



COLUMBUS
PUBLIC HEALTH

FY2017 Maternal and Child Health Program Plan
Transportation Needs Assessment
Focusing on the Maternal and Child Health Priority
Populations Report
September 2017



Prepared by the Mid-Ohio Regional Planning Commission

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Project Overview

Overall Purpose of Project

Columbus Public Health (CPH) has operated the Women's, Infant & Children's (WIC) Supplemental Nutrition Assistance Program for Franklin County for decades. WIC clients include pregnant and parenting women and their children up to age five. WIC provides nutrition assessment, education, and counseling; EBT (Electronic Benefits Transfer) card to use at grocery stores for nutritious foods including baby food; referral to health and social service providers; breastfeeding education and support; breast pumps; and formula for infants not being exclusively breastfed. This WIC program serves people who live in Franklin County and whose income is 185% of the Federal Poverty Guidelines and are at risk for medical or nutritional problems.

CPH has the largest WIC program in the state of Ohio, providing more than 140,000 WIC clinic visits annually and serving an average of just over 11,600 clients per month. CPH oversees 15 WIC clinics, nine clinics directly and six that are contracted out to Nationwide Children's Hospital (NCH). Clients have a significant financial need and tend to represent the most at-risk members of our community and often face transportation barriers.

Many WIC clients have transportation challenges in getting themselves and their children to the WIC clinics. Costs related to owning and maintaining personal cars are high and WIC clients are often dependent on family and friends or public transportation to take them to WIC clinics. Using the bus system can be confusing to new users and may involve transfers and can be difficult when traveling with children and strollers. Changing buses and experiencing buses that run behind schedule may make clients late to their appointments, which may lead to the need to reschedule. Not all WIC clinics are well served by the bus system either, and some are located on wide or busy roads or in generally unsafe areas. The NCH WIC clinics also often serve specialty, fragile neonatal populations, which may present additional transportation challenges for WIC clients.

Vision

Conduct a transportation needs assessment focusing on the maternal and child priority health populations.

Purposes

1. To understand transportation barriers for current and potential WIC clients;
2. To understand what actions that could be taken to address existing barriers; and
3. To understand how public transportation trends and options impact future potential WIC clinic sites.

CPH partnered with the Mid-Ohio Regional Planning Commission (MORPC) to conduct surveys and perform site analyses of the WIC clinic locations. MORPC is the regional transportation planning agency for Central Ohio. It regularly works with multiple transportation providers, looks at the region from a higher level, and has the capabilities to do GIS analysis and has planning expertise.

Stakeholder Engagement

The Project Team of CPH and MORPC convened a group of stakeholders to help guide and check the process of the research and analysis. The stakeholders included representatives from local hospitals, health providers, transportation providers, and community members. Groups that were represented in the stakeholder group included healthcare providers, Moms2B, Ohio Department of Health, PrimaryOne Health, WIC clients, Central Ohio Transit Authority (COTA), Buckeye Health, Mount Carmel West, Molina Healthcare, CelebrateOne, Columbus Public Health, Ohio Better Birth Outcomes (OBBO), City of Columbus Department of Development and others. For a full list of stakeholder participants, see Appendix H.

Several of the WIC clinics are co-located with PrimaryOne Health centers. PrimaryOne Health is federally and locally funded and consists of seven neighborhood health centers around the city.

The Project Team held three meetings with the Stakeholder group. The kickoff meeting at Columbus Public Health on November 30, 2016. This meeting included an overview of how the Project Team saw the project progressing and included some testimony from a WIC client. The second meeting was conducted through a conference call on September 11, 2017, with the Project Team reviewing preliminary data from the survey results. The final meeting was held at Columbus Public Health on September 26, 2017 and reviewed the site analysis work and the Project Team and Stakeholders discussed at length general and site-specific recommendations.

The Project Team conducted its research and analysis in two ways, through surveys and site analysis of WIC clinics. The Project Team conducted two surveys: one targeting WIC clients and one targeting people who work in organizations related to healthcare, social services, and transportation. The Project Team also analyzed the WIC and NCH WIC clinic locations using GIS data, Central Ohio Transit Authority (COTA) data, and other attributes of the transportation infrastructure at the sites.

Outcomes

Based on survey data, WIC clinic site analysis, WIC clinic show rates, and stakeholder feedback the Project Team created a list of potential strategies, both to transportation infrastructure around clinic locations and to policies, to help improve the ease of transportation to and from WIC clinic locations for WIC clients. Each WIC clinic site has a series of recommendations based on the site analysis. See Appendix A for a full analysis of each clinic site and Appendix F for Active Transportation Infrastructure Examples for the WIC clinic locations.

There may be more going on than just transportation struggles that keep clients from attending their WIC appointments on time or at all. Clinics that are well served by transit and pedestrian infrastructure often have the worst no-show rates, indicating that more deeply ingrained issues around poverty might be more of a problem.

It is necessary to collect more information on why people are increasingly missing their WIC appointments. According to the Monthly Infant Death and Birth Indicators for August 2017, in 2014, Ohio ranked 12th worse in the nation for overall infant mortality (<https://www.columbus.gov/WorkArea/DownloadAsset.aspx?id=2147499515>).

According to CelebrateOne, every year in Franklin County 150 babies die before their first birthdays (<http://celebrateone.info/mission/>). Clearly, there are young lives at stake, so we must enhance our data building efforts to better understand the impact of the Franklin County WIC Program, thus providing greater outreach to pregnant women, mothers and babies in need.

