



Healthy Montgomery Steering Committee Meeting
Virtual via Zoom Meeting
May 6, 2024
Meeting Minutes

Members and Alternates Present: Dr. Kisha Davis, Susan Emery, Leslie Graham, Dr. Nina Ashford, Gina Maxham, Kimberley McBride, Judi-Lei Hernandez, Cristina Sasaki, Stephanie Iszard, Jacquelyn Williams, Eleni Antzoulatos, Monika Driver, Dairy Marroquin, and Kate McGrail.

Healthy Montgomery Staff: Elizabeth Beck, Rita Deng, Chunfu Liu, Felicia Huges, and Dr. Christopher Rogers.

Guests: Haley Lee, Devlon Nicole Jackson, Samila Aryal Bhattarai, Maura Canavan, Muhammad Hasan, Karen Gutierrez, Chinyere Ezeigbo, Jamal Browne, Patricia Canessa, Dr. Ikenna Myers, and Tara Clemmons Johnson.

Topic/Presenter	Key Points	Action Item/ Responsible Person
Welcome and Opening Remarks <i>Dr. Kisha Davis</i>	<ul style="list-style-type: none"> • The meeting was called to order at 4:05 p.m. • Dr. Davis welcomed all attendees and shared various updates. • Attendance was taken and quorum (50% of membership plus 1) was present. 	
Healthy Montgomery 2030 Goal Setting <i>Ms. Haley Lee and Dr. Chunfu Liu</i>	<ul style="list-style-type: none"> • Ms. Haley Lee and Dr. Chunfu Liu presented the baselines and methods used to set Healthy Montgomery 2030 Goals. The presentation slides can be viewed HERE. 	
Transportation Barriers to Medical Appointments <i>Ms. Felicia Huges</i>	<ul style="list-style-type: none"> • In 2023, in response to the OLO report “Transportation Barriers to Medical Appointments”, DHHS convened a Medical Transportation workgroup. Ms. Felicia Huges presented the strategic recommendations from the Transportation Workgroup. Presentation slides are provided starting on page 3. Here is the link to the OLO report mentioned in the presentation. Ms. Huges reports that the strategic recommendation from the workgroup have been submitted to the Chief Administrative Officer. 	
Community Health Info Session Update <i>Ms. Elizabeth Beck</i>	<ul style="list-style-type: none"> • Ms. Elizabeth Beck provided an update on the Community Health Info Sessions and Prioritization Surveys. • In total, 36 people attended the in-person sessions from April 17-29, 2024. <ul style="list-style-type: none"> ○ Sessions were held in White Oak, Poolesville, Aspen Hill, Chevy Chase, and Gaithersburg. 	

	<ul style="list-style-type: none"> ○ The session with the highest attendance was at Maggie Nightingale (Poolesville). ● The online surveys were open from April 1-30, 2024. Response rate breakdown was: <ul style="list-style-type: none"> ○ English: 76 ○ Spanish: 7 ○ Vietnamese: 1 ○ Korean: 1 ○ Chinese, French, Amharic: 0 ● LHI also completed 175 paper surveys during outreach from April 22, 2024-May 3, 2024. ● Currently, Ms. Beck is compiling and completing a report of prioritization results and responses. Ms. Beck will share the results and continue the discussion once she returns from maternity leave (early August 2024). 	
Governance Workgroup Update and Sharing from Neighbor LHICs <i>Ms. Leslie Graham & Dr. Kisha Davis</i>	<ul style="list-style-type: none"> ● The next Governance Workgroup meeting will take place on May 20, 2024. ● The workgroup continues to review the Charter and discuss clarifying HMSC roles, and how Healthy Montgomery and Healthy Montgomery Steering Committee differ. ● Dr. Davis provided a summary of how other LHICs coordinate their CHNA/CHIP with hospital systems. Offered to invite a neighbor LHIC, such as Frederick County, to present at the September meeting to get more background on the process. Group will consider this as the Governance Workgroup continues to meet and clarify processes. 	
September In-Person Meeting Planning <i>Dr. Kisha Davis</i>	<ul style="list-style-type: none"> ● Dr. Davis shared that the in-person meeting will be held in Upcounty, near Gaithersburg, and that a firm location will be decided soon. ● The meeting will take place earlier in the day and will have refreshments. 	
Member Updates <i>HMSC Members</i>	<ul style="list-style-type: none"> ● No updates were shared from Healthy Montgomery members. 	
Wrap up/Adjourn	<ul style="list-style-type: none"> ● The meeting was adjourned at 5:20 p.m. The next Healthy Montgomery Steering Committee meeting will be Monday, September 9, 2024, in-person. Location is TBD but will be near Gaithersburg in Upcounty. 	

