

Bridging the Gap between Transportation and Health Care: Door-Through-Door Volunteer Escort

Shuangshuang Wang MS¹, Lauren A. Martin MS^{1,2}, & Kasey Burr²

¹Department of Gerontology, McCormack Graduate School of Policy & Global Studies, University of Massachusetts Boston, MA 02125

²Volunteer Department, FriendshipWorks, Inc., Boston, MA 02111

INTRODUCTION

Unsuitable transportation options, confusing medical campuses and hazardous sidewalks are some of the barriers older adults face when accessing health care. The presence of family, friends or caregivers at appointments has been shown to benefit elders' comprehension of and adherence to care plans. The FriendshipWorks Medical Escort (ME) program trains volunteers to accompany elders throughout a visit and provide assistance during transport, at the medical facility, and getting home safely. This research highlights the impact of door-through-door services and the importance of a support network for older adults at medical appointments.

RESULTS: PROGRAM RECIPIENT SURVEY

Recipient Demographics

A majority of the program recipients live alone, are low-income individuals, and almost half of them consider themselves disabled. Recipients ranged in age from 45 to 89; 93% of the recipients were aged 60 or older.

Table 1. Program Recipient Demographics

	All Program Recipients	Study Population
N	128	60
Median Age	69	68
Gender		
Male	46.0%	45.0%
Female	54.0%	55.0%
Race		
White	64.6%	66.7%
Other	35.4%	33.3%
Lives Alone	85.6%	86.4%
Low Income	61.8%	55.0%

Accessing Health Care

More than half of recipients felt stress or anxiety when scheduling future medical appointments due to lack of transportation or assistance (Figure 1). Of those who felt stressed, 87.5% felt the services provided by the ME volunteers helped to relieve their stress (Figure 2).

Recipients were asked if they could get to appointments without the ME program; 35% were not sure and 34% said no. When asked to elaborate, an alarming 60% were unable to schedule and 48% have missed appointments due to inadequate transportation options (Figure 3).

Figure 1. Whether Recipients Felt Stress or Anxiety Scheduling Medical Appointment Due to a Lack of Transportation or Assistance

