Transportation Solutions
To Better Serve Individuals with Chronic Care Needs
2017 HCBS Conference

Virginia Dize
Program Director, n4a &
Co-Director, NADTC
MAJOR OBJECTIVES:

• Person-centered technical assistance and information & referral
• Training: webinars, online courses/forums
• Interactive communication and outreach strategy
• Coordination and partnership strategy, including stakeholder engagement
• Investment in community solutions
• Independent program evaluation

MISSION: To promote the availability of accessible transportation options that serve the needs of Older Adults, People with Disabilities, Caregivers and Communities.

www.nadtc.org
Older adults who stop driving take 15% fewer trips to the doctor, 59% fewer shopping trips and 65% fewer social, family, religious and other life-enhancing trips.

Half of older non-drivers do not leave their homes on any given day

3.6 million medical appointments missed in any given year due to lack of transportation

Transportation is the #1 reason older adults contact the Eldercare Locator: more than 31,000 transportation calls last year
Format/Presenters/Issues

- Format: Open Discussion

- Issues for Discussion include:
  - Partnerships
  - Accomplishments
  - Challenges & Barriers/How these are being addressed
  - How other communities might adopt these ideas

- Who is in the room?
Our Speakers

- **Mitch Elliott**, Transit Director, Mountain Empire Older Citizens, Big Stone Gap, VA
  melliot@meoc.org

- **Steve Sunderland**, Director, The Peace Village/Cancer Justice Network, Cincinnati, OH
  steve.c.sunderland@icloud.com
Mountain Empire Older Citizens Inc.

Age Old Values for All Ages

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Innovations in Accessible Mobility for those with Chronic Diseases
What will the Project do?

➢ Provide specialized transportation for those with disabilities and the elderly in our service area with chronic diseases.

➢ Creating and expanding a one-call system for four target groups, those that are on dialysis, those with cancer, veterans, and those with disabilities.

➢ Educate those whose pride keeps them from obtaining service they need and to build trust and open up communication.
Cancer Justice Network: Access to Screening for All
Who do we serve?

Organizations AND Individuals

- Health Centers
- Food Programs
- Church Dinners
- Schools
- Homeless Programs
Who are our partners?
What are the barriers?

- Transportation
- Food Insecurity
- Child care
- Transportation
- Education
Federal Transit Administration’s Technical Assistance Centers

- National Aging & Disability Transportation Center - NADTC
  [www.nadtc.org](http://www.nadtc.org)

- National Rural Transit Assistance Program – NRTAP
  [www.nationalrtap.org](http://www.nationalrtap.org)

- National Center for Mobility Management - NCMM
  [www.nationalcenterformobilitymanagement.org](http://www.nationalcenterformobilitymanagement.org)
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Mountain Empire Older Citizens – The Neighborhood

• The service area for Mountain Empire Older Citizens includes the Virginia counties of Lee, Scott, Wise and the city of Norton. The region is called Lenowisco.
• The service area includes 1,389 square miles and a population of 92,924.
• The population density in Lenowisco is 66.9 persons per square mile. The population density for Virginia is 204.5 persons per square mile.
• Our area is uniformly rural, with small towns and unincorporated places separated by mountain ranges. There are NO large population centers.
Mountain Empire Older Citizens – the People

- The Lenowisco population is 94% white. (Virginia – 68%)
- The poverty rate is 25% (Virginia – 12%)
- Per capita income is $18,952 (Virginia - $34,707)
- 12% of the population over age 25 has a bachelor’s degree or higher (Virginia – 39%)
Mountain Empire Older Citizens – the People

- 30% of the population is over age 55 (Virginia – 23%)
- 16% the population is over age 65 (Virginia – 12%)
- 13% of people over age 65 live in poverty (Virginia – 7.7%)
Mountain Empire Older Citizens – the People

- In Virginia, 27% of households receive social security. In Lee County, 52% of households get social security (Wise – 45%, Norton – 38%, Scott – 46%)

- In Virginia, 3.9% of households receive supplemental security income. In Norton, 13.4% of households get SSI (Wise – 10.9%, Scott – 9.4%, Lee – 12.6%)
Mountain Empire Older Citizens, Inc.

MEOC is a private, non-profit corporation founded in 1974.