Problem Statement

Lack of transportation options is a significant problem for all residents of the City of Columbus and Franklin County. Lack of transportation can have a direct impact on the health of people, families and communities. When someone does not have access to a vehicle or other transportation options they are likely to avoid going to the doctors, may miss appointments or utilize emergency services when they are not really needed. This problem impacts health outcomes for babies, children, adults and seniors. The problem becomes even worse for low income individuals who do not have other available resources to help. Additionally, issues that result from this problem contribute to higher health care costs for all.

Some of the reasons that people may not have transportation to healthcare appointments follow:

- Owning, insuring and maintaining a vehicle is expensive
- More young adults are not getting their driving license
- Seniors are outliving ability to drive by an average of eight years
- Driver's license suspensions
- People have to choose between gas and other essential items
- People may not be able to miss work for appointments
- Many people share cars and a cars may not be available
- Public transportation service area and hours are limited
- Other transportation options may be cost prohibited
- Out of county trips for specialists can be especially difficult to get to
- People may not know how to navigate transit lines or feel unsure using transit
- People may not be able to afford transit tickets
- People may not be able to travel easily with one or more children, especially by transit
- People may not have access to a phone or the internet to obtain a ride
- People may not have access to a credit or debit card to use transportation applications or internet-based transit systems

County Demographics and County Information

It is important to understand the geography and demographics of the region in order to understand how transportation issues may impact residents. The data source for this information is the American Community Survey 5 year 2011-2015.

Table 1. Population in Franklin County

Population by Age in Franklin County	Total Population	Percent of Population
Under 5 years	87,607	7%
5-14 years	156,169	13%
15-24 years	174,818	14%
25-44 years	374,338	31%
45-64 years	294,140	24%
65 years and more	128,689	11%
Total Population	1,215,761	

Table 2. Poverty Status in Franklin County

Poverty Status	Total Population	Estimate Below Poverty	Percent Below Poverty
under 18 years	283,946	70,492	24.83%
18-64 years	779,304	127,405	16.35%
65 years and over	124,829	10,525	8.43%
Total Population for whom poverty status is determined	1,188,079	208,422	17.54%

Table 3. Poverty Status in Franklin County

All individuals below:	Total Population
50% of poverty	100,897
125% of poverty	259,965
150 % of poverty	310,464
185% of poverty	385,738
200% of poverty	414,899

The map in Figure 1 that shows the locations of people living below 185 percent of the poverty level. It also indicates the location of WIC Clinics and NCH WIC clinics and ZIP codes. 185 percent of the poverty level is a requirement of qualifying for WIC programs.

