Mind the Gap

Ryan White Part A
HIV/AIDS Transportation Needs Assessment Special Study
June 2010

Prepared for:
The United Way of the Mid-South, the Mid-South Coalition on HIV/AIDS, and the Ryan White Part A Planning Council

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Introduction

Research suggests that lack of transportation negatively impacts adherence to HIV-related medical treatment. Moreover, improving access to ancillary services such as food banks, case management, and mental health services increases positive health outcomes for people living with HIV/AIDS (PLWHA), but transportation can be a barrier to accessing ancillary services. The purpose of this Needs Assessment Special Study on transportation is to examine the role of transportation in medical adherence for PLWHA in the Ryan White Memphis Transitional Grant Area (TGA), which consists of eight counties in three states: Shelby, Fayette, and Tipton Counties in Tennessee; Crittenden County in Arkansas; Tate, Tunica, Marshall, and DeSoto Counties in Mississippi (see Map A, Appendix D).

Working in collaboration with the United Way of the Mid-South, the Mid-South Coalition on HIV/AIDS, and the Ryan White Part A Planning Council, the Center for Research on Women (CROW) has conducted an interdisciplinary, multi-methods needs assessment of transportation barriers to HIV/AIDS service delivery to consumers. Data were collected using a consumer survey, interviews with transportation and service providers, and focus groups with consumers and service providers (see Appendix A).

Included in this report are 1) an analysis of current transportation resources for accessing HIV-related services in the Ryan White Memphis TGA, 2) an analysis of current transportation needs and barriers to HIV-related services for PLWHA, 3) findings from quantitative and qualitative data collection and analysis, including links to medical adherence, and 4) recommendations related to transportation coordination improvement for the Ryan White Planning Council in the Memphis TGA.
Major Findings

Transportation Availability

Transportation availability refers to the presence or lack of transportation resources in a region. Our analysis of available transportation concentrates on two segments: public transportation (e.g., fixed bus route), and reserved-in-advance transportation (e.g., call to reserve transportation two days in advance); in addition, our analysis considers barriers to the use of private transportation (i.e., personal car, or transportation provided by family or friends).

Public transportation:

In Tennessee, public transportation is available in the City of Memphis, but not in rural Shelby County or Fayette and Tipton Counties (see Map E, Appendix D). In Arkansas, there is limited availability of public transportation in West Memphis, and no public transportation service in other areas of Crittenden County (see Map E, Appendix D).

“I stay in West Memphis... MATA [Memphis Area Transit Authority] actual does come across the bridge, but the hours of operation are very strange... they only travel on two main roads... for those in rural counties... it's just nonexistent.” (AR service provider)

There is no public transportation available in the four northern Mississippi Counties of DeSoto, Marshall, Tate, and Tunica.

[Speaking about Tunica County]... “the only free transportation is... if you’re going to the casinos.” (MS service provider)

These gaps in public transportation leave consumers who are spatially dispersed throughout the TGA to rely on other forms of transportation such as reserved-in-advance or agency-specific transportation, personal cars, rides from friends or family members, etc. The low levels of population density throughout most of the TGA outside of the City of Memphis though, will likely mean that public transportation will not be implemented for the foreseeable future, at least until population density sufficiently increases along with demand (see Appendix C).

“In DeSoto County, to get around you’d have to have a cab... Senatobia just recently got a cab company. I think it’s one or two [drivers]. And in my area there’s nothing at all, because I’m right there at Tate and Marshall County line.” (MS consumer)
Major Findings

Transportation Availability

Reserved-in-advance Transportation:

Reserved-in-advance service is available in all eight counties of the Ryan White Memphis TGA. Although this mode of transportation exists, capacity cannot meet the demand for service, especially in rural areas. The reservation process differs depending on the provider and geographic area served, but typically reservations must be made in advance (for some as much as two to three days in advance [see Appendix H]).

“DARTS [Delta Area Rural Transit Authority] is the only provider. Patients have to call three days in advance... They don't have enough buses to handle the load... DARTS only goes to certain areas like Jackson and Memphis.”
(Fayette service provider)

Private Vehicle:

Approximately half (49.5%) of the 302 consumers surveyed reported using their own car to get to appointments at least some of the time and 44.8% reported being transported by friends or family at times, but most reported using personal vehicles only some of the time.

Follow up with focus group participants identified barriers to using personal cars, including the cost of gas, parking issues (parking fees, walking distance from parking lots to providers), and feeling too ill to drive long distances.

“You have to pay to park and then you’ve gotta walk several blocks, along with the thirty minute drive that you had to get there.” (MS consumer)
Major Findings

Transportation Accessibility

Transportation accessibility refers to the ability to obtain transportation services if they are available. The results of this study found that even when HIV-related transportation options are available, some consumers cannot access the services. For example, the fixed bus routes (e.g., MATA) are available in Memphis and West Memphis, but the schedules and routes are limited and not easily or quickly adaptable to the changing needs of the community (see Appendix D). In Tennessee, for example, fixed bus route service to and from Shelby County suburbs is limited or non-existent. The ability of local governments to enhance access to public transportation is likely to continue to be constrained given the current economic situation. MATA schedules for traveling across state lines to and from West Memphis in Crittenten County are limited to a few times per day – early in the morning or late in the afternoon. In general, the MATA fixed routes service midtown and downtown Memphis, and do not meet the contemporary needs of the Memphis community.

“People that live in the ‘hood cannot get to the ‘burbs...it’s systematically designed that way. The same thing is true... if you have a client... in Germantown, it is almost impossible for them to get to Adult Special Care [downtown Memphis] ...in under 5 hours.” (Shelby service provider)

MATAplus is a system of reserved-in-advance, door-to-door transportation service for medically fragile consumers living within a ½-mile radius of the MATA fixed route lines (see Appendix D). MATAplus is available at an extra fee to consumers. This fee may be covered by a third party such as health insurance or Medicaid for those who qualify. Because MATAplus coverage is a ½-mile buffer from the fixed route lines, there are gaps in service for consumers living or traveling outside of that coverage area in the city of Memphis and suburbs of Shelby County. Additionally, MATAplus does not cross state lines into West Memphis, which does have limited MATA fixed route service.

Those with special needs experience added barriers with accessing transportation. Not all transportation service vehicles are adapted for wheelchairs, nor are they all equipped to handle the medically fragile/disabled. Transportation providers that are equipped to handle consumers with special needs have a limited supply of those vehicles and qualified drivers.

[Regarding a growing need for accessible vans] “We have to buy more and more of these every year because that need is growing as well.” (AR transportation provider)

Consumers using reserved-in-advance transportation are also limited to one accompanying traveler (e.g., family member, child) at no additional fee, and this policy may be limited to an escort or caregiver. This can create barriers to service utilization for consumers with children if they lack childcare.

“One of the policies... is that they only will take a patient and one caregiver... a mom that has two kids can’t take [the reserved van]” (Shelby service provider)
Major Findings

Transportation Accessibility

Multiple stops, especially for rural residents who tend to travel longer distances, create longer travel times resulting in a greater likelihood of missing an appointment or return transportation.

“The wait time is an issue. If a driver is going from Tunica to Memphis, and then has to go to Jackson, the patient has to wait for a new driver to come. They can’t put in time to pick the patient back up because they only wait 15 minutes. They won’t come back to pick you up.” (MS service provider)

Length of commute is also an accessibility concern for both rural and urban residents. For rural residents, traveling long distances is a daily reality, but when riding shared transportation (e.g., Medicaid van), multiple long distance stops can create very long travel times. In some instances, it is an all-day travel experience for rural residents getting to and from their medical appointments, often with little opportunity to tend to other basic needs, such as obtaining food and water (see Appendix L).

For urban residents, lengthy commutes on reserved-in-advance transportation can create similar challenges. Relying on an limited public transportation system lends itself to an increased number of transfers, increased walking time to and from bus stops, and longer wait times when buses are unable to accept additional passengers at peak times.

For those who own cars, parking, especially in the medical center section of Memphis, is an accessibility issue. Paying to park results in out-of-pocket costs; moreover, parking lot space at some health care providers’ facilities is insufficient, forcing consumers to walk long distances as a result of having to park far from the facility. This adds time delays, and increases medical burden and stress on health when a consumer is sick.

“You have to pay to park and then you’ve gotta walk several blocks, along with the thirty minute drive that you had to get there.” (MS consumer)
Major Findings
Transportation Reliability

Transportation reliability refers to the dependability of transportation services. On-time performance and service delivery are important aspects of reliability. When consumers need to get to medical appointments and are relying on public or reserved-in-advance transportation, getting to HIV-related medical appointments on time can be a challenge. Consumers face several obstacles.

“If they would just be at particular bus stops on a set schedule, when it’s supposed to be there, people can work around that... But it’s frequently not there and no telling when it will get there.” (Shelby service provider)

First, fixed route buses do not always run according to schedule, bus schedules are not always readily available (e.g., schedules and routes are not posted at all of the bus stops), and there is not a user-friendly automated phone system for consumers to access. For consumers, this makes trip navigation difficult or impossible, especially in unfamiliar areas or along unfamiliar routes.

“I’ve waited on transportation several times and it never even shows up.” (MS consumer)

Second, on high-demand fixed bus routes, buses tend to fill up at peak commuting hours and cannot accept additional passengers, resulting in consumers waiting for the next available bus. This may result in unbudgeted wait times for consumers, which can lead to late or missed medical appointments.

“They ain’t gonna pick you up, you’re gonna get turned around, and whatever. Then you got to call in two days ahead of time, make sure you get on time. . . 15 minutes after your appointment, you got to make another one.” (AR consumer)

Third, there are logistical challenges with reserved-in-advance transportation. Some of the consumers in the TGA must call to reserve transportation two to three days in advance, which is a problem for those with emergencies, next-day appointments, or whose medical facility only accepts same-day appointments. Other problems include occasional reports of drivers dropping off consumers at incorrect locations. External factors (e.g. road conditions, severe weather) may also reduce on-time performance and service delivery. Consumers voice concern that appointments will be rescheduled if they arrive more than 15 minutes late. For consumers, these issues of transportation reliability also reflect challenges of lack of information, lack of confidence in both public and reserved-in-advance transportation systems (leaving them unsure of whether they will make it to their medical appointment or other service on time), and the need for consumer education to improve/empower communication between consumers and drivers.

Not even calling... to say, ‘I'm having problems finding your house.’ Calling back to the company to say ‘I’m running late to pick up Ms. So-and-So, can you call them? What can we do about this appointment?’ Because when you have people getting up at two or three in the morning to go to Jackson and transportation never shows up, that's major... they already had a four hour drive ahead of them, they've been up waiting and [drivers] don’t show.” (MS consumer)
Major Findings
Transportation Cost

Transportation cost refers to the amount of money it costs for consumers to use transportation services. The cost of transportation for consumers depends on the type of support, if any, they receive. Even if consumers’ travel expenses are completely covered, the incurred costs must sometimes be reimbursed, requiring the consumer to have the money at the point of service.

“The voucher is $5. That’s basically just one way done and I call my friend to come and pick me up, because I can only get one voucher.”
(AR consumer)

Additionally, there are often out-of-pocket expenses that may be unrecognized by service providers. For example, parking fees and transportation to supplementary services (e.g. dental, food pantry, pharmacy, counseling, case worker) are generally not covered. Gas and taxi vouchers are often insufficient to cover the full cost of both departure and return trips, especially with recent fluctuations in fuel costs. There is variability in the costs associated with accompanying family/friends, and fees if crossing state lines, depending on type of transportation (e.g. reserved-in-advance, taxi, wheelchair accessible).

“One if you have your own vehicle, if you’re on a limited income, four or five doctor appointments in one month... your money runs out.”
(MS consumer)

One of the key concerns reported by both service providers and consumers receiving government assistance for HIV-related transportation is that such support covers medical appointments for HIV-related treatment only, and does not extend to other medical needs (e.g., dental).

“They will only provide transportation to medical appointments, not mental health, not food pantry, not any other support services, dental, nothing.”
(Shelby service provider)

“Transportation services won’t pick them up because it’s not a medical appointment, it’s a dental appointment. We got people in DeSoto County, you have to get a cab for them to pick them up, take them to the dentist, pick them back up and take them back home. That’s a lot coming out of our budget for transportation.”
(MS service provider)
Approximately a third (35%) of consumers surveyed receive some type of government assistance to help pay for transportation, however, for most (63%) the costs are never fully covered, and only 12% report that they are always fully covered.

For those consumers receiving Medicaid assistance, transportation costs to medical appointments are covered for Medicaid-approved transportation carriers. Yet many consumers do not qualify for Medicaid and do not have transportation assistance even to medical appointments. Instead, these Medicaid-unqualified consumers must rely on other sources to support them, such as Ryan White funds. Depending on the type of resource, sustainability is a challenge, as grant funds do not always cover the entire year, leaving consumers to pay out of pocket.

“As fuel costs rise, so does their number of consumers.” (AR transportation provider)

“They’re counting on [grant-funded transportation services] for their next appointment ... and when the money’s gone, it’s gone.” (MS service provider)
Major Findings

Transportation Quality

Transportation quality refers to the degree or level of excellence in transportation services. Individualized service for consumers who need it can be a challenge for transportation providers. For example, drivers are reported as being inconsistent in providing physical assistance for the medically fragile or providing wheelchair transfers. Some reserved-in-advance transportation providers require a broad explanation or diagnosis for the medical appointment for paperwork purposes. Similarly, Ryan White funding for clinic vans specifies that transportation service must be limited to consumers seeking HIV-related services. For this reason, privacy and stigma are major concerns for consumers using reserved-in-advance transportation.

“We have a [clinician] vehicle... Stigma is around that, because the other clients are saying ‘Mr. Jones is in the AIDS van.’” (AR service provider)

“We call in they say, ‘Well, what is this appointment for?’ That freaks people out because a lot of them will disclose their health status... the driver has no reason to ask them anything once they get into the car.” (MS consumer-provider)

Consumers and service providers reported in focus groups and interviews that driver professionalism, courtesy, and sensitivity can also vary.

“I had folks (transportation providers) show up with masks on the driver. And I’m saying ‘Are you kidding me? Why do you have on a mask?’ ‘Well I just don’t want it [HIV]. And I know what I’m here for because it’s on my paperwork.’” (Shelby service provider)

“You can’t generalize really, because some are very good and considerate and everything. And then some are absolutely boorish: ‘Well, where are you going? What are you going for?’ That’s an insult and it’s unbearable.” (MS transportation provider)

The poor quality of some bus stops poses safety concerns. Lack of lighting; obscured shelters; and cracked, broken, and otherwise unusable sidewalks and curbs affect the security of consumers waiting for the bus. These conditions pose additional concerns during the evening or early in the morning when it is still dark. As noted above, when the bus is not running on schedule or if the schedule is unknown, wait times at bus stops can be lengthy, thereby increasing safety concerns.