Montgomery County Department of Health and Human Services
Public Health Services Division and Community Stakeholder
Workgroup

Strategies to Address Transportation Barriers to Medical
Appointments

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2 Overview

According to the Office of Legislative Oversight (OLO) Transportation Barriers to Medical Appointments report, health is significantly linked to the social and economic conditions in which people live. One of these conditions is access to transportation, which is necessary for ongoing healthcare and medication access, particularly for those with chronic conditions. Transportation barriers can result in missed or delayed medical appointments impacting the health of the patient

3 Office of Legislative Oversight

Council Request	Better understand existing medical transportation programs; County populations at risk for experiencing transportation barriers and Program offered in other jurisdictions
Research	Conducted stakeholder interviews with county government staff, nonprofit organizations, and care providers and Researched best practices and programs operating in case study jurisdictions
Methodology	Conducted Stakeholder Interviews Literature Review and County- Level Data Case Study Jurisdictions
Recommendations	<ol style="list-style-type: none"> 1. Review the Transportation Services Improvement Fund and how to optimize the fund to close medical transportation gaps in the County 2. Evaluate potential changes to programs and services that address transportation barriers to medical appointments

4 DHHS Transportation Workgroup

In response to the OLO's report and recommendations, The Montgomery County Department of Health and Human Services will form a workgroup to plan, build and implement cross-sectoral partnerships to align public health, healthcare, and non-health (e.g., housing, transportation, social service) interventions to address transportation barriers to medical appointments and personal activities of daily living for racial and ethnic minority populations and rural communities.

The transportation barriers workgroup will submit a report of its findings and recommendations to the Montgomery County Chief Administrative Officer or designee.

Primary goals

- (1) Implementation of transportation barriers workgroup
- (2) Formulate strategies and recommendations to address transportation barriers to medical appointments and personal activities of daily living for racial and ethnic minority populations and rural communities;
- (3) Report findings, strategies and recommendations to Montgomery County's Chief Administrative Officer or designee.

Transportation Barriers

March 28, 2023

Racial & Socioeconomic Demographics & Vehicle Access

Ethnic Minorities are disproportionately low income and they are more likely not to have a car in the household or have access to other transportation.

Refugee families are large and need to come together for appointments. The transportation vehicle offered must seat as many as 10 for one trip.

Given that agricultural workers live throughout the County, pls work on public transit access back & forth, during extended hours, affordable costs, etc.

Work with community ambassadors or trusted points of contact to make sure they understand the options available, provide materials about transportation in multiple languages.

Consider enhancing volunteer driving programs capacities. Incentivize volunteer driving. Use grant funds to support efforts.

Refugees and newcomers face difficulty in accessing transportation due to lack of information, language barriers, etc.

Recruit in home health providers as a resource. Set up mobile health clinics in communities

Language — don't forget indigenous languages — Mayan, etc.

Conduct outreach through trusted messengers about transportation resources

Consider having transportation coordinators work with organizations raise awareness about transportation assistance programs to these communities.

Facilitate telemedicine program that actually makes it possible for a specialist to really visit and offer real care to a patient.

Adventist Healthcare
African American Health Program
American Diversity Group
Asian American Health Initiative
Black Physicians Healthcare Network (BPHN)
Coordinated Care Initiative (CCI) Health Services
ElevateHER
Healthcare Initiative Foundation
Jewish Council for Aging
Latino Health Initiative
MedStar
Montgomery Cares Clinic – Muslim Community Center
Montgomery County Aging and Disability Services
Montgomery County Dental Program

Montgomery County Department of Transportation
Montgomery County Department of Health and Human Services
Commission on Aging/Transportation and Mobility
Escorted Transportation Program
Services to Prevent and End Homelessness
Potomac Community Village
Primary Care Coalition
Senior Connection
Village of Tacoma Park
WUMCO Help Inc.