Figure 1. Population Below 185% of Federal Poverty Level with ZIP Codes

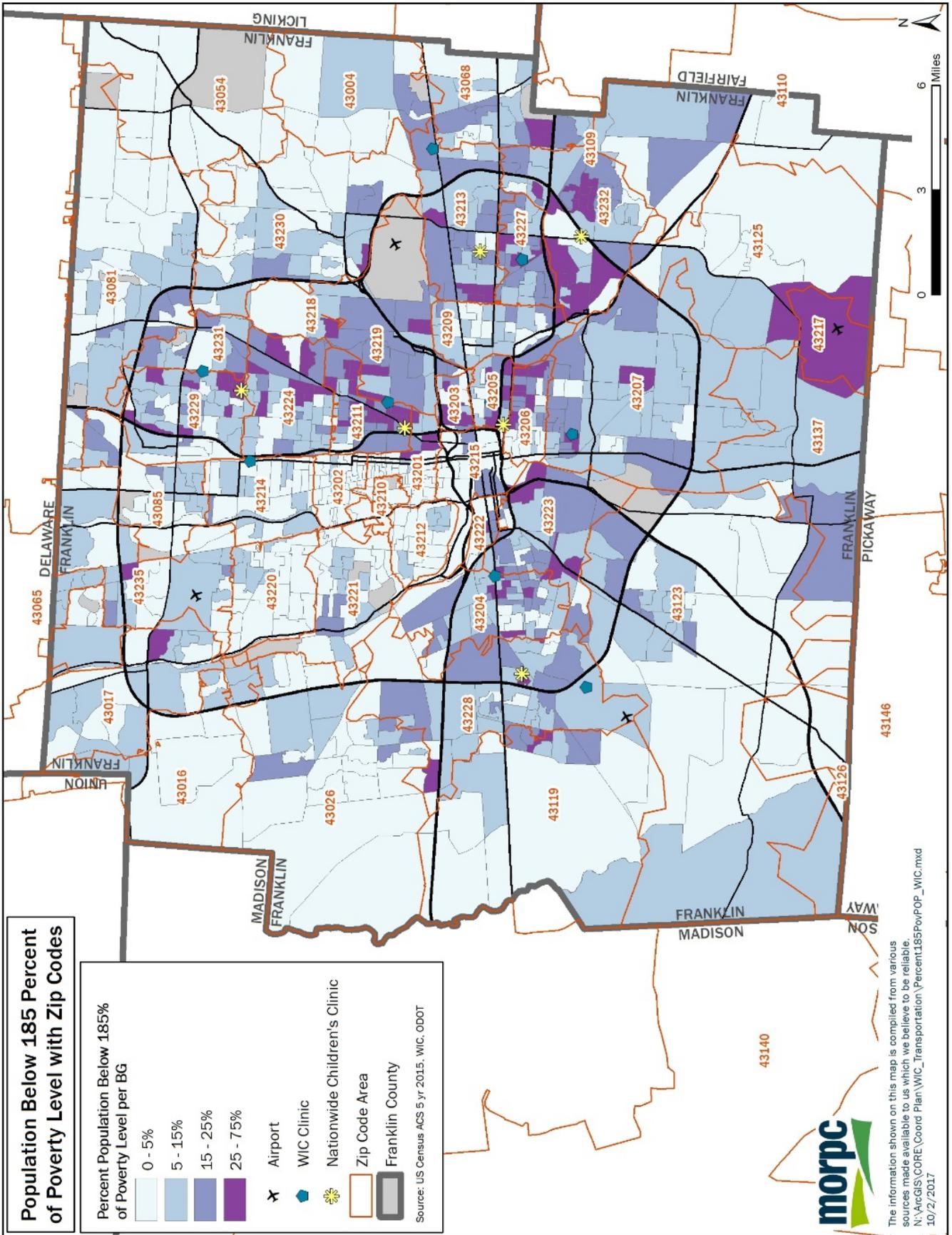


Table 4. Disability Status by Age in Franklin County

Disability Status by Age in Franklin County	Total Population	Percent of Population
With one or more Disability	139,484	12%
Under 18 years	13,454	1.11%
18-64 years	108,147	8.95%
65 years and over	17,833	1.48%
No disability	1,068,339	88.45%
Civilian noninstitutionalized population	1,207,823	

Table 5. Population by Location

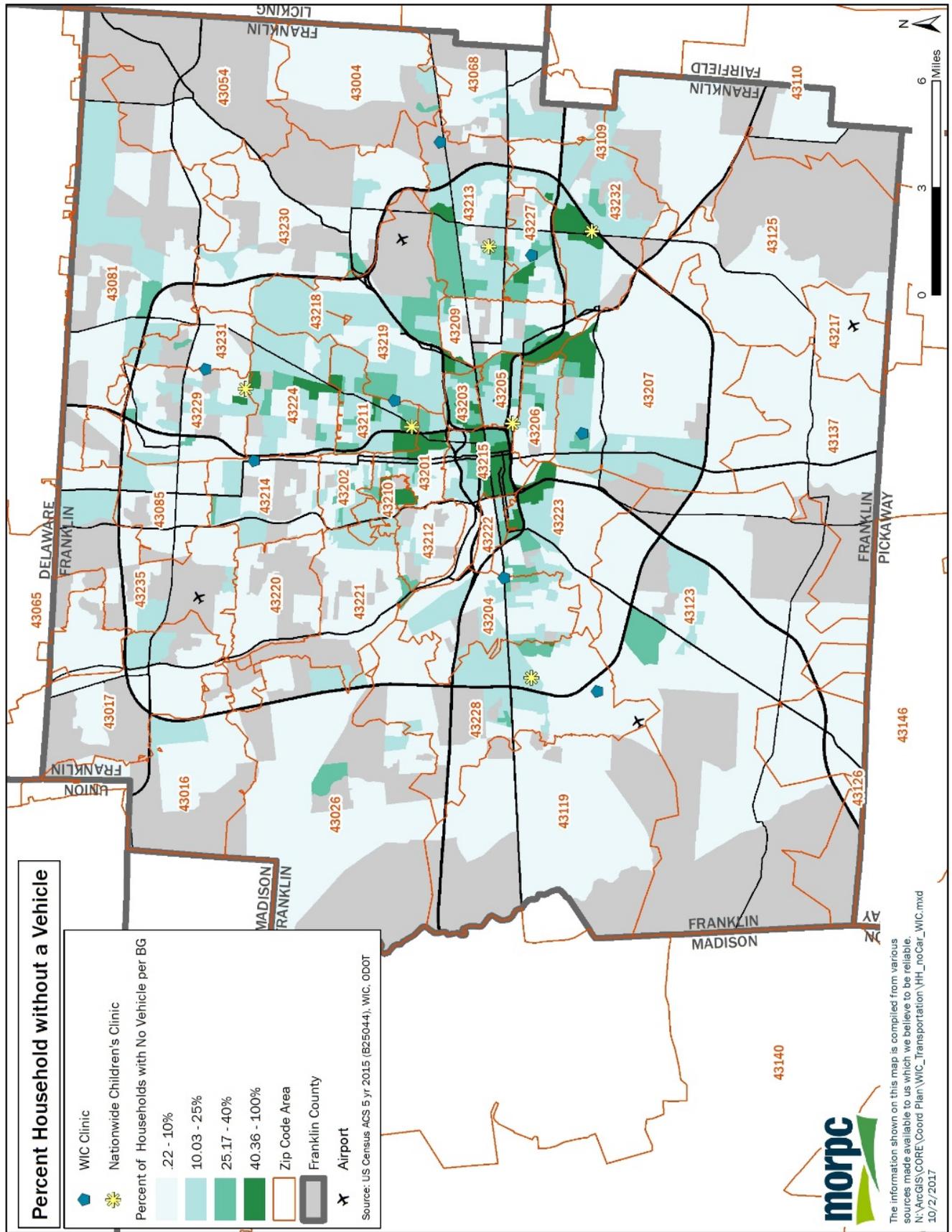
Total Population		Percent of County Population
City of Columbus	860,090	70.74%
Franklin County	1,215,761	

Table 6. Occupied Housing Units and Vehicles Available

Vehicles Available in Franklin County		Percent of Households
Occupied Housing Units	480,946	
No Vehicles Available	39,884	8.29%
1 Vehicle Available	187,351	38.95%
2 Vehicles Available	182,178	37.88%
3 or more Vehicles Available	71,533	14.87%

The map in Figure 2 shows the percentage of households by Census tract which do not have a vehicle. It also indicates the location of WIC Clinics and NCH WIC clinics and ZIP codes.