“Patients say ‘I don’t want to have anything to do with Memphis. It is too far to The MED and too dangerous in that area.’” (MS service provider)

“If it’s dark, it’s not safe... Early morning appointments especially. I hear that a lot... They may be standing out in the dark in a dangerous part of town.” (Shelby service provider)

Additionally, shared transportation is not always viewed by service providers as a healthy option for PLWHA due to increased exposure of immune-compromised consumers to contagion.

“We see folks that have a 3 t-cell count. They don’t need to be on a public bus with people sneezing and coughing and breathing [on them].” (AR service provider)
Major Findings

Red Tape

Red tape refers to obstructive official routines/procedures often originating from bureaucracy. Frequent, lengthy, and complex paperwork is a reality for both consumers and providers.

“Physicians have to complete paperwork on all their patients to deem if they’re eligible [for Ryan White benefits]... That has to be completed every six months... That’s a lot of paperwork “(Shelby service provider)

Limited education and functional literacy levels of consumers necessitate increased involvement by service providers with transportation paperwork. As consumers’ HIV-related health needs change, transportation needs also change. This too requires additional support and guidance from service providers and case managers. One key component of transportation-related red tape is locating accurate and reliable information from transportation providers (e.g. fees, schedules, changes in services). This process can be difficult and lengthy for both consumers and providers.

“The last time I went to buy bus passes, they didn’t have any of those to give me... And then, when I’d call... one time I went down there and they were like ‘No, you have to call first.’ So the next time I call they’re like ‘No, you’re not anyone special, you have to come down and stand in line.’ And I went to stand in line and then they yelled at me because I wanted 75 bus passes.” (Shelby service provider)

Consumers who qualify to be reimbursed for their travel expenses must file reimbursement claim paperwork after the medical appointment has taken place. This has proven to be a barrier for consumers who describe the claim process as complex. In addition, consumers may lack funds to pay out of pocket at the point of service and wait until they are reimbursed.

“Sometimes you go into that doctor’s office, you get some bad news, all that stuff [paperwork for mileage reimbursement] just goes right out the window.” (MS consumer)

“Maybe they’ve mapped out how they used the bus to get to us but... if anything changes ... they’re kind of stuck. Like if they’re going to Social Security and [that agent] says, ‘Oh, you don’t have your insert-name-of-long-hard-to-find-document-here, you need to go get that.’ And it’s fourteen miles away off the number 2, the number 4, the number 6, the number 8 [buses] and then transfer for an hour and a half at the corner of whatever... they just kind of end up running all over the place.” (Shelby service provider)
Major Findings

Links to Medical Adherence

Consumer reliance on either public or reserved-in-advance transportation can create many barriers to HIV-related medical adherence. For example, of the consumers surveyed, those without a car were more likely to miss appointments and/or their return transportation. In addition, the more consumers relied on public transportation, the more likely they were to report that there were certain HIV-related services they could not access because of transportation, and that they had changed their medical provider because of transportation.

“I have to drive 30 miles round trip to get my medicine from where I live in Senatobia. Then it’s 50 miles to Memphis one way to get any of the services up there. My heart doctor is way out in Raleigh. If you don’t have a vehicle, you just sit at home and die.” (MS consumer)

Furthermore, among survey participants, reliance on public transportation was associated with consumers reporting that they could not follow their HIV-related treatment because of transportation. Indeed, HIV-related service providers agree that transportation barriers can reduce consumer compliance with treatment plans, and that these challenges may contribute to patients falling out of care.

“This may be too dramatic, but our people die too young because they can’t get where they need to go. We are losing people too young.” (MS transportation provider)

... “because I need to go to a pain doctor instead of going to the clinic... I haven’t went because actually I don’t have a way to get over there. So that’s the only reason I haven’t been.” (AR consumer)

Service providers associate transportation barriers with reduced treatment compliance in both urban and rural settings.

“If you’re HIV positive and you live in a big city... It’s hard to adhere in general. But, when there’s lack of transportation it’s almost impossible.”

(Shelby service provider)

Also, providers who serve “hidden” populations, such as undocumented immigrants, report that these consumers face additional and unique transportation challenges which reduce treatment adherence.

“Attempting to try to explain the bus route, how to use the bus, to especially to somebody who doesn’t speak English, it’s nearly impossible.”

(Shelby service provider)

“Latinos... are very afraid to ask for [transportation] aid. I think it really hurts compliance.”

(Shelby service provider)

Consumers, especially those in rural counties and those who do not own their own car, confirm that transportation barriers have caused them to miss appointments, and risk falling out of care.
Major Findings

Links to Medical Adherence

One fifth of the survey participants (20%) had not received HIV-related medical treatment during the past 12 months, and more specifically, among those with cars, 16% had fallen out of HIV-related care in the past year, as compared to 23% among those without cars.

“If you don’t feel well, you’re not going to go... they’re not going to get on that van and spend 6, 8 hours, 10 hours, 12 hours.”  (MS consumer)

Even consumers who own their own car report that parking can be barrier in keeping HIV-related appointments, and can lessen the resolve to adhere to treatment plans.

“I’ve been cancelled because I was late, because I couldn’t find a parking spot”  (MS consumer)

“On a nice day, you might not mind walking a block. But if you don’t feel well, and it’s really cold, or it’s raining, or it’s really hot, you don’t even really want to walk from the parking lot that’s next to The MED. You’re in pain, you’re uncomfortable, and then to know that you’ve got to walk from four or five blocks away, when you’re in pain – you just don’t want to do it.”  (MS consumer)
Recommendations

Recommendations for Ryan White (RW)

1. **Education/Information**
   - Educate transportation providers on availability of funding
   - Prepare step-by-step guide for consumers on procedures to qualify for transportation (with agency locations and directions)

2. **Funding**
   - Advocate for increased funding for MATA
   - Target funding to underserved areas (e.g. North MS, rural counties)
   - Identify funding for emergency transportation (when MS appointments are scheduled sooner than minimum 2-5 day reservation period)

3. **Review and modify policies to reduce barriers to transportation services**
   - Reconsider policy restricting clinic van funding to RW patients
   - Require adequate parking capacity and access for all clinics receiving RW funding
   - Advocate for policy to broaden transportation coverage for all PLWHA wishing to avoid exposure to infection on public transportation
   - Advocate for policy to expand the number of infants and young children allowed to accompany a consumer
   - Advocate for policy to broaden transportation coverage for other essential services
   - Advocate for reduced paperwork
     - To qualify for transportation
     - For reimbursement (e.g. mileage documentation)
     - To allow physicians single certification for permanently disabled consumers to have long-term access to MATAplus and Medicaid transportation

4. **Build Transportation Collaborative**
   - Partner with other key networks similarly affected to create a more effective, innovative system (e.g. Center for Independent Living, Coalition for Accessible Transportation, MATA Specialized Transit Advisory Committee [STAC])
   - Educate local and state political leaders and seek a political leader who might champion transportation issues
   - Participate in the formal ten year transportation planning process
   - Encourage collaborative to consider innovative transportation designs to better meet needs
   - Identify best practices from other communities that could be adopted
Recommendations

Recommendations for Service Providers

1. Align patient scheduling with transportation reservation policy
   - Review same day scheduling policies
   - Review policy of rescheduling patients who arrive 15 minutes late

2. Increase parking accessibility
   - Increase lots near clinics
   - Provide shuttle service from distant lots
   - Reduce fees for parking

3. Ensure consistent case manager training related to transportation
   - Include transportation in case manager professional development workshops
   - Provide specific and current information to consumers
   - Educate consumers to make effective use of transportation
     - Advise consumers to tell transport scheduler that trip is “routine checkup”
     - Advise consumers to schedule pickup/delivery for anonymous locations
     - Advise consumers to proactively notify case managers of changes affecting transportation (e.g. lose license, car problems, ailing/disabled, change in healthcare needs)
     - Advise consumers to bring food & drink for long days

Recommendations for Local Government

1. Improve transportation-related infrastructure (in negotiation with Clear Channel, owner of bus stops)

2. Support an increase in funding for public transportation

3. Take a proactive role in advocating for improved transportation systems for those with chronic diseases
   - Improve sidewalk and curb cut conditions around bus stops
   - Improve safety at bus stops (lighting, patrols to reduce use of bus shelters by homeless)
   - Coordinate with Safe Routes to School program (federally funded)
Recommendations

**Recommendations for Transportation Providers**

1. **Improve information access**

2. **Improve service delivery**
   - Expand access to reliable & current information via websites, brochures, telephone
   - Increase transparency in pricing
   - Ensure consistent driver training at hire and in refresher workshops
     - HIPAA rules and customer courtesy
     - Notification of delays
     - Wheelchair transfers
   - Ensure GPS availability on vans
   - Monitor on-time record

**Additional recommendations specific to MATA:**

1. Review transportation-related infrastructure to enhance service to consumers relying on public transportation for their health needs

2. Mark bus stops with bus numbers, and post route maps and schedules

3. Improve safety conditions at bus stops
   - Partner with the Memphis Police Department (MPD) to complete a safety assessment
     - Consider installing blue lights/safety buttons
     - Increase visibility inside enclosed bus shelters

4. Expand routes and schedules, including citizens into decision making process
   - Review current service and scheduling patterns (work with key health providers to identify/align transportation services with service provider scheduling policies)

5. Review routes and links to subsidized disability housing

6. Negotiate with city and county for dedicated funding

7. Assure best practices to demonstrate efficiencies and effectiveness of system to engender public support

8. Create more accessible and reliable trip planner for website, telephone

9. Update system to allow bus drivers to sell multi-day fast passes
The Center for Research on Women at the University of Memphis has investigated issues of gender, race, class, and social inequality for more than a quarter century. Our mission is to conduct, promote, and disseminate scholarship on women and social inequality.

An interdisciplinary unit within the University’s College of Arts and Sciences, this thriving academic center is home to collaborative researchers committed to scholarly excellence and deep community involvement. The Center is regarded as a national leader in promoting an integrative approach to understanding and addressing inequities in our society.

The Center’s approach to research, theory, and programming emphasizes the structural relationships among race, class, gender, and sexuality, particularly in the U.S. South and among women of color.

This kind of action-oriented, community-based research strengthens the public’s understanding of women’s experiences and informs local, regional, and national public policy.

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Appendix A

Methodology

This study employed multiple methods, including Geographical Information Systems (GIS) mapping, surveys, focus groups, interviews, open meetings, and case studies. For all methods, the Memphis Area Ryan White Planning Council helped identify service providers who served as liaisons to participants and provided expertise on logistics. All methodologies were reviewed and approved by the University of Memphis Institutional Review Board for the protection of confidentiality and the rights of participants. All data and recordings are securely stored in locked cabinets only accessible to the research team, and all identifying information has been removed.

GIS Mapping of Transportation and Health Care Assets. Geographic Information Systems (GIS) integrates hardware, software, and data for managing, organizing, and analyzing geographic data. Using ArcGIS 9.3, maps of transportation routes and health care assets were created to visualize and analyze gaps in health care and support services and transportation resources for Ryan White consumers. Appendix E has a complete list of the assets that were collected and mapped. Information on each of the assets were collected by undergraduate students in a University of Memphis geography course in the Spring of 2010 (ESCI 3430). Students collected data for each type of asset in seven out of the eight study area counties – all except Shelby County - that included location, contact, hours of operation, services available, etc.

A multi-methods approach for locating information was employed, including the 2007 HIV/AIDS Resource Directory created by members of the 2007 Case Management Committee of the Mid-South Coalition on HIV/AIDS, a non-profit organization (501(c)3) database provided by the Center for Community Building and Neighborhood Action (CBANA) at the University of Memphis, telephone books, Friends for Life website, and internet searches. Students also verified information on much of the data that they collected with follow-up phone calls. The data was geocoded into ArcGIS 9.3 and turned into shapefiles. Assets’ shapefiles for Shelby County were obtained from CBANA. Additional shapefiles such as transportation routes, administrative boundaries (i.e., county boundaries, state boundaries, and census geography), and census data were added to the GIS project from ESRI Data and Maps database. The assets that were collected and transformed into shapefiles were loaded into a GIS project and manipulated to create a series of maps that informed the project team (see Appendix D).

Additionally, The Ryan White Planning Program Office provided CAREWare data, including demographic and locational information on Ryan White Part A recipients. In order to preserve confidentiality and adhere to HIPAA rules, this data was provided to the project group with no names or exact addresses, but rather with id numbers and aggregated to the census block group. Census block groups are a geographic unit used by the U.S. Census Bureau and contains between 600 and 3000 people. Relevant CAREWare data was mapped by block group and indicated where consumers resided in relation to transportation and health care assets (see Appendix C).

Survey. A 4-page, self-administered consumer survey was developed to measure barriers to using and accessing transportation. A draft of the survey was reviewed by the Ryan White Part A Planning Council Needs Assessment Committee and changes were incorporated. The scannable survey was designed to be self-administered, however, in the event that a consumer required help with completing the survey, a trained member of the research team read and filled in the survey with the consumers.

Survey data collection was completed in April-June 2010, and a total of 302 surveys were completed. The survey was administered on multiple days at Friends for Life (hours = 31) and the Adult Special Services clinic at The MED (hours = 17). In addition, approximately 500 copies were disseminated to service providers and other key informants (e.g., consumers) who helped distribute the survey to participants. Participants who chose to complete the survey in this fashion placed the completed survey in a manila envelope with a pre-paid mailing label, sealed it, and placed it in the mail. A total number of 45 surveys
were returned through the postal mail, 135 from Friends for Life, 116 from The MED, and six from open meetings (see Appendix F).

**Service Provider Focus Group.** One focus group with Ryan White Part A service providers was conducted in March (see Appendix I). The purpose of the focus group was to gain better understanding of the impact of transportation on medical adherence. Participants were recruited through a Ryan White Part A Planning Council member and it was part of a regularly scheduled meeting. The focus group was facilitated by a trained member of the research team and lasted approximately one hour. It was audio recorded and transcribed. The transcription was reviewed and coded for use in data analysis.

**Interviews with Transportation Providers.** Transportation providers from the public and private sectors and transportation key informants were interviewed March-June 2010 (see Appendix H). The purpose of the transportation interviews was to provide insight into current transportation resources in the eight county region, transportation needs and barriers of PLWHA, how well current transportation resources meet the needs of consumers, and potential areas for transportation coordination improvement. Interviewees were either referred by a Ryan White service provider or by another interviewee. The total number of interviews conducted was 10. Interviewees were contacted via phone or email and asked to participate. The interviews were conducted by a trained member of the research team in-person or over the phone, and lasted approximately an hour. In some instances, a second researcher observed and took notes. All interviews were tape recorded.

**Interviews with Service Providers.** Interviews with HIV service providers were conducted March-May 2010 (see Appendix I). The purpose of the HIV service provider interviews was to collect additional information about specific areas or populations in the study area. Interviewees were either referred by a Ryan White service provider or were identified by the research team. Interviewees were contacted via phone or email and asked to participate. The interviews were conducted by a trained member of the research team in-person or over the phone. In some instances, a second researcher observed and took notes. The total number of service provider interviews conducted was three. All but one of the interviews were tape recorded.