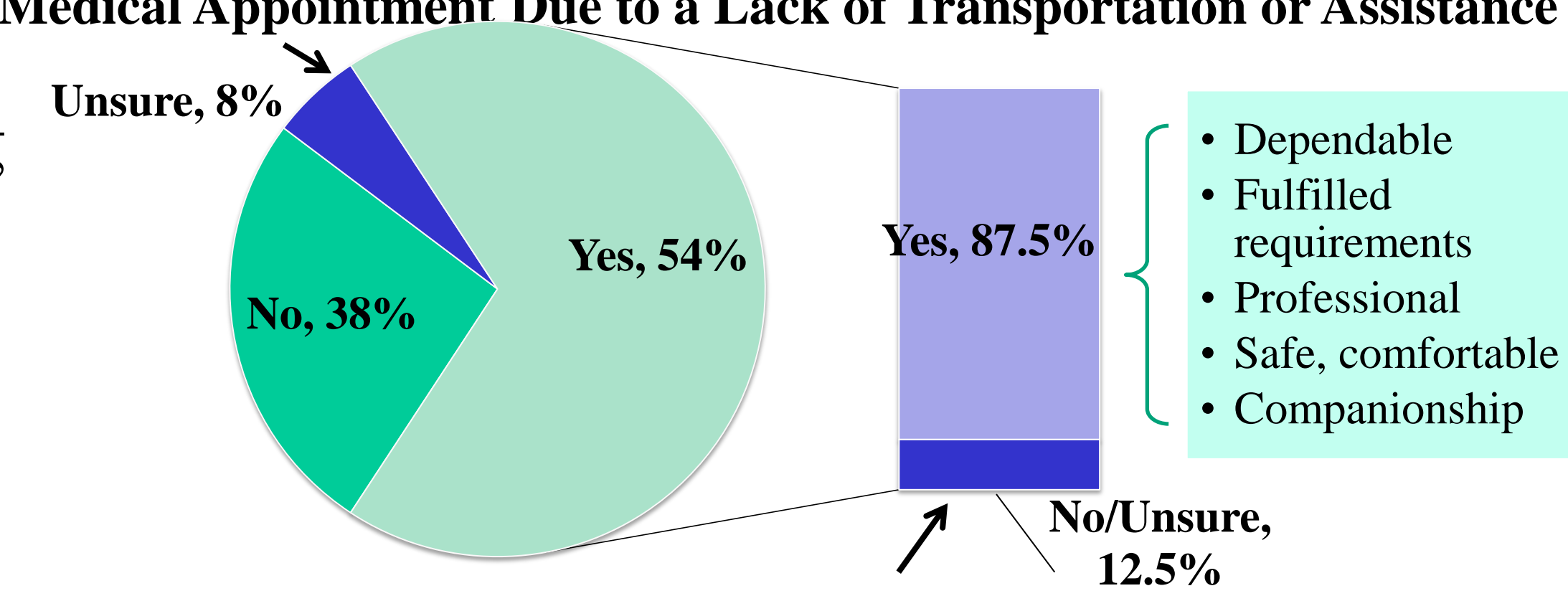
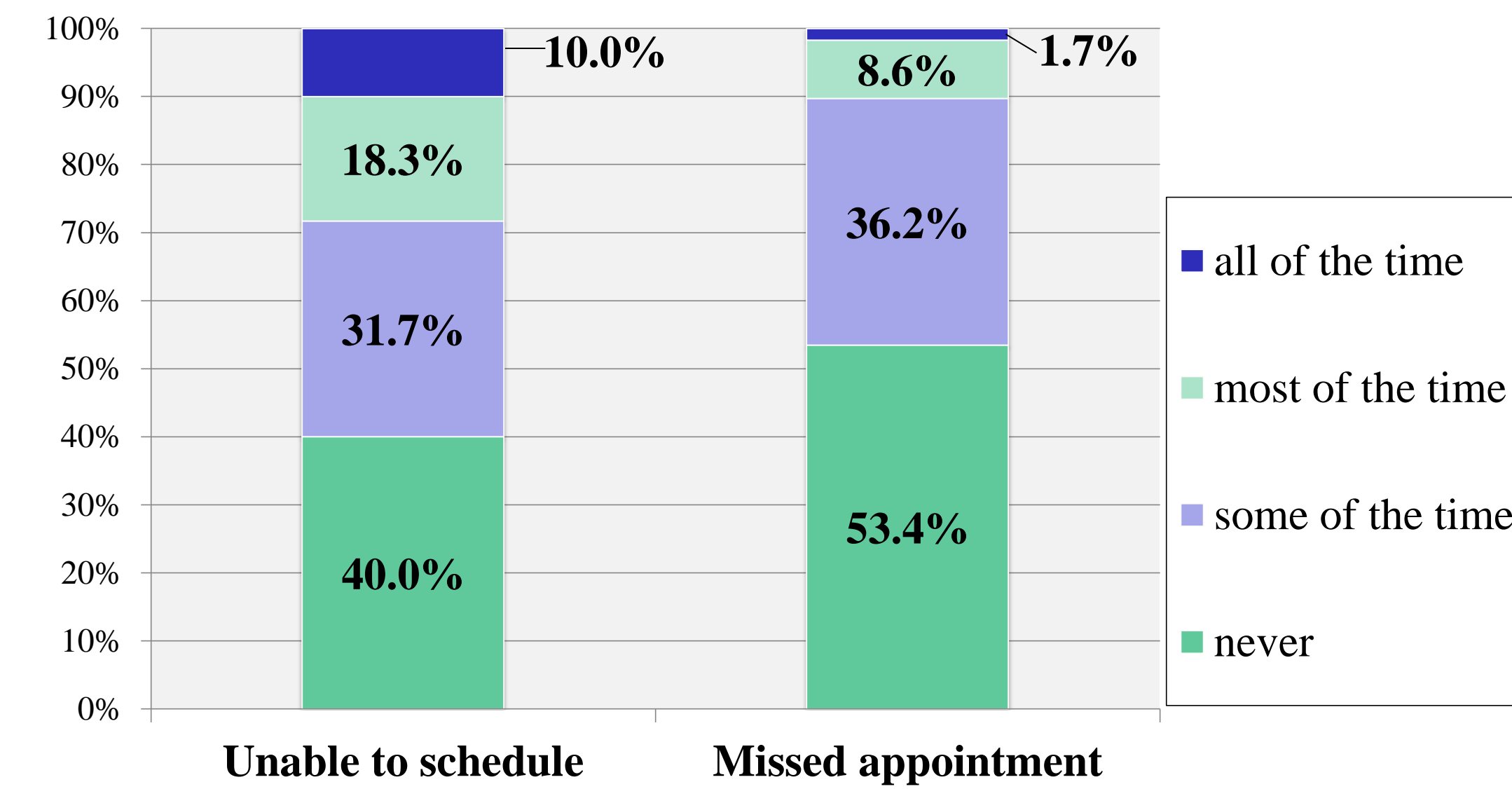