Figure 2. Percent Households Without a Vehicle



Inventory of Transportation Service Providers

MORPC Staff developed five inventories:

- MORPC-generated private transportation provider list
- A list of Ohio Ambulettes licensed by the Ohio Department of Public Safety - Emergency Medical Services in Franklin County. Ambulettes are licensed vehicles for transporting patients to medical appointments.
 - Yellow highlights indicates the provider is in the Yellow Pages
 - Blue indicates the provider is a Transportation Network Company
- A Yellow Pages listing used by Sidewalk Labs for the SmartColumbus Non-Emergency Medical Transportation Study
 - A yellow highlight notes the provider is listed as an approved ambulette
- Transportation Network Companies licensed by Public Utilities of Ohio
 - A yellow highlight notes the provider is listed as an approved ambulette
- Medicaid Provider Transportation

Please see full inventories in Appendix I.

Transportation Barriers for Health Related Appointments

The Project Team conducted two surveys: one of WIC clients, asking them about transportation to and from WIC clinics, and one of healthcare and community organizations to ask them about how they thought transportation issues impacted their clients being able to get to appointments on time.

WIC Provider Survey Results and Analysis

The purpose of this survey was to gather information from healthcare providers and social service providers to help determine if transportation issues impact their clients from being able to make and keep appointments. A full analysis of this survey can be found in Appendix B and the full survey can be found in Appendix D.

Over half of healthcare and community organization respondents said they work in an agency that can help provide transportation in some fashion, but still almost 90% of respondents think that transportation is an issue for their clients making and keeping appointments.

Looking at the facilities where these survey respondents work, most but not all have free parking, nearby bus access, sidewalks leading to their buildings, and ADA accessibility. Not having these kinds of transportation infrastructure could create accessibility issues for those locations. 80% of respondents work in agencies that provide bus passes free of charge. 51% of respondents indicated that they think 25-75% of their clients use public transportation to get to their office and/or services.

Table 7. Question: Does your facility have any of the following transportation infrastructure?