**Open Meetings with Consumers.** Two focus groups with consumers, termed “open meetings”, were held in order to understand the consumers' perspective on transportation barriers and medical adherence (see Appendices J and K). The first meeting was held at the public library in West Memphis, Arkansas with seven participants. Participants for the AR meeting were recruited via service providers. Flyers were sent via postal mail and service providers followed-up with phone calls. Some participants were also recruited via email messages from service providers. The second meeting was held at the public library in Olive Branch, Mississippi. Seven participants attended, including three from Northern Mississippi and four from the Memphis area. Participants for this meeting were recruited via service providers who either distributed a flyer for the meeting in-person or via email. Both meetings were led by a trained member of the research team using a series of semi-structured questions. Additional researchers were present to observe and take notes. Both meetings were tape recorded and transcribed. All participants received a $20 gift card to Wal-Mart for their participation.

**Case Studies.** Two case studies were conducted in June (see Appendix L). The purpose of the case studies was to provide a “day in the life” of a consumer who uses transportation. One participant was a public bus rider and the second participant relied on reserved transportation as a means of travel. Participants were recruited either through service providers or consumers. They were contacted via phone by a trained member of the research team who either met with them in person or completed the interview over the phone. A pseudonym was used for one participant to protect her identity. One case study was tape recorded. The other case study was not recorded at the request of the participant. Information from this consumer was kept in the form of interview notes only.
Appendix B

Literature Review

HIV in Rural Areas and the South

HIV and AIDS has historically been an urban problem. Recent increases in the number of HIV positive cases in rural areas, however, are well documented (CDC, 2006; Mamary, Toevs, Burnworth, & Becker, 2004), and HIV disproportionately affects the South1 (CDC, 2006), with 67% of the total rural HIV cases occurring in Southern states in 2006 (CDC, 2006). Nearly half (46%) of new HIV cases in 2007 were from Southern states (CDC, 2009). Among racial groups, African Americans are disproportionately affected and have the highest rate of new cases of any racial/ethnic group, with the rate of diagnosis in adults and adolescents 10 times that of Whites (CDC, 2008). HIV/AIDS was the fourth leading cause of death among Black men aged 25-44 in 2006 (Kaiser, 2009a). When including gender, African American women are disproportionately affected by HIV, which was the third leading cause of death among Black women aged 25-44 in 2006 (Kaiser, 2009b). Black women comprise 12% of women in the U.S. and account for 67% of all female HIV/AIDS cases in the country (Vyawaharkar, Moneyham, & Corwin, 2008).

Barriers for Rural & Southern Residents

The emergence of people living with HIV/AIDS (PLWHA) in rural areas presents a host of challenges, culminating in higher death rates from HIV in the South (Reif, Lowe Geonnotti, & Whetten, 2006; CDC, 2009). Southern residents and those living in rural areas face both unique and similar barriers when it comes to accessing health care. Healthcare tends to be in shortage and inadequate in both areas. Rural areas in particular have insufficient medical specialists available to treat PLWHA, and research has suggested that consumers live longer when cared for by an experienced provider (Cohn, et al. 2001). Long travel times and difficulty accessing transportation can be barriers in rural and Southern areas. Moreover, conservative values in Southern and rural areas can stigmatize education and testing surrounding certain diseases, such as sexually transmitted diseases (STD). The unique nature of HIV presented in a rural context adds many layers of complication to an already complex disease (Reif, Golin, & Smith, 2005).

There is a confluence of issues that disproportionately affect those living in Southern states, such as lower education rates, a higher population of African Americans, fewer individuals with insurance, higher rate of poverty, and a higher rate of STD infection (Mehta, Moore, & Graham, 1997; Reif et al. 2006). Poverty and lack of health infrastructure are not enough to explain HIV/AIDS prevalence. The history of institutionalized racism that has created a culture of distrust in the medical system discouraging African Americans from getting needed care should also be considered (Reif, et al. 2006). Of the rural Southern areas studied by Hall, Li, and McKenna (2005), HIV positive individuals from the Mississippi delta2 were younger at time of diagnosis, the primary exposure for men was sex with men, and women were exposed through heterosexual sex.

Access and Retention in Care and Overall Health

There is a "strong and consistent relationship between the receipt of four ancillary support services [case management, transportation, mental health or chemical dependency counseling] and access to and retention in HIV primary care" (Sherer, et al. 2002, pp. 39). Inconsistent contact with a primary HIV care provider is found to adversely affect the overall health status of PLWHA from a lack of close monitoring of disease progression and response to medication (Napravnik, et al. 2006). More vulnerable populations (e.g. women, African Americans, and the uninsured) tend to have worse access to care3 (Napravnik, et al. 2006). Yet adherence to clinic visits

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1 Defined by the CDC as: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
2 Defined by the Delta Regional Authority as: 240 counties in eight states, include the counties in the Ryan White study area
3 In the research by Napravnik et al. 75% of respondents visit primary care doctor fewer than the recommended 4 visits annually.
may increase adherence to medications (Sherer, et al. 2002). Sethi, Celentano, Gange, Moore, and Gallant (2003) also found an association between lack of adherence to highly active antiretroviral therapy (HAART) and drug resistance mutations in the virus. Of the patients evaluated by Sherer et al. (2002), over 60% were in need of transportation assistance, of which 80% received service. The individuals who required and received transportation assistance were more likely to receive regular care.

PLWHA who are caught in the cycle of falling in and out of care often have a number of contributing factors that are barriers to care. Many of these factors may be points of intervention to discontinue this cycle of falling in and out of care and include: acceptance of diagnosis, use of a personal support system, management of substance abuse, mental illness, stigma, and the ability to avoid other barriers to care, such as transportation (Rajabiun, et al. 2007). More subtle nuances that alter a consumer’s attitude towards care can be their relationship with healthcare providers or having a better understanding of the disease (Rajabiun, et al. 2007). Difficulties obtaining needed services and resources when combined with negative interactions with providers can thwart efforts to seek proper treatment (Vyavaharkar, et al. 2008).

**Transportation as a Barrier to HIV-Related Services**

Transportation is a key factor in all aspects of rural health. Lack of transportation has been associated with retaining consumers in care (Ashman, Conviser, & Pounds, 2002; Mehta, et al. 1997; Lo, MacGovern, & Bradford, 2002). The lack of services and specialists available to PLWHA in rural areas is a barrier in and of itself, reducing access to aggressive early intervention in treatment that leads to better long term outcomes (Heckman, et al., 1998). Research on PLWHA with unmet transportation needs show a positive association with receipt of ancillary services and number of primary care visits (Ashman, 2002 et al.; Andersen et al. 2007). Whetten et al. (2006) found that there was no decrease in utilization of ancillary treatment programs for PLWHA with increased distance when transportation was provided for those in need. This counteracts the time-distance decay theory that, when all other things are equal, distance is a discouraging factor in retention in care. Research conducted in Chicago indicated that close to half of the sample had at least one unmet service need. The top four unmet services due to cost were dental, housing, transportation, and food (Kenagy, et al. 2003). This finding was unexpected by the researchers because of the ability of the study participants to qualify for Medicaid and Ryan White Care services. The cost of needed services for those in the sample would be mitigated through enrollment in entitlement and community support programs. In North Carolina (Reif et al. 2005), a study of transportation for PLWHA found that “58% of rural-based case managers indicated lack of transportation services to be a ‘major problem’, whereas 30% indicated transportation to be a ‘major problem’ in urban areas” (pp. 562), confirming previous findings that transportation is a significant barrier for both rural and urban consumers, more so for rural consumers.

**Gender and Racial Differences**

Many of the barriers for PLWHA in accessing and remaining in care are exasperated when combined with gender, race/ethnicity, and location. When gender and race/ethnicity are intersected with transportation, women have lesser mobility than men in general. For example, women are more likely to be reliant upon public transportation and less likely to own a personal automobile than men, especially African American and Latina women (Mclaafferty & Preston, 1991, 1997). In comparison to white women, African American and Latina women have longer commutes (measured in time), which has been associated with fewer transportation options and therefore, limited spatial mobility (Hanson & Pratt 1994; Mclaafferty & Preston 1991, 1997). A considerable factor impacting women’s access to healthcare is access to resources such as transportation (Vyavaharkar, et al. 2008).

Consumers have complex and interdependent relationships with others, and health care providers do not always take into account these relationships and how they impact transportation and medical adherence (Castañeda, 2000). For example, many women have children in their care for whom arrangements must be made, ranging from childcare while at appointments to longer term arrangements in the event of advanced
illness or death. The referential relationships women have in their lives (e.g. mother, wife, sister, daughter) means that their actions reflect on others in their social network, more so than for men (Castañeda, 2000), thereby creating potentially more complex decision-making when travelling to medical appointments.

Confidentiality can also be an issue, especially for rural residents. For example, some women living in rural communities will travel great distances for care in clinics in urban centers to ensure confidentiality (Castañeda, 2000; Vyavaharkar, et al. 2008). Although this strategy works for some, it is not an option for others who lack the resources to do so. In areas with little or no public transportation options, those in a position of needing assistance to access care are at the will of others in their life. For women in abusive relationships, transportation can become space for the abuser to exhibit control, resulting in decreased access to care (Squires, 2007).

**Conclusion**

Overall, there are a number of factors in the literature that are significant barriers for PLWHA and medical adherence. These contributing factors include: location, geography, gender, race, ethnicity, economic status, stigmas, mental health, substance abuse, provider/consumer relationship, and access to information. Access to transportation varies depending upon these factors, and can serve to prevent PLWHA from receiving the care they need.
Appendix C

GIS Analysis

Geographic information systems (GIS) is a system for mapping, visualizing, and analyzing geographic data. This project uses GIS to map community assets, resources, capacities, and abilities in relation to where consumers reside. Assets mapped included health care, social services, higher education institutions, community services, churches/congregations, and transportation. Specifically, the project team used asset mapping to understand the connection among where consumers reside, Ryan White health care providers, transportation resources, and other support services.

**Spatial Distribution of Consumers and Healthcare Providers.** To understand where Ryan White consumers reside in the TGA, epidemiological data drawn from the 2009 Ryan White Part A Needs Assessment was mapped (see Map A, Appendix D). The majority of those identified as testing positive for HIV/AIDS reside in Shelby County (5,949 cases, constituting 89% of all cases in the TGA). DeSoto and Crittenden Counties have the second and third largest populations of PLWHA with 238 cases (4% of all cases) and 218 cases (3% of all cases), respectively. The rest of the counties in the TGA have 1% or fewer of the reported cases.

Map B in Appendix D shows the spatial distribution of Ryan White consumers by block group placed over the TGA, using data obtained from CAREWare (2007-2010). This map shows that the majority of consumers reside in Shelby County, more specifically within the City of Memphis (see Map C, Appendix D). Block groups where consumers live are dispersed across the entire TGA including the northern part of Tipton County near Covington, eastern Fayette County off of Route 64, Crittenden County (mostly in or near West Memphis but also southwestern corner of the county), Tunica County in and surrounding Tunica city, northern parts of DeSoto and Marshall Counties near the TN border, and central and eastern Tate County near Senatobia.

Ryan White providers are overlayed onto the consumer data (see Map D, Appendix D), revealing a clustering of providers in the City of Memphis in Shelby County. Additionally, there is one provider located in Tunica County, MS (Aaron E. Henry Community Health Service Center), one provider in Crittenden County (East Arkansas Family Health Center), and one in DeSoto County, MS near the MS-TN state line (Sacred Heart Southern Missions). There are no Ryan White healthcare providers in the rural areas of Shelby, Fayette or Tipton Counties in Tennessee or in the eastern and southeastern, rural areas of DeSoto County, and none in Marshall or Tate Counties in Mississippi.

**Connecting to Transportation.** Map E in Appendix D displays the Ryan White consumers and health care providers along with the MATA fixed routes and the MATAplus coverage. MATAplus coverage extends ¾-mile from the MATA fixed routes. It is evident from this map that public transportation is only available in Shelby County – concentrated within the City of Memphis - with limited availability in West Memphis, AR. MATAplus does not cover any areas outside of Tennessee; this means that there is no MATAplus coverage in West Memphis, AR.

Each county in the TGA has reserved-in-advance transportation and limited agency-specific transportation services. However, the project team learned that demand for transportation, especially outside of Shelby County, exceeds the supply, especially in northern Mississippi (see Appendix G).

Map F in Appendix D shows the 30-minute and 60-minute drive time buffers from the Ryan White providers. This map uses the road network and optimal conditions to identify drive times. Results show that a large portion of consumers in the TGA reside within a 30-minute drive of providers, and almost all consumers in the TGA fall within a 60-minute drive time, meaning that a Ryan White provider is accessible to almost all consumers within the TGA within 60 minutes. It is important to note, however, that this map displays geographic distance, not actual consumer travel behavior. Consumers who have access to an
Appendix C

automobile can typically access a Ryan White provider within approximately one hour. However, as survey analysis shows (see Appendix F), a majority of consumers tend to rely on more than one mode of transportation, and about half of all consumers surveyed lack access to an automobile.

**Conclusion.** The majority of consumers and providers cluster in Shelby County, more specifically in the City of Memphis. Transportation resources are available outside of Shelby County but they are more limited and do not meet demand, especially in northern Mississippi, where consumers rely on medical services in Memphis, TN and Jackson, MS. Consumers who have access to a private automobile tend to have increased accessibility to a Ryan White healthcare provider, not taking into account other factors (e.g., cost, parking, weather, road conditions).

Tipton and Fayette Counties in Tennessee have no Ryan White providers, few consumers, and limited transportation resources. Crittenden County, AR has a clustering of consumers in West Memphis, one Ryan White healthcare provider, very limited public transportation, and reserved-in-advance transportation. All of Crittenden County falls within the 60-minute drive time of Ryan White providers. Northern Mississippi counties have a dispersal of consumers across all four counties, no public transportation, and reserved-in-advance transportation. Less than half of northern Mississippi counties can access a Ryan White provider within 30 minutes and not all can do so within 60 minutes (but note the number of consumers is low). Shelby County has the most consumers and providers, public transportation, MATAplus, reserved-in-advance, and agency-specific transportation, and most consumers with access to an automobile can reach services within 30 minutes. In other words, Shelby County is most accessible in terms of assets, whereas Crittenden County appears to be the second most accessible area. Fayette and Tipton Counties have few consumers and low access to services. Northern Mississippi has a significant pool of consumers as well as the need for more resources and accessibility.
Total number of PLWHA residing in Memphis TGA counties.