Workgroup Participating Organizations

	Transportation Strategy Categories					
	1	2	3	4	5	
	Public Transportation—Expansion of Existing & New Services	Private Transportation—Existing and New Services	Program Innovations—Eligibility Process	Hospital Partnerships and Data Collection	Communication	Funding, Grants and Contracts
Barriers Addressed	Geographic Location Racial & Socioeconomic Demographics & Vehicle Access Disability/Chronic Illness Age Language/Health Literacy Public Transportation	Geographic Location Racial & Socioeconomic Demographics & Vehicle Access Disability/Chronic Illness Age	Racial & Socioeconomic Demographics & Vehicle Access Disability/Chronic Illness Age Socioeconomic Data/Documenting Data To Assess Need Language/Health Literacy Public Transportation	Racial & Socioeconomic Demographics & Vehicle Access Disability/Chronic Illness Age Socioeconomic Data/Documenting Data To Assess Need	Racial & Socioeconomic Demographics & Vehicle Access Disability/Chronic Illness Age Language/Health Literacy	Public Transportation
Specific Strategies	<ol style="list-style-type: none"> Expand routes for existing public transportation. Extend hours for existing public transportation. On-demand Flex bus service for rural areas, operated with volunteer drivers. Revisit the proposed specialist Flex program provided in the Remapping Plan On program. Ensure existing bus routes have the capacity and frequency to serve the needs of those requiring medical transportation. Community bus routes/schedules are targeted to communities and suburbs. Reevaluate Contract-A-Ride for other age groups. Consider using the Flex Bus model during off-peak hours. Use the combination fixed route bus and demand response bus model in neighborhoods. Reduce the number of bus transfers required. Possibly implement more express routes. Implement new on-demand transportation options. 	<ol style="list-style-type: none"> Provide stipends for volunteer drivers in rural areas. Ensure taxis/ride have child safety seats. Provide on demand private transportation options that can accommodate a large family group—up to 10 people. Expand the number of volunteer drivers and use funding to provide incentives. Provide funding for private transportation companies such as Uber or Lyft and ensure that the drivers understand and can meet the needs of disabled passengers and that the vehicles are wheelchair accessible. Fund taxi services for residents needing dialysis services. Provide training for drivers and volunteers to serve disabled individuals. 	<ol style="list-style-type: none"> Expand eligibility beyond the ability and disabled for transportation services using data to identify those in need. Ensure that transportation options are 2-wayround trip. Develop a new way to assess eligibility which is not age based but mobility/challenge based. Provide transportation options and transportation coordinators for categories of residents not currently served by a targeted transportation program such as program women who apply for WIC and the homeless which have multiple medical conditions. Consider making transportation services available without the need for the resident to complete an application. 	<ol style="list-style-type: none"> Provide access for hospitals/medical facilities and community partners to provide transportation for joint patients. Coordinate with hospitals, medical treatment centers, and change orders to develop a plan. This is especially relevant for residents that have recurring appointments for services. Partner with other healthcare providers and develop a tool to collect data to determine the number of missed appointments in order to identify the actual need for transportation. Encourage hospitals and/or medical providers to collect data on transportation barriers as part of their routine intake process and use specific codes to indicate the barrier. The data could be reported to the county for transportation planning purposes. Use data to determine the reason for under-utilization of existing services. 	<ol style="list-style-type: none"> Partner with community-based organizations (CBOs) who serve their populations. Make sure they know the resources and how to apply for programs. Offer them the ability to apply on behalf of clients. Provide community outreach, education and information about medical transportation options in many languages and also provide translation services. Ensure public transportation information, maps, schedules, etc. is provided in many languages. This will help residents to find/understand hours and costs as well as how to access faster options like the Flex bus. Implement community outreach about public transportation in many languages. Provide community outreach workers to ensure proper awareness of various transportation options. 	<ol style="list-style-type: none"> Expand grants to non-profit where populations lack access to transportation to allow them to support costs and purchase transportation vouchers/grant funds for distribution. Increase contracts with local companies and/or private transportation providers.

1. Public Transportation Improvements

Strategy: Ensure existing bus routes have the capacity and frequency to serve the needs of those requiring medical transportation and expand frequency of existing routes. Current bus routes/schedules are largely targeted towards commuters and students.

- Consider all bus routes in the county and assess if routes are accessible to residents (ex. Poolesville only has one bus route)
- Consider and plan around service hub locations such as senior centers and bus transfer stations (some areas in county do not have this available) with medical centers/hospitals as the destination
- Advocate to Ride On Reimagined to have a bus that follows the current route but then goes across 118 to finish at the bus depot in Germantown. There is a bus - 99 - that goes from there along Shady Grove Road where many specialists are located - and then goes to Metro. If those buses are frequent - every 15 minutes or so - this option may be workable for some depending on their physical circumstances
- Implement comprehensive outreach to residents to make them aware of available routes, especially in western Montgomery County
- Mailers are an important outreach tool for those who have poor cell reception and/or limited computer access
- Educate residents that have Medicaid, as they may qualify for the Medicaid Transportation program, which provides taxi service to doctors' appointments
- Review resident data and the county equity study by census track to build transportation resources
- Reassess allocation and location of Montgomery Cares clinics
- Plan around service hub locations and consider building a community center that includes healthcare facilities (especially in western Montgomery County)
- Consider aligning bus schedules with office hours (i.e. if there are providers that see clients on Saturdays, make sure bus schedules align with this)