- MEOC operates many programs with multiple funding streams. The staff includes about 300 full- and part-time employees.
- The MEOC mission is to prevent the unnecessary and inappropriate institutionalization of at-risk persons, to provide support for families in caring for their family members at home and to serve as a responsible advocate on issues affecting elderly persons and their families.
- MEOC is committed to intergenerational programming and to the prevention of abuse of both the young and the old.
Mountain Empire Older Citizens, Inc. is the designated Area Agency on Aging, PACE, Public Transit Authority, and Children’s Advocacy Center for Virginia’s LENOWISCO planning district – Lee County, Norton City, Scott County, Wise County.
Mountain Empire Older Citizens

- Most of our service area is medically underserved and includes several health professional shortage areas.
- There are three small acute care hospitals in the area, two in Norton and one in Big Stone Gap. The hospitals are part of larger systems, Wellmont Health System and Mountain States Health Alliance.
- The area is served by a multi-site federally qualified health center and other primary care physicians, many employed by the health systems.
- There are relatively few specialists in the area.
- Most people who need specialty care go to the Tri-Cities in Tennessee – Bristol, Kingsport, Johnson City – a drive of 20 to 90 minutes duration.
When contrasted with the overall population of Virginia, people in our service area are more likely to be rural, isolated, white, poor, living on social security, medically underserved and of low educational attainment, with a history of having limited access to health care.
Mountain Empire PACE

Age Adjusted Death Rate Per 100,000 Population, 2009-2013 Average

Virginia: 733.16
Lenowisco: 985.02

Increase of +34%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Heart Disease, 2009-2013 Average

Virginia: 162.6
Lenowisco: 229.42

+41%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Chronic Lower Respiratory Diseases, 2009-2013 Average

- Virginia: 37.86
- Lenowisco: 65.6

+73%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Unintentional Injury, 2009-2013 Average

Virginia: 32.96
Lenowisco: 62.76

+90%
Age Adjusted Death Rate per 100,000 Population, Alzheimer's Disease, 2009-2013 Average

Virginia: 22.26
Lenowisco: 24.88

+12%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000, Diabetes Mellitus, 2009-2013 Average

Virginia: 18.9
Lenowisco: 24

+27%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Pneumonia and Influenza, 2009-2013 Average

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<thead>
<tr>
<th></th>
<th>Virginia</th>
<th>Lenowisco</th>
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<tbody>
<tr>
<td>Death Rate</td>
<td>16.28</td>
<td>26.16</td>
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<tr>
<td>Increase</td>
<td>+61%</td>
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Mountain Empire Older Citizens
Program of All-Inclusive Care for the Elderly
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Suicide, 2009-2013 Average

Virginia: 12.18
Lenowisco: 16.46

+35%
Mountain Empire PACE

Age Adjusted Death Rate per 100,000 Population, Chronic Liver Disease, 2009-2013 Average

Virginia: 8.24
Lenowisco: 11.92

+44%
People in our service area are much more likely to suffer from heart disease, chronic lung disease, diabetes, kidney disease, chronic liver disease, Alzheimer’s Disease and cancer than people in Virginia as a whole. People in our service area are more likely to commit suicide or die of unintentional injury and they are more likely to die from septicemia, pneumonia or influenza than people in Virginia overall. In fact, in any given year, people in our service area are more likely to die – period - than the residents of Virginia overall.
Innovations in Accessible Mobility for those with Chronic Diseases
What will the Project do?

➢ Provide specialized transportation for those with disabilities and the elderly in our service area with chronic diseases in our service area.

➢ Creating and expanding a one-call system for four target groups, those that are on dialysis, those with cancer, veterans, and those with disabilities.

➢ Educate those whose pride keeps them from obtaining service they need and to build trust and open up communication.
Why does it matter?

➢ Close the gaps in specialized transportation.

➢ Dialysis and chronic care patients have a very difficult time accessing transportation.

➢ Easier access to service and help in navigating system.

➢ Near epidemic of Dialysis patients creating nightmare for Public Transportation agencies.
Who will it serve?

- This will serve older people and those with disabilities with chronic care options.
- The unserved and underserved in our area.
- Those with no transportation options.
How will people know what you are doing?

➢ Surveys, focus groups, public meetings.

➢ Brochures delivered to all doctors' offices, dialysis center, local hospitals, senior centers.

➢ Regional health care providers.

➢ Radio advertisement public service announcements.
What’s the plan for sustainability?

➢ Engage our partners in community, coordinate our resources.

➢ Use data compiled during grant process and move to action.

➢ Collaboration build a network.

➢ Communication within the network.
Who is on the team?

➢ Community members

➢ Stakeholders

➢ Local Health Care Providers
What obstacles or barriers are you expecting to face?

➢ Overcoming pride in our communities people do without services because of pride.

➢ Education on how to navigate the system.

➢ Lack of collaboration.
What are the next steps?

➢ Secure funding with help from community.
➢ Build trust through education.
➢ Simplify the process through communication.
Sum it up

This grant will enable us to create a model that can be reproduced in any community in America and it will allow us to increase access to transportation for those who need it desperately. We can take the challenge to the community and have them help us with the solution.
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