Percentage of total number of PLWHA residing in each county.
Appendix D, Map B

MAP B: Ryan White Consumers

Sources:
- RW CAREWare Memphis TGA
- U.S. Census Bureau
- ESRI Data & Maps

No. of Consumers

0  1-5  6-10  11-15  15+

THE UNIVERSITY OF MEMPHIS
Center for Research on Women
Appendix D, Map C

MAP C:
Inset of the City of Memphis

Sources:
RW CAREWare Memphis TGA
U.S. Census Bureau
ESRI Data & Maps
Appendix D, Map D

MAP D: RW Consumers & Providers

Sources:
- RW CAREWare Memphis TGA
- U.S. Census Bureau
- ESRI Data & Maps

THE UNIVERSITY OF MEMPHIS
Center for Research on Women
MAP E: RW Consumers, Providers, MATA

Sources:
- RW CAREWare Memphis TGA
- Memphis Area Transit Authority
- U.S. Census Bureau
- ESRI Data & Maps
Appendix E

List of Assets Collected for Mapping

Health care
- Hospitals
- Primary care providers – Clinics or doctor’s offices
- HIV specialists – Doctors and other health workers who specialize in HIV/AIDS treatment
- Mental health – Mental health specialists, clinics, facilities, including psychologists, psychiatrists, and counselors, could also be clinical social workers with a counseling practice
- Dental health – Dentists and oral surgeons
- Pharmacies – Including pharmacies located in grocery or other larger stores (e.g. Wal-Mart, Sam’s Club)
- Hospice – Facility that provides special care for people who are near the end of life and for their families
- Health departments – State/County run offices that regulate and monitor health-related issues
- School-based health clinics
- Residential facilities for the chronically and terminally ill – Nursing homes, assisted living, and other residential facilities for people who need health care
- Reproductive services – Birth planning and family planning service facilities
- Aftercare/Transitional care – Facilities that provide medical services for patients after they leave the hospital; post-surgical aftercare facilities

Social Services
- HIV agencies – Agencies that provide support services for those with HIV/AIDS
- Child care – Facilities that provide daycare for children
- Transitional shelters – Domestic violence shelters, homeless shelters, halfway houses for those coming out of prison, rehab, etc.
- Food pantries – Facilities that provide groceries and canned goods to those who are in need
- Soup kitchens – Facilities that provide meals (hot or cold) to those who are in need
- Adult daycare – Centers designed to provide care and companionship for seniors who need assistance or supervision during the day
- Career counseling/Job readiness – Centers that offer assistance in finding a job including resume assistance, job hunting, clothing, GED assistance, training, etc.
- Youth employment – Centers that provide employment, skills/tutorial training, mentoring, guidance, counseling to youths
- Low income housing – Affordable housing; subsidized housing such as Section 8 housing vouchers

Education
- Colleges – 2-year and 4-year post-secondary schools; includes colleges, junior colleges, universities, community colleges, technical training schools

Community Services
- Community centers – Not-for-profit community service organizations or neighborhood community centers that may provide: health, fitness, and wellness services and programs, educational development and training services, child care and afterschool care, summer day camp (e.g., YMCA/YWCA, CDC’s)
- Beauty salons – Hair, nail, and beauty salons, day spas; have been used as locations for outreach or intervention programs for HIV (e.g. Community HIV Network and UT Preventive Medicine)
Appendix E

- Libraries – Public libraries
- Emergency services – Police stations, fire stations, EMT locations, service areas

Churches/Congregations
- All religions and denominations

Transportation
- Taxi companies – Taxis, service area
- Bus companies – Buses, limos, shuttles, service area
Appendix F

Survey Results

Participants
A sample of 302 consumers from eight counties completed the survey, including 87% from Shelby County, 6.2% from DeSoto County, 2.4% from Crittenden County, and 1.7% from Tunica County. The remaining counties (Tate, Fayette, Tipton) made up less than one percent of the sample, each. The survey was administered at Friends for Life (n = 135), the Adult Special Services clinic at The MED (n = 116), through service providers and other key informants (n=45), and at open meetings (n=6). The sample is not a random sample and should not be considered representative of PLWHA in the TGA (see Appendix A). The overall demographics are as follows:

- Gender: 61% men; 39% women
- Average age: 44.8 years (range 21 to 79)
- Average Age at Diagnosis: 34.5 years (range 13 to 64)
- Race/ethnicity: 85% African-American, 15% are white.
- Sexual orientation: 62% heterosexual, 27% homosexual, 10% bisexual

Overall, the sample reported a range of education, with approximately 40% reporting a GED or HS diploma, and 40% reporting at least some college (see Figure F1). The majority of the sample reported very low household income (40% between $0 and $5,000; 37% between $5,001 and $15,000), and a large portion (40%) reported their primary source of income as public assistance (26% part-time or full time employment [see Figure F2]). Over half (54%) receive Medicare or Medicaid, whereas 20% report having no health insurance (see Figure F3). Close to a third of the participants reported moving in the past 12 months, reflecting a high rate of transience, compared to 12.5% for the general U.S. population (U.S. Census Bureau, 2009).

Figure F1. Highest Level of Education

<table>
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<th>Level of Education</th>
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<tr>
<td>or some high school</td>
<td></td>
</tr>
<tr>
<td>GED</td>
<td>11.7%</td>
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<tr>
<td>High school diploma</td>
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<tr>
<td>Some college but no degree</td>
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<tr>
<td>Associate's degree</td>
<td>8.2%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>7.8%</td>
</tr>
<tr>
<td>Graduate or professional</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Level of Education

Percent

0 5 10 15 20 25 30

Less than high school or some high school
GED
High school diploma
Some college but no degree
Associate's degree
Bachelor's degree
Graduate or professional degree
Figure F2. Primary Source of Income

- Full time employment: 14.7%
- Part-time employment: 11.4%
- Public assistance (including worker’s comp, VA benefits, unemployment, disability): 40%
- Family (including child support and alimony): 8.6%
- Odd jobs (e.g. yard work): 4.9%
- Other: 20.4%

Figure F3. Types of Medical Coverage

- Medicaid from the state of TN, MS, AR: 33.6%
- Medicare from the federal government: 20.9%
- Group insurance through my job or former employee/another family member’s job: 7.2%
- Church Health Center insurance plan: 0.9%
- Private insurance I pay for myself: 2.6%
- I don’t have health insurance: 20.4%
- Other: 14.5%
Use of Transportation

Consumers were asked a series of questions about their use of transportation to access HIV-related services. Results indicated that most consumers relied on one or two modes of transportation to access services (see Figure F4). Public transportation was used by almost half of the consumers surveyed at least some of the time, and approximately a quarter reported that they use reserved transportation. About half reported that they have used their own cars to reach services at least some of the time, and almost half have had a friend/family drive them some of the time. Those with more income and education were more likely to report using their own car and less likely to report using public transportation to get to medical appointments, and those outside of Shelby County were significantly more likely to have their own car than those within Shelby County. Almost half of the sample did not have someone living in their home that could drive them to appointments if needed (see Figure F5). Additionally, consumers living outside Shelby County were significantly less likely to know people who could take them to their doctor if they were too sick to get there on their own than those living in Shelby County.

![Figure F4. Percentage of Consumers Using Modes of Transportation Some of the Time](chart.png)
When asked how long it took to get to their medical provider (see Figure F6) or counselor (see Figure F7) one-way, most reported it took an hour or less to reach their destination, which is consistent with Map F: 30- and 60-Minute Drive Times (see Appendix D).
Experiences with Transportation
A series of questions were asked about consumer experiences with transportation. On average, participants reported only occasionally experiencing long waits to get picked up or dropped off for their appointments, delays in transportation that cause them to be late or miss their appointments, delays in appointments that cause them to miss their return transportation, and difficulties with getting prescriptions filled because of transportation problems. When comparing the responses of those living in Shelby County with those not, those in Shelby County reported experiencing significantly more delays in transportation that caused them to be late or miss their appointments and more missed return transportation. In contrast, non-Shelby County residents were significantly more likely to have problems getting prescriptions filled because of transportation problems than those living in Shelby County (see Table F1).

The more often consumers drove their own cars to HIV-related treatment, the less likely they were to report delays in transportation that caused them to be late or miss their appointments, or difficulties with getting prescriptions filled because of transportation problems. In contrast, the more often consumers relied on public transportation to get to HIV-related treatment, the more likely they were to report delays in transportation that caused them to be late or miss their appointments, and difficulties with getting prescriptions filled because of transportation problems. Similarly, the more income and education consumers had, the less likely they were to report delays in transportation that caused them to be late or miss their appointments, or difficulties with getting prescriptions filled because of transportation problems, presumably because they were more likely to have their own cars.

The longer on average consumers reported it took for them to get to their medical appointments, the more likely they were to report experiencing long waits that caused them to be late or miss their appointments or return transportation, and difficulties with getting prescriptions filled because of transportation problems.
Appendix F

With respect to availability of services, on average consumers indicated that bus stops were conveniently located and bus routes go where they usually needed to go. However, those not living in Shelby County were significantly less likely to report bus stops and routes were available and convenient than those living in Shelby County. Most consumers indicted transportation was accessible, noting it was easy to arrange, understand, and use transportation. Overall, consumers reported a moderately reliable experience with transportation. The more often consumers drove their own cars to HIV-related treatment, the more reliability and ease of use they reported. In contrast, the more consumers relied on public transit, the more difficulty they reported with transportation issues (see Table F2).

Medical Adherence
Consumers were asked several questions about medical adherence and how transportation impacts adherence. On average, participants did not indicate that they had difficulty following treatment because of transportation issues, nor did consumers indicate moving or changing to a different doctor to be closer to treatment services. However, those living in Shelby County were significantly more likely to have moved to be closer to HIV-related services than their non-Shelby County counterparts (see Figure F8). In addition, the more consumers relied on public transportation, the more likely they were to report that there were certain HIV-related services they could not access because of transportation, and that they had changed their medical provider because of transportation. Furthermore, reliance on public transportation was associated with consumers reporting that they could not follow their HIV-related treatment because of transportation. Similarly, the less income and education consumers had, the more likely they were to report that there were certain HIV-related services they could not access because of transportation, and they could not follow their HIV-related treatment because of transportation (see Table F3).

![Figure F8. Likelihood that Client Moved to be Closer to HIV-Related Services](image-url)
Appendix F

To capture the extent to which consumers have moved in and out of care, consumers were asked if they had received HIV-related medical treatment in the past 12 months. One fifth of the sample (20%) had not received HIV-related medical treatment during that time period (see Figure F9). This can be compared to the extent to which they have been out of medical care completely. A smaller percentage (12.5%) reported they had been completely out of medical care for more than a year at some point in their lives (see Figure F10). Of particular interest, those who had not received HIV-related medical treatment in the past 12 months reported significant less income than those who had received HIV-related medical treatment during that time period. Furthermore, among those with cars, 16% had fallen out of HIV-related care in the past year, as compared to 23% among those without cars.

Approximately half (50.6%) reported being prescribed anti-viral medications, and most (77%) reported not having missed any doses in the last 3 days (16% reported missing one-two doses, 4% missed three-four doses). The majority (74.2%) reported always following their doctor’s treatment plan (6.3% about half the time, 8% occasionally, 2% never).

Figure F9. Received HIV-related Medical Treatment in the Past 12 Months
Consumers were asked to rate how important several barriers to care were in not seeking care (see Table F4). The most highly rated (e.g., most important) reasons included not knowing where to go for medical treatment (65% rated as very to extremely important, see Figure F11), not having transportation (55% rated as very to extremely important, see figure F12), and not being able to afford treatment (53% rated as very to extremely important, see Figure F13).
Figure F12. Dropped Out of Medical Treatment Because Didn't Have Transportation

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Figure F13. Dropped Out of Medical Care Because Couldn't Afford Treatment

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<th>Extremely important</th>
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<td>22%</td>
<td>31%</td>
</tr>
</tbody>
</table>
Appendix F

Notes and Conclusions
Efforts were made to access PLWHA who have never accessed healthcare. For example, consumers, case managers, and others in contact with PLWHA were given copies of the special study on transportation survey with pre-paid return envelopes, and asked to distribute these to their contacts - particularly those currently out of care. Other data gathering strategies (e.g. interviews in the Latino community and with incarcerated populations) would require a prohibitive amount of time and resources beyond the scope of this special study.

Given these conditions, data gathered are more representative of PLWHA who are currently in care. Nevertheless, this study determined that a significant proportion of individuals in care also fall out of care, and their reasons for lack of adherence to treatment may point to barriers facing other PLWHA who have fallen out of care or who have never been in treatment.

Fully 20% of consumers surveyed report that they fell out of care at some point in the last year due to transportation barriers. In addition, transportation barriers are cited as one of the primary causes for being out of care in other local studies (McGowan, 2009). It can therefore be predicted that transportation represents an even greater barrier to those who have never been in care.
### Appendix F, Table F1

<table>
<thead>
<tr>
<th>How often do you experience each of the following?</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Sample</td>
</tr>
<tr>
<td>I wait a long time to get picked up or dropped off for my appointment</td>
<td>1.82</td>
</tr>
<tr>
<td>Delays in my transportation have caused me to be late or miss my appointment</td>
<td>1.68</td>
</tr>
<tr>
<td>Delays in my transportation have caused me to be late or miss my return transportation</td>
<td>1.60</td>
</tr>
<tr>
<td>An organization or government assistance cover the full cost of my transportation(e.g. bus pass, money)</td>
<td>1.89</td>
</tr>
<tr>
<td>I have difficulty getting prescriptions filled because of transportation problems</td>
<td>1.52</td>
</tr>
</tbody>
</table>

1 = Never; 2 = Occasionally; 3 = About half the time; 4 = Often; 5 = Always
Appendix F, Table F2

<table>
<thead>
<tr>
<th>Please rate your agreement with the following questions.</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Sample</td>
</tr>
<tr>
<td><strong>Availability</strong></td>
<td></td>
</tr>
<tr>
<td>Bus stops are conveniently located</td>
<td>3.38</td>
</tr>
<tr>
<td>Bus routes usually go where I need to go</td>
<td>3.38</td>
</tr>
<tr>
<td><strong>Accessibility</strong></td>
<td></td>
</tr>
<tr>
<td>It is easy to arrange transportation when needed</td>
<td>3.22</td>
</tr>
<tr>
<td>It is easy to understand and use information about transportation</td>
<td>3.34</td>
</tr>
<tr>
<td>My case manager helps me figure out my transportation</td>
<td>2.89</td>
</tr>
<tr>
<td>I know people who can physically help me to get to the doctor if I’m too sick</td>
<td>3.62</td>
</tr>
<tr>
<td>Problems with parking make my trip more difficult</td>
<td>2.82</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td></td>
</tr>
<tr>
<td>My transportation has to make a lot of stops along the way</td>
<td>2.75</td>
</tr>
<tr>
<td>My transportation runs when I need it the most</td>
<td>3.50</td>
</tr>
<tr>
<td>My transportation is reliable</td>
<td>3.60</td>
</tr>
<tr>
<td>Overall, my experience with the transportation system is good</td>
<td>3.46</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>I know who to contact if I want to file a complaint about transportation</td>
<td>2.76</td>
</tr>
</tbody>
</table>

