different opportunities for transportation that are running on all of these multiple schedules. And so as we engage communities, we have found that it was very daunting when we looked and we started to assess the need. But when we broke down the map of transportation, we found that the value chain model was very successful in looking at the layers of rural transportation. So by outlining our demand partners on the right of the screen, understanding their needs, then looking at our supply partners, which was the needs of our riders and community resources, then we found you'll see on the left side of the screen our support partners and how they would benefit from supplying rides or the ride coordination. You'll see at the top of the screen mobility management, and that's the opportunity that we're bringing to the region as we build this network, really understanding mobility for all residents from youth to senior adults to families and building that rider profile. So understanding Leo's needs. And while maybe they aren't consistent needs and they're temporary needs, but how we work with communities to understand and manage mobility.

So, again, let's look at this a little bit more closely. This is the value chain that we build and that we discuss each month. And so as you will see on the right, we have our demand partners. This is where we started building our network and we started looking at who our demand partners were throughout the region for transit. I want to point out the employers in the education bubble. A lot of employers when we started meeting with them, we originally thought it would be about getting transit for those employees coming to work, but what we found is employers were anxious and at the table for the building of this model because they have a lot of employees who take time off of work to transport loved ones for medical appointments. They actually looked at this opportunity for our transportation model to be a referral for those employees looking to guide their loved ones to this service for medical transit. And then, of course, our demand partners are our hospitals, our clinics, our health centers, our health departments that we see suffering daily from no-show rates. And then we've got the social service bubble, and I refer to the family court system in Henry County, but we're seeing a lot of agency support, a lot of not-for-profit that are seeing a lot of residents who cannot access transit for appointments and needs.

Let's look at the middle tier here, our suppliers. What we're finding is that the suppliers in this value chain, they need more efficiencies, but they also need advocacy for more hours of operation. In the supply chain, that includes our public transit providers that we do have in communities. What we're finding is that a lot of them are running on schedules that aren't even an 8:00 to 5:00. They're an 8:30 to 4:30. And so we're working with communities and trying to find pots of funding that could support them offering temporary pilots and expansions, or finding collaborative partners within the communities that will take on those additional hours of service and then bringing our technology that supports Rides to Health and Wealth, bringing in our technology to map that additional demand. And so some of our additional supply partners – supply chain partners are DAV Transit. They've also come to the table. And like I mentioned before, that's Disabled Veteran Transit. They are looking at supplying vehicles and a network of drivers in addition to support or bringing riders who need medical assistance with their medical appointments. That supply chain has really grown to not only serve just our local communities directly but also looking at more statewide and regional partners in that supply chain. That's been something that our local communities have really benefit and seeing or starting to understand how big that transportation picture is.

And then finally, we have our support partners. Our support partners coming to the table also engaged in these meetings and strategic plan have been small community investment groups, so either little affiliate groups. We've also seen foundations within chambers and foundations in hospitals. The next bubble is local government. What we found is that some of our municipalities, so our communities of 8,000 or 3,000, they have the ability to enrol in transportation funding through MoDOT or 53.10, but what we find is our chummy governments that are serving more population broadly and a population that has no access to transit, they are at the table for Rides to Health and Wealth because they could invest in this model that would offer them an opportunity to say they provide public transportation. We see transportation agencies at the table with us sharing – again, sharing their needs for more efficiency and hours of expansion. And then we've also talked to private funders throughout the state who want to be a part of the model, who want to receive the data, and want to know where the rides are going. And so as you can see in this value chain model, this is a way that we break down and understand all the different chains, everything from supply and demand, and then you'll see we're at the top with the coordination.

What came out of the strategic plan so far is that it has been very grassroots, and the vision has been built to engage a systematic change that we believe will support access to residents for transportation. Primarily we're seeing a need for medical – for transportation for medical care, and this, we believe, will support a value-based care model for all of our medical institutions.

Our mission is connecting resources, building collaboration. Our vision is residents will have resources and opportunities to thrive. And so this voice that we're building for communities, we are addressing obligations that we are asking out of our communities to address in transit and to really understand how we are crippling our residents. We believe that Rides to Health and Wealth will have a membership structure, and this membership structure will support overhead of staff, and will also continue to support our assessment of transportation needs that will be delivered to all of our network members through data, and we will discuss – and we will bring to the table – excuse me – the entrepreneurial opportunity. We have a lot of residents that are living on fixed incomes. We have retirees. We have neighbors. This model of Rides to Health and Wealth, again, is an opportunity to receive a reimbursement for driving their residents to – or providing transportation. We believe that this has an economic factor to improve our communities as well.

How are we offering rides? We believe we found a model called HealthTran, and so we are partnering with Missouri Rural Health Association. This is a promising practice for health and community mobility. Let me share with you the story about the pilot. In 2017, this pilot was launched in southern Missouri. It was a very rural region and there was little or no established transportation. During this pilot, medical providers, both clinics and hospitals, reported a $10 return on investment for every $1 that they spent in rides. There was - the best service in the public that is known for transporting older adults also reported that they doubled their ridership numbers daily. In the pilot in 2017 in southern Missouri, 70% of the riders were privately insured. And so I want to share with you how the – I want to share with you how the system works for HealthTran.