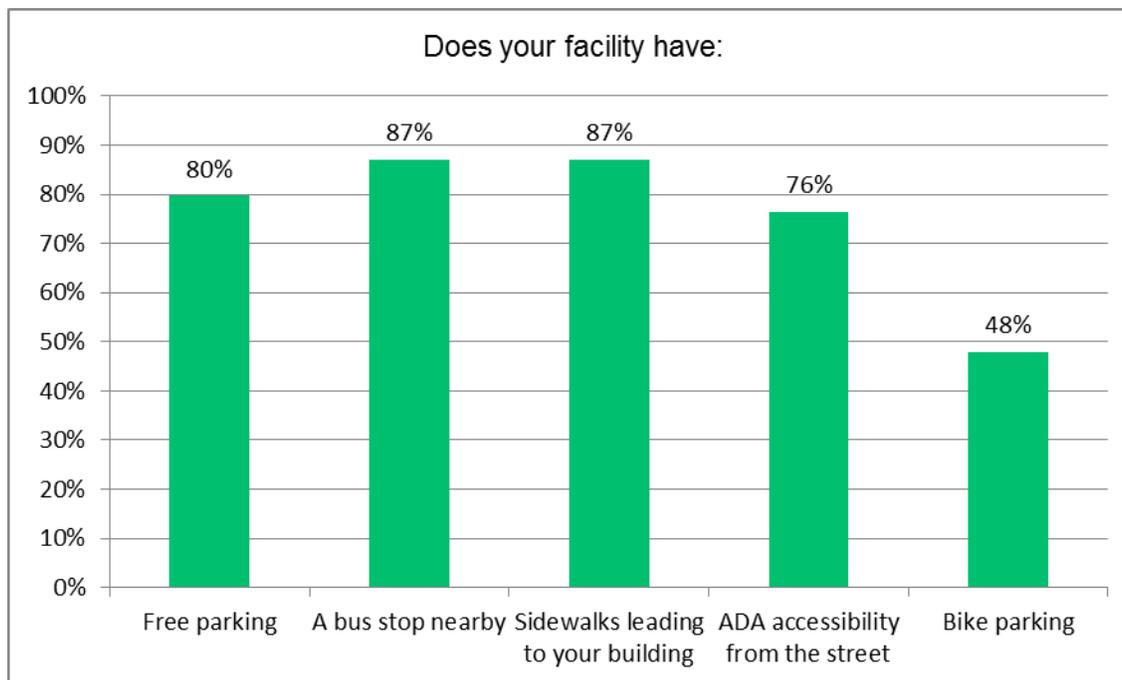
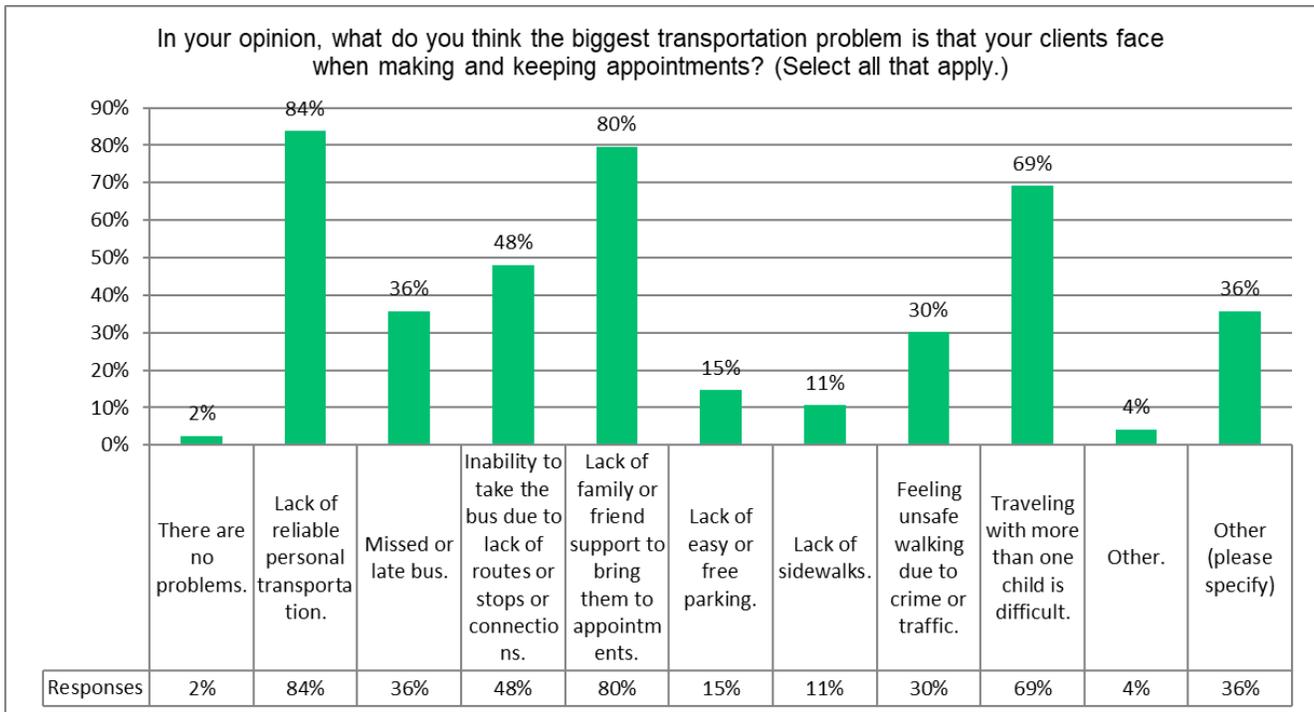


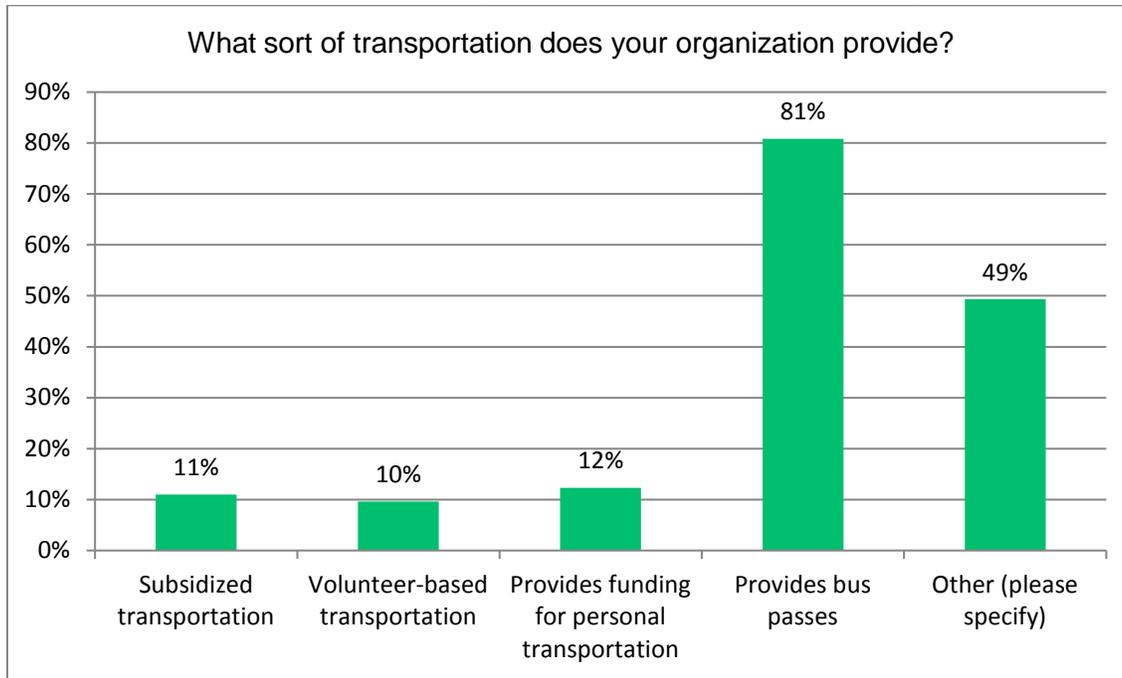
Table 8. Question: What is the biggest transportation problems your clients face?