1=Strongly Disagree, 2=Disagree, 3=Neither Agree or Disagree, 4=Agree, 5=Strongly Agree

*p<.05
### Appendix F, Table F3

<table>
<thead>
<tr>
<th>Please rate your agreement with the following questions.</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Sample</td>
</tr>
<tr>
<td>There are certain HIV-related services I can't use because of transportation</td>
<td>2.31</td>
</tr>
<tr>
<td>I can't follow my HIV-related treatment because of transportation problems</td>
<td>2.33</td>
</tr>
<tr>
<td>I've changed my medical provider because of transportation</td>
<td>2.14</td>
</tr>
<tr>
<td>I've moved to be closer to HIV-related services</td>
<td>2.42</td>
</tr>
</tbody>
</table>

1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree

*p<.05
Appendix F, Table F4

| Have you ever dropped out of medical care for more than one year? If yes, how important were each of these reasons? | Average Rating |
|---|---|---|---|---|
| | Full Sample | Men | Women | Shelby County | Non-Shelby County |
| I didn’t know where to go for HIV-related services. | 2.75 | 2.61 | 2.95 | 2.72 | 2.93 |
| I couldn’t afford the treatment. | 2.54 | 2.54 | 2.63 | 2.53 | 2.69 |
| I didn’t have transportation. | 2.48 | 2.49 | 2.45 | 2.50 | 2.23 |
| I didn’t have the time. | 2.48 | 2.50 | 2.48 | 2.54 | 2.15 |
| I was worried about confidentiality (privacy). | 2.46 | 2.42 | 2.62 | 2.55 | 2.00 |
| I was afraid of losing or not getting health insurance. | 2.41 | 2.50 | 2.41 | 2.48 | 2.08 |
| I was afraid of losing my partner. | 2.34 | 2.47 | 2.24 | 2.44 | 1.85 |
| The office or clinic was too far away. | 2.32 | 2.35 | 2.38 | 2.37 | 2.13 |
| I didn’t feel comfortable with the staff. | 2.28 | 2.30 | 2.35 | 2.30 | 2.15 |
| I was afraid people might recognize me at the doctor’s office or clinic. | 2.21 | 2.23 | 2.26 | 2.31 | 1.71 |
| I was afraid of losing my job. | 2.11 | 2.28 | 1.95 | 2.20 | 1.73 |

1 = Not at all important; 2 = Somewhat important; 3 = Very important; 4 = Extremely important
## Appendix G

### Transportation Provider Summary

Reserved and Public Transportation

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service Sub Category</th>
<th>Address</th>
<th>Phone</th>
<th>Service Area in TGA</th>
<th>Hours and Days Available and Reservation Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Transportation</td>
<td>Assorted Transportation Services</td>
<td>3026 Scheibler Road, Memphis, TN 38128</td>
<td>(901) 371-0590</td>
<td>Shelby and Desoto</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>BTW</td>
<td>Assorted Transportation Services</td>
<td>831 Bullington Avenue, Memphis, TN 38106</td>
<td>(901) 774-0808</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARTS (Aaron Henry Clinic)</td>
<td>Assorted Transportation Services</td>
<td>PO Box 1216, Clarksdale, MS 38614</td>
<td>(662) 624-4292</td>
<td>Desoto, Tate, and Tunica</td>
<td>4:00 am - 12:00 am, 7 days a week, call a day ahead for reserved transportation</td>
</tr>
<tr>
<td>Delta Transportation</td>
<td>Rural Public Transportation</td>
<td>915 South Highway. 51, Covington, TN 38019</td>
<td>(901) 475-1269</td>
<td>Tipton and non-urban Shelby</td>
<td>6:00 am - 6:00 pm, M-F; does not operate on holidays</td>
</tr>
<tr>
<td>Delta Transportation</td>
<td>Rural Public Transportation</td>
<td>304 Midland Street, Somerville, TN 38068</td>
<td>(901) 456-9602</td>
<td>Fayette and non-urban Shelby</td>
<td>6:00 am - 6:00 pm, M-F; does not operate on holidays</td>
</tr>
<tr>
<td>East Arkansas Area Agency on Aging</td>
<td>Assorted Transportation Services</td>
<td>PO Box 5035, Jonesboro, AR 72403</td>
<td>(870) 236-3903</td>
<td>Crittenden and Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>EMT</td>
<td>Assorted Transportation Services</td>
<td>3755 Cherry Road, Memphis, TN 38118</td>
<td>(901) 531-6590</td>
<td>Shelby, Crittenden, Tipton and DeSoto</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>Good Neighbor Center</td>
<td>Assorted Transportation Services</td>
<td>680 North Airport Road, West Memphis, AR 72301</td>
<td>(870) 735-0870 / (870) 735-2058</td>
<td>Crittenden</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td>Service Sub Category</td>
<td>Address</td>
<td>Phone</td>
<td>Service Area in TGA</td>
<td>Hours and Days Available and Reservation Process</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------</td>
<td>--------------------------------------------</td>
<td>----------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>MATA</td>
<td>Public Transportation</td>
<td>1370 Levee Road, Memphis, TN 38108</td>
<td>MATA hotline (901) 274-6282</td>
<td>Shelby and Crittenden</td>
<td>Fixed route and time table</td>
</tr>
<tr>
<td>MATAplus</td>
<td>Public Transportation (Accessible)</td>
<td>1370 Levee Road, Memphis, TN 38108</td>
<td>(901) 722-7105</td>
<td>Shelby</td>
<td>8:00 am - 4:00 pm, 7 days a week</td>
</tr>
<tr>
<td>NET (Non Emergency Transportation)</td>
<td>Assorted Transportation Services</td>
<td>1800 Phoenix Boulevard, Suite 120, Atlanta, GA 30349</td>
<td>1-800-486-7647</td>
<td>Tunica, Marshall, DeSoto, Tate</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>NET (Non Emergency Transportation)</td>
<td>Assorted Transportation Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacred Heart Southern Missions AIDS Ministry</td>
<td>Assorted Transportation Services</td>
<td>6144 Highway 161 North, Walls, MS 38680</td>
<td>(662) 253-1035</td>
<td>Desoto</td>
<td></td>
</tr>
<tr>
<td>Southaven Taxi Company</td>
<td>Assorted Transportation Services</td>
<td>1926 First Coml Drive South, Southaven, MS 38671</td>
<td>(662) 342-1842</td>
<td>All</td>
<td></td>
</tr>
<tr>
<td>TennCare Transportation</td>
<td>Assorted Transportation Services</td>
<td>4045 American Way Suite 210, Memphis, TN 38118</td>
<td>(901) 385-4969 / (901) 405-0238</td>
<td>Fayette, Shelby, Tipton, and Marshall</td>
<td>5:00 am - 7:00 pm, M-F</td>
</tr>
<tr>
<td>Wheelchair Express</td>
<td>Assorted Transportation Services</td>
<td>3289 Thomas Street, Memphis, TN 38127</td>
<td>(901) 353-3500</td>
<td></td>
<td>24 hours, 7 days a week</td>
</tr>
</tbody>
</table>
### Appendix G

<table>
<thead>
<tr>
<th>Provider</th>
<th>Cost to Consumer</th>
<th>Eligibility and Restriction</th>
<th>Capacity &amp; Mode</th>
<th>Email/Website</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Medical Transportation</td>
<td>Metered: time and distance, billed directly through Medicaid, or grant funded</td>
<td></td>
<td>30 clients per day</td>
<td></td>
<td>Intv</td>
</tr>
<tr>
<td>BTW</td>
<td>Billed directly through Medicaid</td>
<td>Medicaid</td>
<td>125 consumers per day</td>
<td></td>
<td>FFLRG</td>
</tr>
<tr>
<td>DARTS (Aaron Henry Clinic)</td>
<td>Fixed fare for passengers other than the elderly and/or disabled</td>
<td></td>
<td>150,000-200,000 passengers per year, 28 multi-passenger vehicles</td>
<td><a href="http://aehcommunityhealth.org/darts.html">http://aehcommunityhealth.org/darts.html</a></td>
<td>Intv</td>
</tr>
<tr>
<td>Delta Transportation</td>
<td>Trip and fare passes, discounts available disabled, elderly, and students</td>
<td></td>
<td></td>
<td><a href="http://www.deltahra.org">www.deltahra.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Delta Transportation</td>
<td>Trip and fare passes, discounts available disabled, elderly, and students</td>
<td></td>
<td></td>
<td><a href="http://www.deltahra.org">www.deltahra.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>East Arkansas Area Agency on Aging</td>
<td>Billed directly through Medicaid</td>
<td>Medicaid</td>
<td>Currently 8,000 – 10,000 trips each month. Few cars (1 hybrid), mostly minivans, some accessible vehicles</td>
<td></td>
<td>Intv</td>
</tr>
<tr>
<td>EMT</td>
<td>$45 one way or billed through Medicaid or Medicare.</td>
<td>Medicaid or Medicare</td>
<td>Approx. 100 trips per day can accommodate 100-150 individuals. Sedans and accessible vans.</td>
<td><a href="mailto:jseay@emt-memphis.com">jseay@emt-memphis.com</a> <a href="http://www.emt-memphis.com">www.emt-memphis.com</a></td>
<td>Intv</td>
</tr>
<tr>
<td>Good Neighbor Center</td>
<td>Referral from medical facility or health department</td>
<td></td>
<td></td>
<td></td>
<td>FFLRG</td>
</tr>
<tr>
<td>MATA</td>
<td>Trip and fare passes, discounts available disabled, elderly, and students</td>
<td></td>
<td>Buses</td>
<td><a href="http://www.matatransit.com">www.matatransit.com</a></td>
<td>Intv</td>
</tr>
</tbody>
</table>

Information Sources: Interview = Inv; Website/phone call = Web-cl; Friends for Life Resource Guide = FFLRG; Coordinated Human Services Transportation Plan for the Memphis Area Report = HSTPln
## Appendix G

<table>
<thead>
<tr>
<th>Provider</th>
<th>Cost to Consumer</th>
<th>Eligibility and Restriction</th>
<th>Capacity &amp; Mode</th>
<th>Email/Website</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>MATAplus</td>
<td>Base fare $3.00, fare passes available</td>
<td>Disability must be certified by a medical professional</td>
<td>Accessible small buses</td>
<td><a href="http://www.matatransit.com">www.matatransit.com</a></td>
<td>Intv</td>
</tr>
<tr>
<td>NET (Non Emergency Transportation)</td>
<td>Billed directly through Medicaid</td>
<td>Medicaid</td>
<td></td>
<td><a href="http://www.medicaid.ms.gov/NET.aspx">http://www.medicaid.ms.gov/NET.aspx</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>NET (Non Emergency Transportation)</td>
<td>Billed directly through Medicaid</td>
<td>Medicaid and need-based</td>
<td></td>
<td><a href="https://www.medicaid.state.ar.us/InternetSolution/consumer/net.aspx">https://www.medicaid.state.ar.us/InternetSolution/consumer/net.aspx</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>Sacred Heart Southern Missions AIDS Ministry</td>
<td></td>
<td>Need-based</td>
<td></td>
<td><a href="http://shl.convio.net/site/PageServer?pagename=homepage">http://shl.convio.net/site/PageServer?pagename=homepage</a></td>
<td>Intv</td>
</tr>
<tr>
<td>Southaven Taxi Company</td>
<td>Billed directly through Medicaid</td>
<td>Medicaid</td>
<td>Annual ridership est. 300,000. 44 vehicles, 8 of which are ADA-approved wheelchair-lift equipped vans</td>
<td>HSTPln</td>
<td></td>
</tr>
<tr>
<td>TennCare Transportation</td>
<td>Billed directly through Medicaid. Must provide 5 days advance notice of transportation needs.</td>
<td>Medicaid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair Express</td>
<td>Metered: time and distance</td>
<td></td>
<td></td>
<td><a href="http://www.wheelchair-express.com">www.wheelchair-express.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Information Sources: Interview = Inv; Website/phone call = Web-cl; Friends for Life Resource Guide = FFLRG; Coordinated Human Services Transportation Plan for the Memphis Area Report = HSTPln
### Appendix G

#### Agency Specific

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service Sub Category</th>
<th>Address</th>
<th>Phone</th>
<th>Service Area in TGA</th>
<th>Hours and Days Available and Reservation Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Delta Aids Care Center</td>
<td>Medical Center/Outreach Program</td>
<td>500 East Broadway Avenue, West Memphis, AR</td>
<td>(870) 735-3291</td>
<td>Crittenden</td>
<td>7:30 am - 5:30 pm, M-F</td>
</tr>
<tr>
<td>Baby Love</td>
<td>Medical Center/Outreach Program</td>
<td>450 Pontotoc Avenue, Memphis, TN 38126</td>
<td>901-577-9356</td>
<td>Shelby</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>CAPP, Inc. (Cocaine and Alcohol Awareness Treatment Center)</td>
<td>Medical Center/Outreach Program</td>
<td>4041 Knight Arnold Road, Memphis, TN 38118</td>
<td>(901) 360-0442/ (901) 821-58865</td>
<td>Shelby</td>
<td>Office: 9:00 am - 4:00 pm</td>
</tr>
<tr>
<td>CDC Clinic of West Regional Health Office</td>
<td>Health Department</td>
<td>814 Jefferson Avenue, Memphis, TN 38105</td>
<td>(901) 544-7557</td>
<td>Shelby</td>
<td>7:45 am - 4:00 pm, M-F</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Medical Center/Outreach Program</td>
<td>2861 Broad Avenue, Memphis, TN 38112</td>
<td>(901) 260-8450</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Medical Center/Outreach Program</td>
<td>2569 Douglass Avenue, Memphis, TN 38114</td>
<td>(901) 271-6200</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Medical Center/Outreach Program</td>
<td>3362 South 3rd Street, Memphis, TN 38109</td>
<td>(901) 345-6201</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Friends For Life</td>
<td>Medical Center/Outreach Program</td>
<td>43 North Cleveland Street, Memphis, TN 38104</td>
<td>(901) 272-0855</td>
<td>Shelby</td>
<td>8:30 am - 5:00 pm, M-Th; 8:30 am - 4:00 pm,F</td>
</tr>
<tr>
<td>Harbor House Inc.</td>
<td>Medical Center/Outreach Program</td>
<td>1979 Alcy Road, Memphis, TN 38114</td>
<td>(901) 743-1836 / (901) 743-2230</td>
<td>Shelby</td>
<td>9:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Hope House</td>
<td>Medical Center/Outreach Program</td>
<td>23 South Idlewild Street, Memphis, TN 38104</td>
<td>(901) 272-2702</td>
<td>Shelby</td>
<td>6:00 am - 6:00 pm, M-F</td>
</tr>
<tr>
<td>Provider</td>
<td>Service Sub Category</td>
<td>Address</td>
<td>Phone</td>
<td>Service Area in TGA</td>
<td>Hours and Days Available and Reservation Process</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Hospitality Hub</td>
<td>Medical Center/Outreach Program</td>
<td>146 Jefferson Avenue, Memphis, TN 38103</td>
<td>(901) 522-1808</td>
<td>Shelby</td>
<td>1:00 pm - 4:00 pm, M, W, F</td>
</tr>
<tr>
<td>Jefferson Comprehensive Care</td>
<td>Medical Center/Outreach Program</td>
<td>120 West 5th Street, Ste. 301, Pine Bluff, AR 71601</td>
<td>(870) 535-3062 x 107</td>
<td>Crittenden</td>
<td>8:00 am - 5:00 pm, M-W, F; 8:00 am - 6:00 pm, Th</td>
</tr>
<tr>
<td>Life Strategies</td>
<td>Medical Center/Outreach Program</td>
<td>703 Calvin Avery Drive, West Memphis, AR 72301</td>
<td>(870) 702-7563</td>
<td>Crittenden</td>
<td>8:00 am - 4:00 pm, M-F</td>
</tr>
<tr>
<td>MIFA Senior Transit</td>
<td>Medical Center/Outreach Program</td>
<td>910 Vance Avenue, Memphis, TN 38126</td>
<td>(901) 529-4512</td>
<td>Shelby</td>
<td>8:00 am - 4:00 pm, M-F</td>
</tr>
<tr>
<td>Moriah House</td>
<td>Medical Center/Outreach Program</td>
<td>630 Madison Avenue, Memphis, TN 38104</td>
<td>(901) 522-8819</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>St. Jude Children's Research</td>
<td>Assorted Transportation Services</td>
<td>332 North Lauderdale, Mail Stop 600, Memphis, TN 38105</td>
<td>(901) 495-5029 (clinic); (901) 495-3300 (hospital operator)</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Synergy Foundation</td>
<td>Medical Center/Outreach Program</td>
<td>2305 Airport Interchange, Memphis, TN 38132</td>
<td>(901) 332-2227/ (901) 332-0477</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Urban Family Ministries</td>
<td>Medical Center/Outreach Program</td>
<td>2174 Lamar Avenue, Memphis, TN 38114</td>
<td>(901) 239-5846</td>
<td>Shelby</td>
<td>9:00 am - 3:00 pm, M-F</td>
</tr>
<tr>
<td>Whitehaven Southwest Mental</td>
<td>Medical Center/Outreach Program</td>
<td>1087 Alice Avenue, Memphis, TN 38106</td>
<td>(901) 259-1920 / (901) 259-1922</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-Th</td>
</tr>
</tbody>
</table>
## Appendix G