3. Partnerships and Data Collection

Strategy 1: Encourage DHHS, hospitals and/or medical providers to collect data on transportation barriers as part of their routine intake process and use specialized codes to indicate the barrier. Additionally, develop a tool to collect data to determine the number of missed appointments in order to identify the actual need for transportation.

- Consider having hospitals utilize Z-Codes (e.g., Code for homelessness (Z-59)) to determine need
- Staff capacity/training will vary from one provider to the next; administrative burden
- Data collection completeness and consistency (e.g., MedStar has staff specifically to collect patient social determinants of health, but not every patient; CCI screens but may not screen every patient during every visit for social determinants of health)
- Assess the ability for data sharing across systems
- Determine if this data collection will be ongoing or a one-off process. The group recommendation is to have ongoing data collection in a centralized hub
- Data would be reported to the county for transportation planning purposes

Strategy 2: Coordinate shuttles to transport patients between medical centers, bus stops, and metro stations.

- Assess the current budget and feasibility of this project
- Develop patient education and outreach regarding services
- Consider vehicle size (some may not support large families)
- Consider vehicle accessibility
- Research and analyze the bus and metro locations and distance from medical centers

2. Program Innovations: Eligibility Improvements

Strategy 1: Provide transportation options and transportation coordinators for categories of residents not currently served by a targeted transportation program such as pregnant people who apply for WIC and the homeless who have multiple medical conditions.

- Assess staffing needs and consider adding position(s)
- Assess if there are funding and other resources available to add position(s) and expand options
- Determine residents that are impacted directly (beyond WIC participants and those who are homeless)
- Research the timing of grant availability
- Research current service gaps and determine how best to fill the gaps
- Transportation Services Improvement Fund - funded via ridesharing fees
- Determining what DHHS clients need transportation

Strategy 2: Expand eligibility (beyond the elderly and disabled) for transportation services using data to identify those in need.

- Given limited resources, may need to prioritize eligibility guidelines based on need and income

4. Communication and Outreach

Strategy 1: Partner with community-based organizations (CBOs) who know their populations to ensure they know transportation resources and how to apply for programs. Provide community outreach, education and information about medical transportation options in many languages and provide translation services.

- Create Radio, TV, cable, print providers for PSAs
- Need adequate public and private funding for media outreach
- Clear information for resource applications/requests
- Give CBOs the ability to apply on behalf of clients
- Hire community outreach workers to ensure people are aware of various transportation options
- Ensure that outreach is not limited to medical transportation options
- Assure hiring of well-trained outreach workers and provide strong training modules

5. Funding, Grants, and Contracts

Strategy 1: Develop mini grants in which organizations may apply to receive funding to reimburse their drivers (volunteer or paid).

- Recommended from workgroup to limit this funding opportunity to rural areas only (such as western Montgomery County) where residents are more impacted by lack of transportation options

Strategy 2: Enhance grant offerings further to non-profits whose populations lack access to transportation to allow them to support costs and purchase transportation vouchers/gift cards for distribution.

- Assess staffing needs and consider adding position(s)
- Assess if there are funding and other resources available to add position(s) and expand options
- Research the timing of grant availability
- Research current service gaps and determine how best to fill the gaps
- Consider using Transportation Services Improvement Fund

Strategy 3: Increase contracts with taxicab companies and/or private transportation providers for medical and human services transportation.

- Assess and prepare for potential staffing challenges to secure drivers

6. Patient Experience Improvements

Strategy: Provide training for drivers and volunteers on how to work with and transport disabled individuals in addition to cultural competency training.

- Offer training through <https://ctaa.org/pass/>
- Research potential funding sources and grant opportunities
- Assure that proper equipment is installed for accessible rides (ramps, lifts, etc.) depending on needs
- County to consider providing grants to private companies to assist with equipment purchases and modifications
- Consider using Transportation Services Improvement Fund to support trainings
- Ensure that transportation options are a 2-way round trip if possible.



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Conclusion

The transportation barriers workgroup report submitted the recommendations to the Montgomery County Chief Administrative Officer and is currently waiting for further considerations from the Office on Legislative Oversight

**Thank
you**