The agencies represented by these respondents are flexible and try to accommodate late clients. 24% of the respondents worked in facilities that allowed for rescheduled appointments if the client was a no-show, but if they missed appointments 2-3 times they were often dropped as clients. Some of the other responses included issues with being able to afford transportation (either due to not being on Medicaid or running out of Medicaid trips and not being able to afford bus fare), language barriers, lack of dependable rides (either their own cars or rides from others), taxis running late, long wait or travel times for shared rides.

When asked how they would try and help a client with transportation issues, many respondents said that they referred the client to other agencies, like Medicaid/Medicare, CareSource, Senior Options or supplied the client with bus passes (as applicable and able).

Table 9. Question: What sort of transportation does your organization provide?

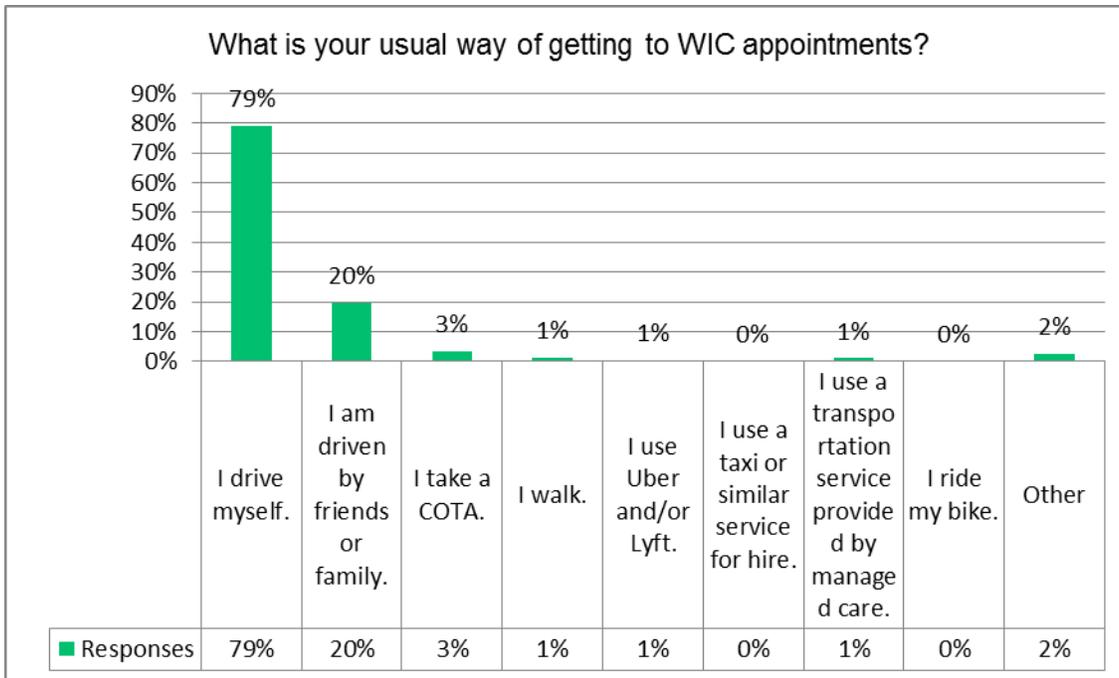


Over half (60%) of respondents work in agencies that provide transportation in some fashion. About 80% of respondents can provide bus passes, and small numbers can subsidize transportation (11%), have volunteer-based transportation (10%), and provide funding for personal transportation (12%). Other options that were given included providing taxi vouchers or services, agency vans, paid and volunteer drivers, and providing gas cards.

Results and Analysis of the WIC Client Survey

The purpose of this survey was to gather information about how WIC clients in Franklin County get to and from appointments at WIC clinics. The survey intends to determine if transportation issues impact WIC clients' to make and keep WIC appointments. This survey was distributed July 27, 2017 and August 3, 2017 during the WIC farmer's market from a nutrition education booth. Four WIC staff members were handing out paper copies of the surveys on clipboards and were available to answer any questions. Surveys were anonymous. A full analysis of this survey can be found in Appendix C and the full survey can be found in Appendix E.

Table 10. Question: What is your usual way of getting to WIC appointments?



The WIC clients who responded to the survey rely heavily on driving themselves (80%) or relying on friends and family to drive them (20%). Less than 4% of respondents take the bus. Almost 84% of people do not have trouble with traveling to WIC appointments. Almost 10% do not have a car, or a reliable car, or money for gas. Almost 3.5% do not drive. 2% of respondents have trouble with using public transportation, either due to lack of funds, lack of bus availability, or timeliness of bus. Just over 2% have issues walking either due to feeling unsafe, being unable, or the general condition of sidewalks. Almost 5% think it is difficult to travel with more than one child.

This survey indicates that transportation might not be the overriding barrier to attending WIC appointments. Transportation issues may contribute to lateness, but there may be other issues going on with missed appointments.

To see a full analysis of the WIC Provider Survey, see Appendix B, and to see the full survey questions, see Appendix D. To see a full analysis of the WIC Client Survey, see Appendix C, and to see the full survey questions, see Appendix E.