<table>
<thead>
<tr>
<th>Provider</th>
<th>Cost to Consumer</th>
<th>Eligibility and Restriction</th>
<th>Capacity &amp; Mode</th>
<th>Email/Website</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas Delta Aids Care Center</td>
<td>Prepaid taxi service - Crittenden County only; gas cards - all counties; van -</td>
<td>Client of facility</td>
<td></td>
<td></td>
<td>Web-cl</td>
</tr>
<tr>
<td></td>
<td>Crittenden and some Shelby County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby Love</td>
<td>Transportation provided for clients only within Shelby county only</td>
<td>Client of facility</td>
<td></td>
<td><a href="mailto:tewing@mmhcmem.org">tewing@mmhcmem.org</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>CAPP, Inc. (Cocaine and Alcohol Awareness Treatment Center)</td>
<td>Transportation provided for clients only within Shelby county only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.caapincorporated.com">www.caapincorporated.com</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>CDC Clinic of West Regional Health Office</td>
<td>Bus passes available for clients only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.tennessee.gov">www.tennessee.gov</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Bus passes available for Ryan White clients only</td>
<td>Ryan White client</td>
<td></td>
<td><a href="http://www.christcommunity.org">www.christcommunity.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Bus passes available for Ryan White clients only</td>
<td>Ryan White client</td>
<td></td>
<td><a href="http://www.christcommunity.org">www.christcommunity.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Christ Community Health Services</td>
<td>Bus passes available for Ryan White clients only</td>
<td>Ryan White client</td>
<td></td>
<td><a href="http://www.christcommunity.org">www.christcommunity.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Friends For Life</td>
<td>Bus passes for Ryan White clients only</td>
<td>Ryan White client</td>
<td></td>
<td><a href="http://www.friendsforlifecorp.org">www.friendsforlifecorp.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Harbor House Inc.</td>
<td>Provides transportation for inpatient clients only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.harborhousememphis.org">www.harborhousememphis.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Hope House</td>
<td>Bus transportation within Shelby County only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.hopehousedaycare.org">www.hopehousedaycare.org</a></td>
<td>Web-cl</td>
</tr>
</tbody>
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Information Sources: Interview = Inv; Website/phone call = Web-cl; Friends for Life Resource Guide = FFLRG; Coordinated Human Services Transportation Plan for the Memphis Area Report = HSTPln
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</tr>
</thead>
<tbody>
<tr>
<td>Hospitality Hub</td>
<td>Bus passes for homeless only</td>
<td>Homelessness</td>
<td></td>
<td><a href="http://www.hospitalityhub.org">www.hospitalityhub.org</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>Jefferson Comprehensive Care System</td>
<td>Provides transportation for inpatient clients only</td>
<td>Arkansas client of facility</td>
<td></td>
<td><a href="http://www.jccsi.org">www.jccsi.org</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>Life Strategies</td>
<td>Provides transportation for inpatient clients only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.lifestrategiesar.com">www.lifestrategiesar.com</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>MIFA Senior Transit</td>
<td>Transportation provided for clients</td>
<td>Low-income and/or disabled seniors.</td>
<td>Annual ridership 70,000-72,000. 19 vehicles (3 cars, 1 minivan, 9 vans, 2 accessible vans, and 4 accessible buses</td>
<td><a href="mailto:rjackson@mifa.org">rjackson@mifa.org</a> <a href="http://www.mifa.org/transit">http://www.mifa.org/transit</a></td>
<td>HSTPIn</td>
</tr>
<tr>
<td>Moriah House</td>
<td>Provides transportation for inpatient clients only within Shelby county</td>
<td>Client of facility</td>
<td></td>
<td><a href="mailto:moriahhouse@yahoo.com">moriahhouse@yahoo.com</a></td>
<td>Web-cl</td>
</tr>
<tr>
<td>St. Jude Children's Research Hospital</td>
<td>Transportation provided for clients</td>
<td>Must be under 25 and qualify through health insurance</td>
<td></td>
<td><a href="http://www.stjude.org">www.stjude.org</a></td>
<td></td>
</tr>
<tr>
<td>Synergy Foundation</td>
<td>Transportation provided for clients only within Shelby County only</td>
<td>Client of facility</td>
<td></td>
<td><a href="http://www.synergytc.org">www.synergytc.org</a></td>
<td>FFLRG</td>
</tr>
<tr>
<td>Urban Family Ministries</td>
<td>Bus passes and organization provided van transportation for clients within Shelby County only</td>
<td>Client of facility and must verify medical appointments</td>
<td></td>
<td><a href="http://www.wroc.us">www.wroc.us</a> and click on Urban Family Ministries</td>
<td>Web-cl</td>
</tr>
<tr>
<td>Whitehaven Southwest Mental Health Center</td>
<td>Transportation provided for clients</td>
<td>Client of facility</td>
<td></td>
<td></td>
<td>FFLRG</td>
</tr>
</tbody>
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## Appendix G

### Taxi Cab Companies

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service Sub Category</th>
<th>Address</th>
<th>Phone</th>
<th>Service Area - County (within study area)</th>
<th>Hours and Days Available and Reservation Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAA Taxi</td>
<td>Taxi Cab Company</td>
<td>1365 Decatur Street, Memphis, TN 38107</td>
<td>(901) 737-7272</td>
<td>Shelby</td>
<td></td>
</tr>
<tr>
<td>All Star Limo Incorporated</td>
<td>Limo Service</td>
<td>201 South Center Street, Collierville, TN 38027</td>
<td>(901) 854-4488</td>
<td>Shelby</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>Angel Taxi</td>
<td>Taxi Cab Company</td>
<td>1733 University Avenue, Oxford, MS 38655</td>
<td>(622) 236-5557</td>
<td>Marshall</td>
<td></td>
</tr>
<tr>
<td>Arrow Transportation Corporation</td>
<td>Taxi Cab Company</td>
<td>901 Vance Avenue, Memphis, TN 38126</td>
<td>(901) 332-7769</td>
<td>Shelby</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>Bartlett Cab Company</td>
<td>Taxi Cab Company</td>
<td>6825 Summer Avenue, Bartlett, TN 38134</td>
<td>(901) 383-9000</td>
<td>Shelby</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>City Wide Taxi Company (American Cab Company)</td>
<td>Taxi Cab Company</td>
<td>800 South McLean Boulevard, Memphis, TN 38114</td>
<td>(901) 324-4202</td>
<td>Shelby</td>
<td>24 hours, 7 days a week</td>
</tr>
<tr>
<td>Eight-O-Two Cab Company</td>
<td>Taxi Cab Company</td>
<td>200 North Munford Street, Covington, TN 38019</td>
<td>(901) 476-9802</td>
<td>Shelby</td>
<td></td>
</tr>
<tr>
<td>Everything Xpress</td>
<td>Taxi Cab Company</td>
<td>3247 Thirteen Colony Mall, Memphis, TN 38115</td>
<td>(901) 454-7223</td>
<td>Shelby</td>
<td></td>
</tr>
<tr>
<td>Helena Cab Company</td>
<td>Taxi Cab Company</td>
<td>100 Wire Road, Helena, AR 72342</td>
<td>(870) 338-8806</td>
<td>Tunica</td>
<td></td>
</tr>
<tr>
<td>Jerry's Cab Company</td>
<td>Taxi Cab Company</td>
<td>1113 Martin Luther King Junior Drive, Clarksdale, MS 38614</td>
<td>(662) 624-9222</td>
<td>Desoto</td>
<td>10:00 am - 5:00 pm, 7 days a week</td>
</tr>
<tr>
<td>Mr. Taxi</td>
<td>Taxi Cab Company</td>
<td>7269 Sunflower Cove, Southaven, MS 38671</td>
<td>(662) 342-8294</td>
<td>Desoto</td>
<td></td>
</tr>
<tr>
<td>Pearlis Taxi</td>
<td>Taxi Cab Company</td>
<td>2473 Malone Avenue, Memphis, TN 38114</td>
<td>(901) 743-6116</td>
<td>Shelby</td>
<td>8:00 am - 5:00 pm, M-F</td>
</tr>
<tr>
<td>Premier Transportation Service (Yellow &amp; Checker Cab Companies)</td>
<td>Taxi Cab Company</td>
<td>581 South Second Street, Memphis, TN 38114</td>
<td>(901) 577-7700</td>
<td>Shelby</td>
<td>Sedan: 8:00 am - 6:00 pm, M-F ; Taxi: 24 hours, 7 days a week</td>
</tr>
<tr>
<td>Zingo Taxi</td>
<td>Taxi Cab Company</td>
<td>1457 Van Buren Avenue, Oxford, MS 38655</td>
<td>(662) 234-1100</td>
<td>Marshall</td>
<td></td>
</tr>
</tbody>
</table>
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</tr>
</thead>
<tbody>
<tr>
<td>AAA Taxi</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>N/A</td>
<td>Web-cl</td>
</tr>
<tr>
<td>All Star Limo Incorporated</td>
<td>Metered: time and distance</td>
<td><a href="mailto:allstarlimoinc@comcast.net">allstarlimoinc@comcast.net</a></td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Angel Taxi</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Arrow Transportation Corporation</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Bartlett Cab Company</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>City Wide Taxi Company (American Cab Company)</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Eight-O-Two Cab Company</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Everything Xpress</td>
<td>Metered: time and distance</td>
<td><a href="http://everythingexpressservices.com/">http://everythingexpressservices.com/</a></td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Helena Cab Company</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Jerry's Cab Company</td>
<td>Taxi: $7 per person</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Mr. Taxi</td>
<td>Metered: time and distance</td>
<td><a href="http://mrtaxi.org">http://mrtaxi.org</a></td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Pearlis Taxi</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Premier Transportation Service (Yellow &amp; Checker Cab Companies)</td>
<td>Metered: time and distance, Sedans reserved a day in advance</td>
<td><a href="http://www.premierofmemphis.com/">http://www.premierofmemphis.com/</a></td>
<td>Web-cl</td>
<td></td>
</tr>
<tr>
<td>Zingo Taxi</td>
<td>Metered: time and distance</td>
<td>N/A</td>
<td>Web-cl</td>
<td></td>
</tr>
</tbody>
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Appendix H

Transportation Provider Interview Summary

In-depth interviews on transportation services and barriers were conducted with eight transportation providers who serve PLWHA.¹ The transportation service coverage area of informants included the TGA, although some of these companies service additional counties (e.g., Coahoma, Quitman, Panola, and Tallahatchie). Transportation providers were identified through chain referral from focus groups with service providers, public forums in MS and AR, key informant recommendations, and suggestions by case managers. Transportation providers included for-profit, nonprofit, and government-supported companies/agencies. In addition, the study team interviewed individuals active in local transportation and community health policy advocacy and planning. Insights from these four supplemental interviews helped the study team better understand the connection among transportation, health, and policy.