Figure 2. Of those Answered "Yes", did the ME Program Relieve that Stress?

Figure 3. Frequencies Recipients Could Not Schedule or Missed any Appointment before Using this Program



DISCUSSION

As people age, they use more medical services. An often overlooked issue is how aging and disabilities make it harder to get to services without support.

Our study suggests isolated elders are missing appointments because no one can help them get to the doctors, or they are delaying scheduling procedures because they lack adequate assistance. For example, policies often require an escort home to be released from the hospital after a surgery. We learned that for elders with no family or friends living nearby, these procedures can be postponed indefinitely.

Connecting with the FriendshipWorks ME program was possibly a life saver for some elders. 68% said it was unlikely they could have attended their appointments without door-through-door assistance. Emotional stress related to obtaining transportation was reported by over half of participants.

Specific elderly populations (e.g. living alone, disabled, low income, never married) may be more at risk for experiencing these barriers to accessing care. Having a limited social network and mobility issues seem to be the major risk factors. Volunteers not only assist with transportation needs, but are communicating with medical staff on behalf of the patient (89%), helping pick up prescriptions (77%) and scheduling follow-ups (72%).

For all elders to age well, Massachusetts must address the growing barriers to obtaining medical care. Our research shows that many elders are unable to access much-needed care without an ME service, proving that the individualized support provided by door-through-door transportation needs to be made more available to older and disabled adults. The growing population of elders and shrinking number of caregivers suggest the need for door-through-door programs will only increase.