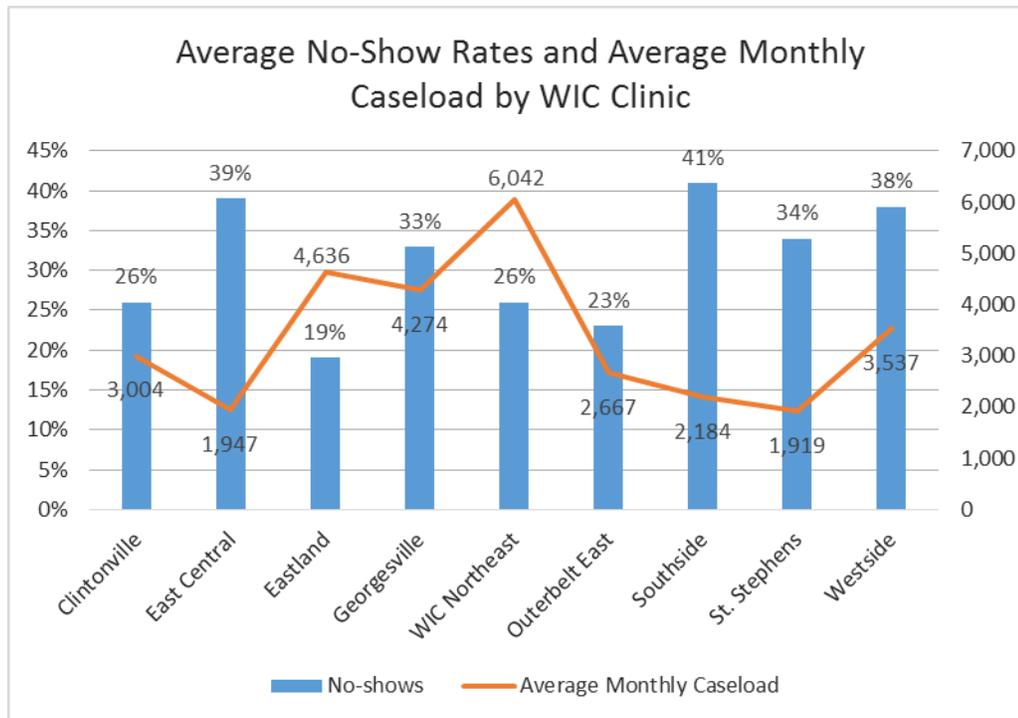
Findings

The Project Team analyzed the WIC clinic and NCH clinic sites using GIS data and COTA data. For a thorough analysis of all WIC clinic sites and NCH clinic sites, see Appendix A.

The following GIS data was included in the mapping process:

- Clinic locations (both WIC and NCH clinic sites)
- COTA lines, including the different types of lines: frequent (15 minutes or better), standard (16-60 minutes), rush hour only, special lines
- COTA bus stop locations
- Sidewalk locations
- Multi-use path locations
- Top 100 High Crash Locations 2014-2016
- Bike and Pedestrian Crash Density
- Radii of distance away from the clinic location of 1/10, 1/4, 1/2, 3/4 and 1 mile.

COTA bus routes are also noted in the analysis. The average no-show rate in 2017 for the WIC clinics only is also noted in the analysis. The graph below illustrates these rates as well as the average monthly caseload per clinic.



Through site analysis and discussion with the project's stakeholder group, a number of themes became clear about the WIC clinic sites. There are certain locations that have extreme need for improved sidewalk and street crossing infrastructure, due to good transit routes and high density of pedestrian and bicycle crashes, like Eastland, Southside, or Westside clinics.

Looking at no show rates for clinics and their locations, the worst clinics are oddly also PrimaryOne Health clinic locations and tend to be very well situated for pedestrian infrastructure and transit lines, like Southside, East Central, and Westside clinics. This leads to more questions, because transportation may not be the driving factor in no-shows.

There was some discrepancy between the two in whether or not transportation issues impacted getting to health appointments on time. Of the WIC clients, 91% responded that they were not late or did not miss a WIC appointment. In the first 9 months of 2017, there was an average no show rate of 19-41%, depending on the WIC clinic. Show rates differ throughout the year, and tend to be worse during winter months.

Through discussion with the stakeholder group, it became clear that some of the other factors relating to appointment no-shows might be related to some specific issues for different clinics. For instance, the Westside clinic may have no-shows due to Hispanic clients being afraid of ICE presence at the clinic location, due to their or their driver's documented status. There is also concern at that clinic that women who would visit there and live in a nearby homeless shelter are unable to bring food into the shelter and then do not see the value in a clinic visit. The opioid epidemic may also be affecting the reliability of friends and family transporting WIC clients to their appointments.

Some WIC clinics are based in rented spaces. If rents rise for a clinic, a location could become too costly and the need for moving might arise. The grant that the WIC program uses to operate does not cover build out for clinics, so the program is very limited in where it can be located, and is very limited by budget as well. Co-locating the six NCH WIC clinics in the Primary Care Clinics has enhanced continuity of care for NCH clients. City ownership of clinic locations would allow WIC clinics to be more permanent and the WIC staff able to focus on helping the clients in need, instead of worrying about how to move a clinic location. The City could potentially model this on how the PrimaryOne Health clinics are set up. It would also put more value in any transportation infrastructure that would be installed to help create safer environments around the clinic sites. More permanent homes for clinics would also help establish locations that COTA could serve better.