Service Delivery to Consumers:

- PLWHA receive transportation services from a mix of public transportation, agency-specific, and reserved-in-advance providers
  - Local churches may also provide transportation services, however confidentiality is reported to be a concern for consumers, especially in rural areas
  - Sacred Heart provides personal transportation services for PLWHA in Mississippi without other means of transportation
- Public transportation in the TGA is limited to the City of Memphis and a small area in West Memphis, AR (see Map E, Appendix D)
- Agency-specific transportation services are limited to those consumers utilizing the specific health facility (see Appendix G)
- Reserved-in-advance transportation providers typically require reservations two-three day in advance for this door-to-door service
  - MATAplus only requires one day notice
  - Delta Area Rural Transit System (DARTS) will accept two hours notice (although they prefer at least one day notice)

Transportation Provider Characteristics:

- Capacity varies by provider; large companies have more drivers and equipment and thus a broader company mission, whereas a small nonprofit reported that they had only a few drivers, a few vans and a more narrow mission. For example, one small provider had two drivers, most others interviewed had five-six drivers, and one large provider had 18 drivers
- Transportation providers transport consumers to health care facilities within the TGA but some of the reserved-in-advance providers will transport consumers to outlying locations including Jonesboro, AR; Jackson, TN; and Jackson, MS (see Appendix G)
- Transportation provider policies vary on making multiple stops and carrying multiple passengers; most reserved companies interviewed prefer to make multiple stops and carry multiple passengers to make trips more cost-effective

¹Four additional transportation providers were contacted multiple times to schedule interviews. Unfortunately, this was unsuccessful in the end. However, we believe that those providers successfully interviewed in addition to the information gained from the public forums, service provider interviews, and meetings with consumers provide the information sought by the Planning Council.
Appendix H

- Larger transportation providers typically have wheelchair accessibility but smaller providers may not be able to provide this service

Consumer-Transportation Service Interaction:
- Case managers serve as facilitators for consumers, to assure that access to transportation services is arranged, reimbursement of expenses addressed, and regulations followed
- Consumer eligibility for funded transportation services is limited and requires periodic recertification
  - Three informants specifically mentioned paperwork as an issue, especially for their Medicaid/Ryan White clients
  - One informant commented that consumers love the transportation benefits but do not like restrictions or long waits. This informant noted that although consumers face a lot of frustration, providers do as well, because they face funding cuts
- By policy, a rural provider specifically focused on transporting PLWHA will only take one patient at a time to assure patient confidentiality
- The consumer complaint process varies and is typically informal, with larger providers having a formal complaint procedures

Funding Challenges:
- Overall, funding for transportation services for PLWHA in the TGA is limited
  - Service availability is directly related to funding/reimbursement levels and/or revenue potential
  - Funding for consumer transportation services other than medical appointments (e.g., dental, counseling, etc.) is very limited
  - One informant suggested that overall: “It’s a shrinking market and the business is not self-sustaining. Eight companies have shut down in the last two years. Insurance rates go up, benefits go down. And grant money is going away.”
- To advocate for funding increases and therefore transportation system improvements, policy/planning informants suggested that the Planning Council create a collaboration or partnership with other groups sharing similar transportation concerns (e.g., coalitions advocating for those with chronic medical issues, the elderly, or promoting independent living)
Appendix I

HIV Service Provider Focus Group and Interview Summary

Thirty HIV-related service providers participated in a focus group or one-on-one interviews to assess views on transportation barriers for PLWHA. Key findings and illustrative quotes follow:

Service Provider perceptions of transportation services. All service providers interviewed rate transportation as inadequate. Those outside Shelby County stress that no public transportation is available, other than limited service to West Memphis, Arkansas. “I stay in West Memphis in Crittenden County, and MATA actually does come across the bridge, but the hours of operation are very strange...Also, I think they only travel on two main roads... Then, for rural counties... it’s just non-existent.” Similarly, the main transportation service for Fayette County “only goes to certain areas like Jackson and Memphis.”

Shelby County public transportation is considered inefficient. “I’m just gonna go out on a limb and say it: people that live in the ‘hood cannot get to the ‘burbs... If you have a client who lives... in Germantown it is almost impossible for them to get to Adult Special Care... in under five hours.” And “Many clients are just very adamant about not wanting to ride that bus, because it takes them a whole day.” Providers also view public transportation as a challenge for frail clients. “My clients... aren’t able to ride the bus. They’re too sick... the only transportation is the bus but they’re too weak.” And, “We see folks that have a three T-cell count, they don't need to be on a public bus, with people sneezing and coughing and breathing [on them].”

Consumer perceptions of transportation services. Service providers unanimously agree that clients miss appointments due to transportation barriers. Shelby County providers estimate that public transportation can take hours: “It takes three hours to get somewhere [by bus] that takes 20 minutes in a car.” Latino clients are especially challenged to understand the complex public transportation system. “Attempting to try to explain the bus route, how to use the bus, to especially to somebody who doesn't speak English, it's nearly impossible.” Buses also raise safety and childcare concerns. “If it’s dark, it’s not safe... Early morning appointments especially. I hear that a lot... They may be standing out in the dark in a dangerous part of town.” And, “A lot of the issues that we hear about are women trying to get on the bus, which is already inefficient, to get to an appointment... but they’ve got four kids... They’ve got to carry kids, and food, and bags... they might as well just get up at six and come on home at 10.”

By contrast, reserved transportation poses privacy concerns, especially in rural communities. “Confidentiality is an issue... They're [consumers] always afraid they're going to run into someone they know.” And, “We have a [clinic] vehicle... Stigma is around that, because the other clients are saying ‘Mr. Jones is in the AIDS van’.”

Service providers also note that consumers need transportation to supplemental yet necessary services, but funds “will only provide transportation to medical appointments not mental health, not food pantry, not any other support services, dental, nothing.” Similarly, “substance abuse... A lot of the time they're required to be in group at least four out of five days a week and we find ourselves having to not penalize them because the reason they didn’t make it was because of transportation. Or they can get to group, but they can't get [home].”
Appendix I

Transformation System Information. Clients receive transportation guidance during case management, but information sources are limited and unreliable. Few transportation agencies have websites or brochures, and phone support is inconsistent. For instance, “We finally get through to a person at [one agency] and she says, ‘Oh, the machine that makes the [pass] cards is broken. Tell him to call back in two weeks.’ But he had an appointment in four days.” Bus stops are also uninformative. “They don’t have the number of the bus that goes to the bus stop... They only have a picture of the bus.”

Change further complicates transportation. According to one provider, “maybe they've mapped out how they used the bus to get to us but... if anything changes ... they’re kind of stuck. Like if they’re going to Social Security and [that agent] says, ‘Oh, you don’t have your insert-name-of-long-hard-to-find-document-here, you need to go get that.’ And it’s fourteen miles away off the number 2, the number 4, the number 6, the number 8 [buses] and then transfer for an hour and a half at the corner of whatever... they just kind of end up running all over the place.”

Rural counties must refer consumers to taxis or reserved services. “They usually are people who are so disadvantaged that... very few have transportation. So... we have to find out from them: do they have any likelihood of getting transportation from friends - or enemies?”

Navigating the Transportation System. Case managers tend to make initial transportation reservations, but then expect most consumers to manage scheduling. Still, “some clients, every time they have to go somewhere, they're knocking on my door. But it's my goal to help them figure it out and make it happen.”

Transportation System Experiences. Driver professionalism varies. One agency “services maybe about 5% of our clients, but when they come, they do a good job... as far as timeliness, and the way that they treat the clients.” Another “Had folks show up with masks on the driver. And I’m saying, ‘Are you kidding me? Why do you have on a mask?’ ... ‘Well, I just don’t want, I don’t want it [HIV]. And I know what I’m here for because it’s on my paperwork’.” In another case, drivers “were invasive and asking questions they have no right to know.”

Transportation Reliability. Providers rate Shelby County public transportation as unreliable. “If [the bus] would just be at particular bus stops on a set schedule when it’s supposed to be there, people can... work around that... But it’s frequently not there and no telling when it will get there. The schedule that they design may not be good, but they're not even going by the schedules that they have.”

Rural transportation is hampered by poor roads and external factors. “When the weather is bad, it’s really bad in Arkansas... getting back and forth on those back roads is impossible. So pretty much you can expect that an appointment will get cancelled for that particular client.” Distance also lessens reliability: “The wait time is an issue. If a driver is going from Tunica to Memphis, and then has to go to Jackson... They can’t put in time to pick the patient back up.” According to a Desoto provider, “One woman in Jackson... waited all day. The driver said he couldn’t come because of bad weather, or he got lost... Drivers will call and let the providers know that it was the driver's fault that the appointment was missed, not the patient’s,” but the patient must still reschedule. Reserved transportation and taxis sometimes misroute passengers. “I've had clients come in completely flustered because... they've just been dropped off at the wrong place.”
Appendix I

Transportation Costs. Service providers estimate that vouchers and reimbursement cover client costs. “Well as far a like the pricing goes... this doesn’t really affect the [Ryan White] consumer.” Some fear that transportation providers are “in it for the money; that’s the impression that one gets.” Those without Ryan White funding pay high costs; a Desoto provider said drivers “may charge you whatever they can, rob them blind. It is a burden for the patient.” The primary cost to Ryan White consumers is thought to be the wait time. “One woman was picked up at five in the morning. She got home at about seven that night.” According to a Marshall County provider, “Patients say ‘I don’t want to have anything to do with Memphis. It is too far to The MED and too dangerous in that area.’... There are not a lot of patients from Marshall County that [use] Memphis services.”

Perceived Transportation Gaps. Rules are complex and vary by transportation agency. “You have to arrange transportation to the doctor five days in advance, so if you have a return appointment the next day, or an urgent appointment, you can’t use [that service].” And, “In Arkansas you face times that the client has to be available... at five in the morning and their appointment’s not until 10:00 am... which is why I guess they want a four day advanced notice.” Also, “One of the policies... is that they only will take a patient and one caregiver... a mom that has two kids can’t take [that van].” Clients in Fayette County “have to call three days in advance. This makes it difficult for the patient.”

Transportation eligibility is viewed as “too strict;” “They have to go through some steps... I don’t know if they have to go on disability or they have to get the doctor to sign off, but some of them aren’t eligible.” Moreover, “Physicians have to complete paperwork on all their patients to deem if they’re eligible... That has to be completed every six months... That’s a lot of paperwork.” Rules may reflect limited capacity: “I don’t think it’s enough of those [wheelchair access] buses to even handle just the medically fragile HIV positive community, much less every body else.” According to a Fayette service provider, “They don’t have enough buses to handle the load. It affects all kinds of people with disabilities and health issues.”

Impact on adherence to treatment. Service providers agree that transportation reduces treatment plan compliance and contributes to patients falling out of care. “They can’t adhere. I mean that’s the ultimate big deal. They can’t stay medically adherent.” And, “If you’re HIV positive and you live in a big city... It’s hard to adhere in general. But, when there’s lack of transportation it’s almost impossible.” A Fayette provider said, “Transportation is about connections of the patient to the physician. It is a matter of life and death.” Providers argue that time-consuming medical adherence and transportation barriers foster unemployment: “You couldn’t get a job. It [being in care] systemically can actually keep people in poverty.” Providers also view Latinos as reluctant to request services. “Latinos... are very afraid to ask for aid. I think it really hurts compliance.”

A rural provider said, “This may be too dramatic, but our people die too young because they can’t get where they need to go. We are losing people too young.” A Shelby County provider concluded, “I just think, how discouraging is it that for so many people, you have one chance... to capture their attention, to plead with them, to convince them that this is something... that they have to do. And... something like a bus not being there to pick them up on time, or them having to walk two miles to get to a bus, something like that can make them throw their hands up and say, ‘Forget it. I’m just not doing it anymore.’... You really just have one open door [of] opportunity to get these people into care. And if something like MATA bus messes it up, then you may not hear from them again for two years.”

Transportation as a Priority. Service providers rank transportation as a significant barrier to care, relative to other factors. Shelby County service providers argue that “HIV is already overwhelming... You leave the social security office, you need to go to the food pantry, you leave the food pantry you gotta go be recertified, you need the recertification and it's like, ‘I don't have a car, I don't even have a bike.’” Service
Appendix I

providers outside of Shelby County (especially those in North Mississippi) rate transportation as their top priority, due to severely limited services and stigma which deters clients from seeking assistance. “I think in a rural community, it’s even harder. I live in Walls, and there’s nothing in Walls, Mississippi... If I didn’t have a car, if my car broke down... no one would drive from Memphis to come and get me to take me to work - not even my mom.”

**Recommendations.** Service providers recommend that public transportation routes and schedules expand, and that bus stops post information for riders. They also support enhanced case management, and advocacy to permit clinic vans to carry diverse clients, otherwise “nobody would ride it, because it would be the AIDS van.” Finally, respondents requested that transportation funding expand to cover more consumers, especially rural clients, medically fragile clients, and clients needing transportation to supplemental services. “We’re limited to the amount of money that we can put intro transportation... considering transportation as a full medical service might not be a bad idea.” In Crittenden County, “We would have to hire [a driver] and we’ll be looking at long waits... until enough [patients] are finished with their appointments to make good on that gas trip.” And, “Speaking for Tunica County... the only free transportation is... if you’re going to the casinos.”
Arkansas Open Meeting Summary

An open meeting in West Memphis drew eight people (seven consumers and one case manager); key findings and illustrative quotes follow:

**Consumer perceptions of transportation services.** Consumers use a variety of transportation services, including reserved van service, MATA bus, friends/family members’ cars, and/or cab service. Crittenden County consumers can generally rely on local area medical services, reducing their need for health care services in Memphis and thus this transportation need. Primary and hospital care services are locally available: “... I don't go to Memphis. All my appointments are here. I use the MATA bus for that.”

For West Memphis consumers, transportation services are, for the most part, available even if not always personally convenient: “I don’t hear no one complain about it.” “As long as it’s a doctor’s appointment, they’re going to take you.” While the public supported bus system in West Memphis has limited frequency (e.g., hourly) and has limited physical presence (the route runs only on a few main streets), consumers agree that the public system can be made to work if someone lives relatively near the fixed route. For those consumers living in more rural Crittenden County, however, the bus system is not easily accessible. Cabs are also used by consumers to get to medical services (consumers are given a voucher; Arkansas has established a prepaid account with cab companies); and, cabs will take consumers to the pharmacy. Consumers were satisfied with the “Medicaid van” that can be reserved (48 hours in advance) and perceived the reserved van system to have adequate capacity to handle client demand.

Consumers in Crittenden County do face transportation challenges when they need health or specialty medical services not available in West Memphis or wish to be involved in Memphis-based social support activities. For example, transportation reimbursement does not completely cover the cost of the full two-way trip to clinics to other Arkansas cities, such as Jonesboro which is about 45 minutes from West Memphis. The logistics/expense of travel to Memphis can be a problem because of distance-time, limited bus schedule, and the cost of gas if relying on friends/family (cabs are not an option as the trip could cost as much as $90).

**Transportation System Information.** Most receive guidance from their case manager. “I believe you can just call the office and they give you the information you need.” Bus schedule information is not posted on the bus stop but is available on the bus. There was some confusion regarding how to purchase the MATA Fast Pass.

**Navigating the Transportation System.** Case managers play a key role in guiding consumers through the system: “Transportation office do all the paperwork.” The current scheduling process verifies the consumer’s information while making the reservation. The cabs, reserved system or personal support network is responsive to consumer transportation needs: “I just call if I got a doctor’s appointment. I call that following day or the day before and let them know... what time is it and they basically just send me a cab. Or... I get a friend to take me up to the clinic. I got a gas card and give it to the friend for bringing me up to the clinic.” Another consumer indicated that “Usually my case manager reserves a cab for me to be picked up... Both ways.” And another indicated that they call the van after the appointment is complete and have limited wait time: “It don’t take long. Sometimes it comes like clockwork, and if they dropping off somebody else, you might wait 15, 20 minutes.” The reserved van system is wheelchair accessible and drivers will assist a wheelchair-bound client from the door of their home and to board the van.
Appendix J

Transportation System Experiences. Consumers were for the most part satisfied with their transportation experience, although they did express concern about the limited availability of the MATA bus service. Consumers also appeared satisfied with the reserved van service: “They call you and let you know when they're going to pick you up. It shows up.” One issue raised was courtesy: “They don’t show enough courtesy to the patients. I mean, I’m elderly, but I see some got emphysema, can’t get in. They got to stoop to help them get in and out. They trusting the van don't move.” Consumers have door-to-door service from the reserved van but also indicated that once on the MATA bus, they can exit “. . . right in front of the doctor. I just tell them put it where I can get off.”

