The Movement Movement:
Transportation Access and Mobility Management in New Hampshire

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NH-ME LEND

Introduction

"Adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31 percent vs. 13 percent). Of the nearly 2 million people with disabilities who never leave their homes, 560,000 never leave home because of transportation difficulties." (AAPD, 2016)

Lack of adequate transportation often compels adults with disabilities to miss healthcare appointments or, less visibly, to be reluctant to seek care at all. For disability health advocates, a basic knowledge of a region's transportation ecosystem is critical – both to ensure that riders can access current options and also to help shape system improvements. Yet, in NH as in many states, the transportation ecosystem is a complex and under-coordinated mix of quasi-public and private regional transit organizations, operating in a dynamic policy environment. **Through my LEND leadership project at the NH Disability and Health Program (DHP) at UNH's Institute on Disability (IOD), I sought to answer the following questions:**

1. **What are the major transportation barriers to accessibility to healthcare for NH residents with mobility and intellectual impairments?**
2. **At a high level, what is being done to improve transportation access and what gaps remain?**
3. **How can the NH Disability & Health Program improve transportation access to healthcare for people with disabilities through policy, system change, education, or other means?**

The NH DHP is one of ten state DHPs funded by the Centers for Disease Control and Prevention (CDC) in five-year cycles to improve the health of people with mobility and intellectual impairments through state-based public health programs. Transportation is a critical social determinant of health that also impacts many other social determinants by either providing or hindering access to those services or destinations. **This project serves as a timely case study of how faculty and staff at university centers on disability can 'plug in' efficiently to their state's disability-related transportation efforts.**

Methods

Using an inductive approach, I built on DHP leaders' initial conception of NH's transportation context to direct my activities, make new observations, and iteratively update our shared view of transportation barriers and opportunities. I used the following qualitative methods:

Primary

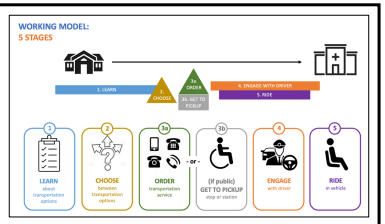
- Semi-structured interviews with transportation practitioners and disability advocates (8)
- Focus Groups with the Disability & Health Advisory Working Group (DHAWG) and Self Advocacy Leadership Team (SALT)
- Observations of regional and state transportation coordination mtgs (3)

Secondary – reports, websites
Ethnographic – driving with Ready Rides volunteer driver program (3)

Findings

1. NH residents with mobility and intellectual impairments can face significant barriers to accessing reliable, efficient, low-cost, appropriate transportation.

- **Many are unaware of options for transportation assistance or get lost in the hodgepodge of different organizations, eligibility requirements, and processes.** Beyond fixed route transit, 'demand response' services enable riders to initiate travel to meet their needs – though, in practice, limited organizational resources can strain the reach and quality of these services.
- **Well-meaning federal and state policies have unanticipated consequences,** including the underfunded Section 5310 of the Federal Transit Act and NH's switch to a Medicaid managed care system in 2019.
- **The COVID-19 pandemic decimated NH's pool of volunteer drivers.**



Above: Process model to illustrate the five stages of securing transportation to a healthcare facility: [1] Learn about options; [2] Choose; [3] Order service (or, if public, get to pickup location); [4] Engage with driver; and [5] Ride.

Left: Photo of LEND Trainee with her first Ready Rides rider.

2. Though NH has made advances in *'mobility management' (a user-centered approach to coordinating a region's wide range of transportation options and service providers)*, significant gaps remain – primarily due to coordination challenges, limited resources, and the rural nature of much of the state. E.g.,

- **The Alliance for Community Transportation (ACT) in NH's southeast region developed the TripLink call center** that helps users register for most of the region's low-cost options via a single common application and to access other resources online. However, due to legacy technology and processes in other regions, this model is difficult to expand or replicate.
- **The Volunteer Driver Initiative**, led by the NH Alliance on Healthy Aging (NHAHA), is an outreach campaign to replenish the pool of volunteer drivers – but organizations may lack capacity to get their volunteers on the road quickly.
- **Technology investments are necessary but not sufficient.**

3. There are already many dedicated health and human service agencies, municipalities, and regional planning commissions committed to improving NH's mobility management. DHP (and IOD generally) can contribute by:

- **Amplifying** disability perspectives within existing efforts;
- **Consolidating** the IOD's transportation knowledge internally; and,
- **Ensuring disability is represented in transportation advocacy by/for older adults (65+)** in partnership with the Center on Aging & Community Living, a joint venture of the IOD and UNH's Institute for Health Policy & Practice.

Results & Conclusions

Once it became clear that NH's transportation ecosystem did not need new DHP initiatives – but did need stronger disability perspectives in its existing initiatives – I focused on building connections:

- I organized a **webinar for 'transportation-adjacent' IOD staff**, i.e., disability faculty and staff for whom transportation is relevant to their work. but who hadn't yet been introduced to NH's complex transportation ecosystem. Thirty-five attendees heard Jeff Donald, ACT Regional Mobility Manager, speak about NH's mobility management challenges and opportunities.
- I facilitated a **generative follow-up meeting** with Jeff and IOD staff who expressed interest in collaboration. Five IOD programs were represented, as well as the IOD Associate Director.

Though outside of my personal involvement, the following resulted directly from this project and my recommendations:

- **IOD Transportation Working Group.** This group will meet quarterly and unites several transportation-adjacent programs that had not previously coordinated their knowledge or work in this area. The group prioritized:
- **IOD Representation on NH's State Coordinating Council for Community Transportation.** This person likely would be IOD staff or faculty who could represent the interests of all IOD programs and the disability community.
- **Disability Self-Advocate on Regional Board.** The DHP will provide a stipend for a community member with lived disability experience to serve on the ACT Board and attend meetings. The IOD's NH Leadership Series has graduated over 1,000 alumni over 35 years and will propose a candidate.
- **Expanded Resources, Expanded Impact.** DHP has joined ACT, providing both DHP/IOD and ACT a new partner to complement their specialized expertise and efforts to improve access for NH residents with disabilities.

In conclusion, lack of adequate transportation is a top impediment to accessing healthcare and other services and destinations affecting health. Yet, for disability programs like DHP for which transportation is just one factor affecting their focus area (health), it can be daunting to wade into the complex transportation ecosystem. This project shows that, after a minimal investigation of mobility management in their state or region, university centers on disability can expand their impact by efficiently consolidating the interests and resources of their individual transportation-adjacent programs.

Limitations

Due to time constraints, I was unable to identify interviewees who work in demand-response transportation for enrollees in Medicaid, a multi-layered bureaucratic system. Additionally, I was unable to identify interviewees to focus on the transportation challenges of people with IDDs specifically. Mobility impairments seem to be a higher priority than IDDs – which may stem both from transportation organizations' need to invest in specialized equipment and also from pervasive tendencies to overlook 'invisible' disabilities.

References

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