Outerbelt East WIC Clinic: A Closer Look



Photo by MORPC of closest bus stop to Outerbelt East WIC Clinic.

Here are some findings at this location:

- There are no sidewalks, crosswalks or traffic lights.
- The closest traffic light is .1 mile east of Outerbelt St. People using public transit have to potentially cross a busy Broad Street there, and there are no sidewalks on either side of the street for pedestrians despite there being eating establishments and businesses along the road.
- The next nearest traffic light is at Broad and McNaughten, about .3 miles from Outerbelt St.
- There is a bus stop on the eastbound side of Broad St. at Outerbelt St., but there is no shelter, bench or even concrete slabs for people to stand on while waiting. The closest bus stop is unprotected, without a pad or shelter and on the berm of a culvert.
- Traffic is heavy on Broad St. and that contributes to clients being late for appointments.
- Turning left onto Broad St. from Outerbelt St or turning left onto Outerbelt St. from westbound Broad St. is challenging.

Our recommendations would be to do a traffic study of that area and definitely install a new traffic light at Outerbelt and Broad St. to improve walkability and improve access to the clinic. There are several apartment building and housing developments in the area east of the clinic and these improvements would help accessibility for those clients.

Recommendations

Internal WIC Policies

1. Revisit policies for WIC clinics when clients do not show up for appointments and/or drop out of the program to help better understand issues clients are facing
2. Automated phone call and text reminders from the clinics for appointments with the ability to reschedule
 - a. Use text reminders as a way of capturing cancellation reasons
3. Continue to refer clients to home visitation programs, especially those that are chronic no-shows
4. Data sharing between other entities with the same goal
5. Use connectors, people who are already working with WIC clients in other capacities, to help moms that fall into their target populations get to their WIC appointments
6. Study birth rates by ZIP code to determine needs for new site locations and if there are sites that are no longer as useful
7. Evaluate best practices of WIC clinics nationwide to decrease no-show rates

Built Infrastructure

8. Evaluate strategies to improve pedestrian safety at clinic sites (using Active Transportation Infrastructure suggestions and MORPC guidance)
9. Continue to have Columbus Public Health and other related entities provide input on sidewalk and other active transportation needs
10. Current, new or relocated clinic site decisions to include input from WIC, COTA, Columbus Public Service and MORPC with discussions of pedestrian and transit supportive infrastructure, high crash locations, and any current or potential traffic studies
11. City-owned clinics
12. More co-located clinic sites in hospital spaces
13. Look to see where NCH sites and WIC sites are close and possibly try and combine resources

Informational Resources

14. Creation of a brochure/handout/informational website with transportation options/where to find help getting to health appointments
15. User-friendly tool for patient or clinic staff to book a ride without multiple phone calls if patients do not have smartphones or access to a brokerage system
16. Explore day in the life of a WIC client to evaluate challenges and identify possible consolidation of social services

Transportation Assistance

17. Increase clinic staff to handle transportation support of clients
18. Have the clinic staff arrange transportation if clients do not have a car, reliable ride or the ability to use COTA
19. COTA travel training and outreach for clients and case workers to help demystify travel by transit and to teach how to deal with strollers on buses
20. Participate in COTA's Mobility Advisory Board to network with other like organizations and to stay current on COTA projects and operations

21. Work with COTA and others to consider giving people on public assistance for child care reduced COTA fares
22. Work with COTA and Columbus Department of Public Service to to better advocate for the needs of WIC clinics and clients
23. Work with COTA to provide for better service to WIC clinics and to stay informed about regular service changes
24. Clinic staff to help identify transportation options that might be covered by insurance
25. Consider contracting with taxis or transportation network companies like Liberty Mobility Services, Lyft, Uber, or Yellow Cab, or other start-ups like Hopper or Car2Go
26. Car seat giveaways and installation check for those clients in need

Tracking and Supporting Complementary External Policies

27. Lobby for more funding for WIC program and supportive transportation programs
28. Follow and participate with any outcomes from the SmartColumbus Non-Emergency Medical Transportation (NEMT) next steps including a pilot that may include technical or transportation brokerage improvements
29. Track the outcomes of the Legislative Service Commission study with the Health Policy Institute of Ohio (HPIO) on the social determinants of health & infant mortality for Senate Bill 332
 - a. Possible policy, funding and program improvements for housing, transportation, education and employment
 - b. Transportation's relationship to infant mortality
 - i. Access and connectivity
 - ii. Active transportation and safety
 - iii. Air Quality
 - c. Best practices from other states
30. Note similarities WIC needs and needs, outcomes, and recommendations in MORPC's Delaware and Franklin Counties Coordinated Plan

Conclusion

While some of the above the above recommendations go above the scope of this grant and project, the Project Team felt it was necessary to include them, to make sure that these concerns were being captured for posterity. There are endemic stressors of poverty and racism that these clients endure, and transportation is one of them, like employment, housing, and education. There are also institutional and bureaucratic issues that stand in the way of innovation and more efficient service. The issues surrounding infant mortality and health are clearly important to the community, as there are several groups and organizations working in this space. It is the hope of the Project Team that there will be more cross-cutting and innovative ideas that come out of this work.