Transportation Reliability. The key issue was getting to appointments on time, with consumers noting that vans and public buses were not always on time. Consequently, consumers expressed anxiety about being late since if “They ain’t gonna pick you up, you’re gonna get turned around, and whatever. Then you got to call in two days ahead of time, make sure you get on time. . . 15 minutes after your appointment, you got to make another one.” However, consumers also commented that if they take you to an appointment: “They’re gonna make sure they get you back home.” Consumers noted that when weather conditions are severe “. . . everything be shut down anyway . . . they ain’t gonna take you out in that ice.” At the same time, they agreed that if the consumer was already at their appointment, the service would pick them up and get them back home even if road conditions were a problem.

Transportation Costs. Cost is a consideration for Crittenden County consumers. “. . . The voucher is $5. That's basically just one way done and I call my friend to come and pick me up, because I can only get one voucher.” If the consumer needs to go some distance, the amount of the voucher will increase but it does not cover every need: “. . . not necessarily to get you everywhere else you want to go.” Additionally, the gas voucher does not cover cost for longer distances, especially if the car does not get good mileage: “Some of them ain't going to get 17 [mpg]. If it's tore up, you ain't going to get but three!”

Perceived Transportation Gaps. Gaps in transportation coverage in Crittenden County relate to a) those without ready access to the MATA fixed route in West Memphis, b) non-allowed social support services, and c) the limited availability of fixed route service: “They should have better bus service because, I live over there . . . and don’t no buses come back there. You have to go all the way across the tracks, all the way down to Jackson, in order to get a bus. And that’s a long, long, day on that railroad. And then you still got extra more blocks to walk to get to Jackson.”

Impact on adherence to treatment. Consumers in Crittenden County who are able to rely upon local area medical services agree that current needs for transportation to medical services overall are being met. However, if their health status changes and they need a medical specialist or special services that require transportation to other cities in Arkansas or Memphis, transportation becomes a barrier: “. . . because I need to go to a pain doctor instead of going to the clinic . . . I haven’t went because actually I don’t have a way to get over there. So that’s the only reason I haven’t been.” Moreover, a change in the practice location of a favored practitioner can also become a barrier to continuity of care if the doctor’s new location exceeds the allowed distance.

Recommendations. Consumers suggested that it would be helpful if the Medicaid van could go across the bridge to Memphis or if MATAPlus could be made available. Consumers did voice some anxiety that they had heard rumors that the bus service was going to be discontinued. Increased funding for gas vouchers was also mentioned as a need.
Mississippi Open Meeting Summary

An open meeting in Olive Branch drew 12 people; key findings and illustrative quotes follow:

**Consumer perceptions of transportation services.** Consumers agree that Mississippi lacks transportation services. Reserved vans can take disabled or fragile passengers, but capacity is limited: “You’re blessed to get it.” Other options are few. “In DeSoto County, to get around you’d have to have a cab,” and “Senatobia just recently got a cab company. I think it’s one or two drivers. And in my area there’s nothing at all, because I’m right there at Tate and Marshall County line.” Those with a car “Hope our vehicle starts and runs” and agree “parking is a big issue at all of the sites in Memphis. There’s just poor parking, there’s not enough of it, or…it’s blocks away…You have to pay to park, and then you’ve got to walk several blocks, along with the thirty minute drive that you had to get there.”

**Transformation System Information.** Most receive guidance from a case manager, but “sometimes where they get the information [is outdated, and] that person still is not able to get where they need to get to.”

**Navigating the Transportation System.** Service providers guide consumers through the system: “The bulk of the paperwork is usually done by the case manager,” and “They was really friendly about helping.”

**Transportation System Experiences.** Mississippi consumers must schedule reserved transportation three days in advance. Those with multiple appointments at different locations on the same day are challenged, as “they’re going to pick you back up…where they [originally] dropped you.” Given demand, “someone will have to be picked up by six o’clock in the morning… Some of them might not get back home until about five or six o’clock that evening” as “you can’t ride with no one else so you have to wait on a [driver].” In addition, driver professionalism varies. “You can’t generalize really, because some are very good and considerate and…some are absolutely boorish: ‘Well, where are you going? What are you going for?’ That’s an insult and it’s unbearable.” Similarly, “They violate confidentiality. They ask questions that they shouldn’t be asking,” and “When you call in they say, ‘Well, what is this appointment for?’ That freaks people out because a lot of them will disclose their health status… the driver has no reason to ask them anything once they get into the car.”

**Transportation Reliability.** Mississippi consumers cite reliability as a major concern. Reserved transportation sometimes arrives late or fails to arrive at all. “I’ve waited on transportation several times and it never even showed up. [One company] missed me twice…I schedule it, and then they were showing up…10 minutes before the time I have my appointment… So I had to call [the health provider]…they had already rescheduled me.” A driver “took one patient to the wrong location… They did not listen to him when they left his house, before they drove him 30 minutes the wrong way. So he missed his appointment.” Many fear providers may drop clients who miss appointments. Consumers ask that drivers show consideration: “not even calling…to say, ‘I’m having problems finding your house.’ Calling back to the company to say ‘I’m running late to pick up Ms. So-and-So, can you call them? What can we do about this appointment?’ Because when you have people getting up at two or three in the morning to go to Jackson and transportation never shows up, that’s major…they already had a four hour drive ahead of them, they’ve been up waiting and [drivers] don’t show.” Others report “I’ve been cancelled because I was late, because I couldn’t find a parking spot.”

**Transportation Costs.** Cost is a major barrier for Mississippi consumers. Drivers wait for insufficient reimbursement: “Even if you have your own vehicle, if you’re on a limited income, four or five doctor appointments in one month… your money runs out.” The process is also complex: “You have to
remember to write down that mileage, you have to have something from that doctor’s office stating that you were there, plus it has to be HIV-related. You have to have a letter... The letter has to come first, to say that this treatment is necessary.” Voucher and gas card access varies. “It just depends... and then the patient has to provide proof that they kept the appointment and they do the mileage, route, and all that stuff.” But, “Sometimes you go into that doctor’s office, you get some bad news, all that stuff just goes right out the window.”

Consumers pay out-of-pocket for travel to supplemental but key services. “They’ll cover for them to get to the medical, but they won’t cover for them to get to the dentist,” and, “they will not let you go and get your medications either.” A consumer-provider notes, “[our] dental service will provide them a bus ticket, but... transportation services won’t pick them up because it’s not a medical appointment... We got people in DeSoto county, you have to get a cab for them.”

**Perceived Transportation Gaps.** Here, transportation itself is the gap. “I had someone tell me... living in Mississippi without a car is like living in Hell.” And, “I have to drive 30 miles round trip to get my medicine from where I live in Senatobia. Then it’s 50 miles to Memphis one way to get any of the services up there. My heart doctor is way out in Raleigh. If you don’t have a vehicle, you just sit at home and die.”

**Impact on adherence to treatment.** Consumers here agree that “Without transportation, you can’t get to your doctors, you can’t get to the grocery store, you cannot get your medicine.” Transportation struggles reduce resolve: “It is torture... people say ‘I’m not going to keep the appointment because I don’t know when I’ll get back’ or ‘I’m too sick, I don’t feel well enough to do it’.” And, “If you don’t feel well, you’re not going to go... they’re not going to get on that van and spend six, eight hours, 10 hours, 12 hours.” For those with cars: “On a nice day, you might not mind walking a block. But if you don’t feel well, and it’s really cold, or it’s raining, or it’s really hot, you don’t even really want to walk from the parking lot that’s next to The MED. You’re in pain, you’re uncomfortable, and then to know that you’ve got to walk from four or five blocks away, when you’re in pain – you just don’t want to do it.”

**Transportation as a Priority.** Mississippi consumers see transportation as a top priority. “I rate it a 10, because if you ain’t got no transportation... you’re going to die,” and “Without transportation, you get a death sentence.”

**Recommendations.** Respondents seek transportation to supplemental services, improved parking, and more funding: “Once that transportation money is gone, it’s gone.” Rural care is advised: “Maybe we could get some new providers... in Jackson, or DeSoto County.” So are clinic vans: “The doctor in Marks... had a van... But the van was never available to come pick me up... farthest it could come up in DeSoto County was possibly Walls, Hernando maybe, because they had an older van.” Others feel “you have to have individual cars... so it’s just them in the car and the driver, and not all these other strangers...because some of them are too sick to be exposed to other people.”
Appendix L

Rural Case Study

Mary has been living with HIV for 12 years and remains in care despite facing difficulties securing transportation. Like many of our informants, Mary meets her transportation needs by combining different modes of transportation. Her primary resources are friends and relatives with vehicles, reserve transit through Medicaid, and a local service provider. As a resident of Marshall County in Mississippi, Mary struggles to maintain confidentiality in a small town. The stigma of HIV/AIDS is so great that privacy concerns have become one of Mary’s biggest barriers to transportation security. Friends and relatives are often not a viable option because most of her friends and family are unaware of her status. In fact, she reports just two relatives – a brother and a cousin – typically provide her with a ride. As reserve transportation is only available for medical appointments, Mary relies on relatives primarily for ancillary services such as the pharmacy. When doing so, Mary must dip into her personal income to provide them gas money.

Mary’s most frequent mode of transport is reserve transit through Medicaid. Although this service comes at no out-of-pocket cost to Mary, reserve transit presents its own issues of confidentiality and reliability. The reservation process requires a consumer to provide the transportation company a reason for the medical visit. Mary has been denied service for refusing to disclose this information and will sometimes fabricate a response, hoping the transportation provider doesn’t call her doctor’s office to verify the information.

Waking up around 5:00 a.m., Mary takes her medicine and waits for the Medicaid van to pick her up. She’s not sure if it will show up, or at what time, but she is sure that she doesn’t want to miss it, as rescheduling a missed medical appointment means starting the process all over again. Even after waking up early, there is a chance that the van will arrive several hours late – they may have other passengers to pick up or drop off, or the driver may get lost on his way and call Mary for directions.

The van isn’t empty. Although she never knows who will be on that van, Mary sometimes shares her ride with four or five other people. If Medicaid sends a car, she is usually one of three patients in the vehicle. Mary always finds the drivers friendly and reports that the “vans are okay, if they’re not too crowded.” However, she faces a logistical problem; with so many passengers, drivers are unable to wait for a patient, even if their medical visit lasts 30 or 45 minutes. On one occasion, Mary utilized reserve transit to get to a medical appointment in Quitman County, MS. She arrived at her 9:00 a.m. appointment and was finished by 9:30 a.m. Waiting is routine, and she is typically picked up by noon. The van, however, had already travelled back to Marshall County to deliver and retrieve other patients, so Mary waited all day. At first she passed the time in the doctor’s office but she was forced to wait outside when the office closed for the day.

Waiting outside, especially in warmer months, is a concern for Mary, as she suffers from asthma and high blood pressure, conditions exacerbated by heat and exhaustion. Mary is routinely stressed over securing reliable transportation for crucial medical appointments. She explains that, “Sometimes I don’t feel well and it’s just another headache.”

Mary’s desire for privacy translates into a considerable dependence on a local service provider for a lot of her transportation needs. The service provider or someone from her organization is often Mary’s primary source for transportation information as well as assistance with paperwork. In addition to this support, this service provider affords a more private and tranquil transportation experience. Mary

1 Mary is a pseudonym used to preserve confidentiality.
prefers this mode of transit, saying, “I don’t feel stressed with them. I don’t have to worry about them running off or not showing up.”

Mary has missed several medical appointments due to transportation issues. She reports that even if she keeps her appointments, she can’t always get to a pharmacy for her prescribed medications, since reserve transit doesn’t cover those services. The local service provider often picks up prescriptions and food pantry items for Mary when she cannot arrange or afford rides from relatives. Mary explains that, for her, failing to adhere to a medical treatment plan comes down to transportation, saying, “If you don’t have a vehicle and you hesitate to go anywhere, it’s just because you can’t.”
Appendix L

Urban Case Study

Dwight was first diagnosed as HIV positive in 1989. That same year, he was traumatized by the AIDS-related deaths of both his brother and the mother of his five children.

In 1996, seven years after his diagnosis, Dwight at last felt emotionally prepared to accept his status and seek treatment, saying “it felt like a weight was lifted.” He is now a highly visible member of the HIV positive community in Shelby County, and a champion for the rights of PLHWA. He feels that his advocacy work sustains him, saying he is “fulfilling His purpose in life; God spared me so I could do the work I am doing now.” His experience as single father lends special weight to his HIV work, allowing him to help others accept their status and seek care. Dwight uses public transportation for medical services as well as to attend Ryan White planning council meetings, and frequent neighborhood outreach and education events. He is also well known for traveling across the city to follow up on individuals who are at risk for falling out of care.

For a time, Dwight used TennCare transportation to see his doctor. However, he stopped using this reserved-in-advance service because too often they made him late for his appointments. He was also frustrated with the extended wait time often required for his return trip. Now, he almost exclusively uses the MATA bus for transportation. He pays for most of his travel out of pocket, but occasionally receives a bus pass from Friends for Life. His passion for advocacy has informed his skill in navigating Memphis’ public transportation system. After completing an overnight shift at work he will often take the bus to a medical appointment, to attend classes at Friends for Life, or for AIDS outreach duties. To help plan his transportation, he uses the MATA helpline. However, this requires patience. Instead of using the automated system, he usually waits an average of 30 minutes on hold to speak directly with a MATA operator to plan his trip.

Overall, his experience with the MATA staff is positive, including interactions with drivers and help line operators. Unlike reserved TennCare transportation, his wait times for buses are usually fairly brief, as he studies MATA routes, schedules, and peak hours in order to travel where he needs with relative ease. Dwight stresses that his transportation experiences may not compare with that of other PLHWA, as he is in good health. To reach the bus stop near his home he must complete a seven-minute uphill walk and traverse a very busy street which he explains, is difficult to cross when weather conditions are bad. If he were not feeling well he insists that he would not take the bus to the doctor; instead he would call a daughter who might be able to drive him in an emergency. It is not clear if he could rely on her for long-term assistance.

Dwight notes that traveling in crowded vehicles is a concern for PLHWA. Some have digestive issues (e.g., diarrhea), and may be uncomfortable sharing either a crowded TennCare van or public bus. He is also concerned for his own health when using MATA buses, especially if other passengers are sick and coughing or sneezing. Still, he views public transportation as another instrument for outreach, fulfilling his role as educator while riding the bus. Recently, he was carrying a tote bag with the red ribbon emblem printed on the side. A bus passenger began a conversation with him about HIV/AIDS, and a hush fell over the bus. Soon, everyone had joined in the discussion, and some passengers were so engaged in the topic that they missed their stop.
References


Appendix M


Sherer, R., Stieglitz, K., Narra, J., Jasek, J., Green, L., Moore, B., ... Cohen, M. (2002). HIV multidisciplinary teams work: Support services improve access to and retention in HIV primary care. AIDS Care, 14, 31-44.