OBJECTIVE

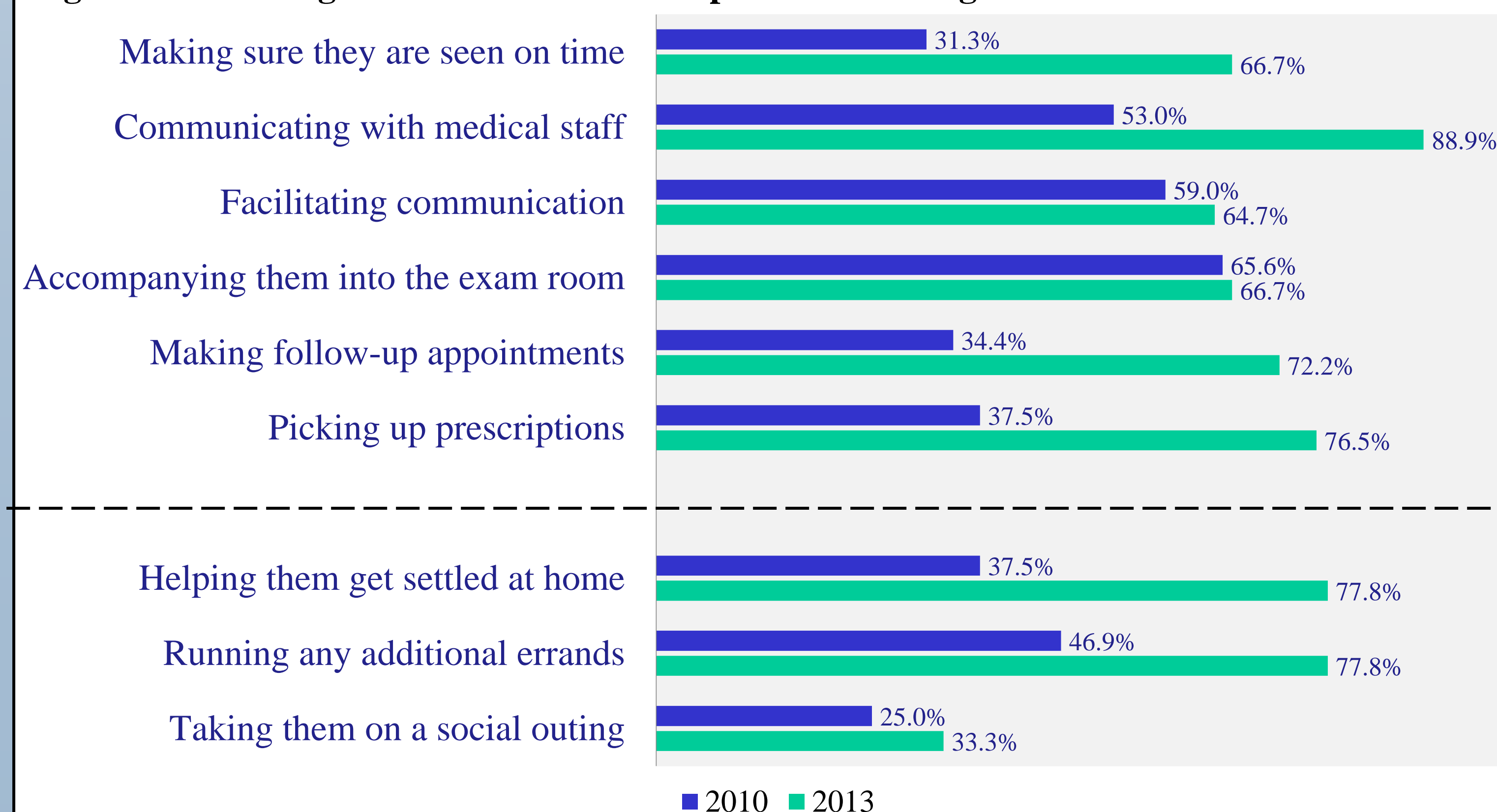
To understand whether volunteer accompaniment fills gaps in services that aim to address barriers to accessing health care. The study monitored the effectiveness of the ME program and compared findings to a 2010 evaluation.

RESULTS: PROGRAM VOLUNTEER SURVEY

Medical and Social Assistance

Volunteers for FriendshipWorks often provide medical and social assistance to elders in addition to transportation assistance. Reports of medical assistance by volunteers have gone up in every instance (Figure 4, upper); social support has also steadily increased since the last survey was taken in 2010 (Figure 4, lower).

Figure 4. Percentages of Volunteers who Reported Providing Medical or Social Assistance



Volunteer Quotes

- 'I think the typical Medical Escort recipient has no one in his/her life to help with an escort or has exhausted the use of family & friends.'

- 'I gave a man a ride from the hospital one time. He had needed this routine procedure done for a long time but hadn't gotten it because he didn't have anyone to get him discharged from the hospital. Once he found out about the program and was able to get the procedure done a few weeks later.'

- 'Having someone there to escort people to their appointments definitely can help to calm their nerves, especially related to getting there and navigating their way around. Also, providing them with the company and care during these appointments really seems to make an impact on the clients.'

METHODS

Survey data:

Findings are based on 18 volunteer and 60 recipient surveys. Instruments contained both qualitative and quantitative questions.

Analysis:

The data were analyzed using descriptive statistics for quantitative data and the constant comparative method for qualitative data.