If you'll see on the left-hand side of your screen, through this model, there is a call-in center, there is an online app for scheduling, and then there is also, for our local members, for our network members, they can invest in a technology platform. They can schedule the rides, and the rides are based upon where the ride is being delivered, and then it's also calibrated out based upon price which is most efficient and affordable for the rider, then that rider is scheduled and all the data is in one dataset for reporting, then the volunteer drive or the local transit service is identified, then they accept the ride, the ride is scheduled, then we have the rider pickup, and then finally we deliver the ride. And so you can see on the icon here that the rider gets to the destination. Again, while the main destination that we're seeing a need for is in medical transit, we're quickly starting to see community members at the table, at the table for additional needs for rides to food, rides to jobs, training, pharmacy, and the bank. In a lot of our community, we're seeing that the Social Security checks that are cashed monthly are averaging anywhere – are starting at $1 million a month. Without a mobility service to serve senior adults, that money and wealth would leave the area.

We are not the only community in Missouri or region in Missouri looking at the HealthTran model. What's exciting is that we are joining a statewide network. Currently, these are the partners who are deploying HealthTran. Healthcare Collaborative and Rural Missouri is a network – is a three-county network in the middle of Missouri. Your community health center is near Rolla in the middle part of the state. Northwest Health Services in St. Joe, they are primarily using HealthTran to support their outpatient behavioral health patients that are coming in for therapy. And then the Community Interagency Council in West Plains is in southern Missouri. This is a council that is a private organization that consists of educators, healthcare providers, and not-for-profits that work together and write grants to support a bucket of funding to offer transportation. They also – that agency, that council works to deploy rides throughout their county region. I'll say that is in southern Missouri that is very remote and suffers from a lack of broadband.

We're excited with all these additional communities joining HealthTran. Also, Missouri Rural Health Association has received a grant through FTA, and so they are going – starting in April, there will be four additional contracts for community mobility coordinators. They have been awarded to counties throughout the state of Missouri to work with them to build networks to start to do some gap analysis in transportation to support HealthTran. Again, we're excited because with statewide networks, we can all work on one technology platform that will schedule rides as we connect all the white areas throughout the state. We would love to cover the whole state, especially our rural region. That would be one platform that would offer transportation and that would also create a hub for volunteer networks. And so when I talk about volunteers, those are our drivers. They are reimbursed $0.88 a mile to $1.10 a mile for driving individuals. We refer to them as a volunteer in this network and in this model, but they are reimbursed for their driving.

What are the outcomes for Leo? Earlier in this presentation, I spoke about Leo. Leo has seen an improvement in his quality of life. There were 70 rides that were arranged for his hyperbaric treatment. The cost of those rides was $6,000 paid for by medical providers. The payoff was $13,000 in bills Medicare services. And even better, there were no hospital readmissions for Leo. He saved his foot. He saved his life. I can report to you today that he still lives with his wife in southern Missouri. This is a great example of an individual that's found a positive way to age in place in a very remote part of Missouri. This is starting to become part of our economic development strategy for many parts of rural Missouri. How can we ensure residents the quality of life and the modern efficiencies so they can remain to age in place? This includes transportation.

I just also want to point out that the HealthTran outcomes, I spoke about that pilot in 2017, the biggest return on investment was for medical providers. For every $1 that they invested in paying for rides, they earned an average of $7.68 in reimbursement. Again, this is profitable. This keeps our clinics open. This supports our health departments. This supports our hospitals. We believe that not only are we providing rides and building efficiency and advocating for transportation, but we're also a main factor in economic development that supports the infrastructure of rural communities.

I wanted to share with you this is a Moodle that we bring to all of our meetings as we continue to meet with those 44 strategic partners. We keep bringing that back to when we talk about our rider profile. Who are we working for? Why are we providing rides? What we keep coming back with as we tackle this difficult world of transportation is what's in it for us. Now you can see there is an overwhelming response. While the medical – while the need for medical access transportation is there, we see the vision for this model as offering transportation as building and improving our community. You can see in here, it offers ability and services, it offers us more ability to offer healthier communities. And again, below community, you'll see economic, increase growth. We believe that this model is really diving into transportation and being adaptive for each community in that asset-based model of how we can build transportation for them. It will be one of the major improvements in economic growth. I'm always touched that when we look at transportation, people understand the demand, but it's really driving into the need and looking at the gaps that people always remember this intention is about our community.

And I just would like to say thank you again for listening to our strategic plan and our model of Rides to Health and Wealth. We really believe that this is an innovative way that we are looking at the transportation in rural west central Missouri. We would like to see this continue to grow. We would like to see momentum from other rural communities throughout the nation, and we would like to hear about what you are doing. My name is Kelly Ast. My contact information is on the left. Our community mobility coordinator is Kenney Hutchinson. He is working right now, boots on the ground, looking at the transportation needs through technology. We're working with two different technology platforms. They're working on a bridge and looking at that pool of network drivers, how we build that information, and then we support and we schedule rides to the most rural and remote areas. And then Patty Cantrell is our community wealth builder that works with us on the content of the value chain.

I would also encourage you, at the bottom here, we have reference to our website, newgrowthmo.org. We are offering quarterly blogs on our website about the stories that we see emerging, how communities are starting to tackle transportation as we bring the level of education and understanding in our gaps, but then also our potential. I would encourage you to look at that website to learn more about our model as it develops. I would also ask you if you have any questions or you want to share your story that you think would help us in this best practice that we are building, please reach out, either give us a call or email. Thank you again for this opportunity. Christy, I really appreciate all the work that you guys are doing on addressing the transportation needs in rural communities. For those of you out there, again, it's a beautiful mess, but I think there is a lot of potential. Thank you very much.

>> CHRISTY: Thank you, Kelly. What incredible information. It was so exciting to hear about all of the improvements you've been able to make. I know that people across the country appreciate hearing these best practices and learning from the work that you guys have done. Thank you very much.

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