Appendix G: Community Involvement in Transportation Related Issues

Sidewalk improvements
Columbus Public Health recommended sidewalk improvements to the Columbus Public Services Department Zip Codes 43213, 43214, 43228, 43219, and 43222. (See Map) Columbus Public Health provided input to Public Service’s results of using a sidewalk priority model to come up with a list of potential sidewalk projects in CelebrateOne areas.

CelebrateOne works with community leaders and residents in eight high-priority neighborhoods (that have WIC clinics) to make them safer and healthier for moms-to-be, babies, and families. Priority areas include Near South, Linden, Near East, Hilltop, Franklinton, Morse Rd & SR 161, Southeast, and Northeast. See map of High Priority Areas in each neighborhood. CelebrateOne was created in November 2014 to carry out an Infant Mortality Task Force’s recommendations.

On the following page is a map of all of the City of Columbus Sidewalk Improvement Priority Locations, and it includes the WIC Clinic and NCH WIC Clinic locations as well as indicating the ZIP codes in Franklin County.

The second map that follows the CelebrateOne High Priority Neighborhoods and it includes the WIC Clinic and NCH WIC Clinic locations as well as indicating the ZIP codes in Franklin County.
Transportation Services

1. Ohio Better Birth Outcomes (OBBO) is collaborative working with CelebrateOne dedicated to reducing the infant mortality rate in Franklin County by improving the delivery of health care services for women and their families.
   a) OBBO consists of the four hospital systems of Mount Carmel, Nationwide Children’s, OhioHealth and The Ohio State University in the community, as well as the Columbus Public Health Department and PrimaryOne Health (formerly Columbus Neighborhood Health Center) aimed at
      a) improving reproductive health,
      b) expanding access to health care
      c) enhancing clinical quality initiatives to help reduce prematurity
   b) OBBO provided a standard Medicaid provider list of benefits and requirement for the inventory.

2. Columbus hopes to improve bus service with COTA’s new bus-rapid transit system called CMAX, but navigating transit can be difficult for pregnant women even in the best service conditions. Patients who miss an appointment can end up waiting hours to see a provider, creating additional complications around time off or child care. Worse still, a bad transportation experience can lead a patient to skip future visits to doctors, clinics, or pharmacies.

3. Smart Columbus Non-Emergency Medical Transportation Initiative (NEMT) in the Linden area. This Columbus initiative is being led by Sidewalk Labs (an Alphabet company) and Flow (a subsidiary of Sidewalk). They are working to explore and recommend a NEMT solution that will be piloted in the Linden community with WIC clinics and a CelebrateOne area. In early September 2017 they made their final deliverable presentation on improved process, technologies and a recommended implementation plan. Next steps are being reviewed.

   According to SmartColumbus one of the contributing factors to this health disparity is transportation. Getting around Columbus without a car can be difficult, but owning one can be prohibitively expensive, especially for lower-income households. Public transportation can be inconvenient. Many neighborhoods lack safe sidewalks, making it tough to walk to or from a bus stop, and some clinics are in locations with little-to-no pedestrian facilities. What would be a short drive to a major hospital from North Linden, for instance, can take an hour on the bus.

   To expand these options, Sidewalk Labs worked with the city and local organizations on improving access to health providers through non-emergency medical transport (NEMT) services, such as taxis or ride providers. The collaboration emerged from participation in the U.S. Department of Transportation’s Smart City Challenge, which Columbus won. Drawing on the insights from teams working on mobility and community healthcare, Sidewalk is exploring ways that data and digital tools can connect new and expecting mothers with the care they need.

   NEMT services can complement the city’s transportation system and improve healthcare access, but coordinating among patients, healthcare providers, and transportation providers creates challenges of its own. The status quo has many failure points: patients must call their health plan and doctor’s office about a ride, health plans must call NEMT services, services must find an
available transport vehicle and connect with a patient. Any problems that arise are felt most acutely by patients, but the current system is sub-optimal for everyone involved.

Initial explorations into existing NEMT options in Columbus showed a number of limitations. From the patient’s perspective, many services require advanced booking, lack critical features such as wheelchair lifts or car seats for small children, and can be unreliable or expensive. Often patients aren’t even aware their insurance covers NEMT services. From a care provider’s view, many offices are too short-staffed to arrange a ride on a patient’s behalf.

Based on work with the city and local stakeholders, three aspects of NEMT service that carry the greatest opportunity for innovation became apparent:

a. One is around intuitive, user-friendly tools that make it easy for a patient or a healthcare provider to book a ride without making multiple phone calls—and that still work well for patients who don’t have smartphones.

b. Another is around automated support and real-time monitoring features that help NEMT services do things like verify insurance eligibility, track driver locations, and alert a doctor’s office if a patient doesn’t show. The system should capture this type of usage and outcome data and provide tools for healthcare institutions, health plans, and policy makers to evaluate—and improve—service.

c. The third area involves expanding vehicle supply. Partnerships with ride-hail companies like Lyft or Uber could help NEMT providers augment their fleet, improving reliability and reducing wait times.

These are the opportunities that are be explored by working closely with the city and local community groups like CelebrateOne. At the end of the process, recommend strategies for the city to pursue if it so chooses, as well as major metrics to track, such as service quality. The key to this collaboration—as it was throughout the Smart City Challenge—will be listening to the local community and empowering the city to work with innovative service providers to help residents lead healthier lives.

Related to NEMT the Ohio Department of Medicaid will be evaluating from a state-wide perspective large scale non-emergency medical transportation project to assess network capacity and gather best practices and recommendations.

4. Legislative Service Commission (LSC) contracted with the Health Policy Institute of Ohio (HPIO) to study the social determinants of health and infant mortality. The requirement for LSC to contract with a nonprofit entity to study and make recommendations related to the social determinants of infant mortality was included in Senate Bill 332 (sponsored by Senators Jones and Tavares). SB 332 was enacted by the Ohio General Assembly in late 2016 and signed by Governor Kasich in early 2017. HPIO will complete a report for this project by Dec. 1, 2017.

HPIO convened an advisory group that will contribute content expertise, provide feedback on preliminary findings and make recommendations for policy changes to improve the social, economic and physical environments that impact maternal and infant health.
Senate Bill 332 requires reviewing policies and programs and their relationships between housing, transportation, education, employment and infant mortality. Identify opportunities to improve policies and programs. Evaluate best practices, focusing on the most improved states that have the biggest improvements in overall infant mortality rate, non-Hispanic black infant mortality rate and reduction disparity.

Policy recommendations will be informed by
   a. inventory of evidence based policies and programs
   b. literature reviews
   c. most improved state analysis
   d. suggestions and priorities from advisory group

Transportation relationships include
   a. access and connectivity
      i. limited transit services
      ii. low rates of car ownership
      iii. historically racist transportation and land use policies
      iv. funding that prioritizes highway and roads over public transit and active transportation
   b. active transportation and safety
      i. low walkability and unsafe pedestrian access to bus stops
      ii. sprawl (low density development and car dependence)
      iii. zoning patterns and unsafe roadway design
      iv. high rate of crashes
   c. air quality
      i. traffic congestion from inefficient vehicles and high number of vehicles traveled are major sources of air pollution
      ii. proximity to major roadways

5. The Mid-Ohio Regional Planning Commission is updating the Coordinated Public Transit Human Services Transportation Plan for Franklin and Delaware Counties to be finalized in late November, 2017. This plan documents needs, identifies gaps in service and strategies to improve transportation for people with disabilities and older adults. While the Coordinated Plan does not specifically identify WIC clients, the needs are very similar. Some of the strategies identified can be reviewed for WIC clients.