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Program Evaluation of a Community-Based Door-Through-Door Medical Escort Service

Lauren A. Martin
University of Massachusetts Boston

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&

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Prepared By:
Lauren A. Martin, MSc
2010 NSCT Student Scholar
University of Massachusetts Boston

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DISCLAIMER

The opinions, findings, and conclusions expressed in this publication are those of the author who is responsible for the facts and accuracy of the data presented herein. This project was funded, in part, through the National Center on Senior Transportation (NCST). Based in Washington, DC, the NCST is administered by Easter Seals in partnership with the National Association of Area Agencies on Aging through a cooperative agreement with the U.S. Department of Transportation, Federal Transit Administration (FTA). The contents of this publication are solely the responsibility of the author and do not necessarily represent the views of the FTA or the NCST. The contents also do not necessarily reflect the views or policies of FriendshipWorks, Inc. This report does not constitute a standard, specification, or regulation.

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Jacqueline Gallagher	Medical Escort Coordinator, FriendshipWorks, Inc.
Abigail Butt	Graduate Researcher, Gerontology Department and Institute, University of Massachusetts Boston
Jan Mutchler, PhD	Gerontology Department Chair, Gerontology Department and Institute, University of Massachusetts Boston
Nina Silverstein , PhD	Professor of Gerontology, Gerontology Department and Institute, University of Massachusetts Boston
Janet Seckel-Cerrotti	Executive Director, FriendshipWorks, Inc.
Irene Glassman	Grant Writer, FriendshipWorks, Inc.

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Executive Summary

This report summarizes the program evaluation findings of a Boston-based organization's Medical Escort program. This "door-through-door" service strives to provide medical transportation, physical assistance, and emotional support to elders on their way to the doctor's office, during medical appointments and on the way back home again. By offering added assistance the program attempts to remove environmental barriers associated with access to health care. This evaluation combines previously collected program statistics with surveys (32) from program volunteers and phone interviews (78) with recipients.

In our aging society, the issues of transportation and mobility continue to increase. Even in areas such as the city of Boston, where several public transportation options are available, some older adults experience barriers to utilizing these services. Being able to drive themselves, asking loved ones for assistance, or paying a taxi are options that are available to some elders. Others, however, are not as fortunate. Whether they live far from family, are unable to afford paid transportation, or have health and mobility issues, some frailer individuals need other options.

Services that use volunteers to accompany elders or disabled adults when traveling help a number of people get to needed medical appointments. Our findings suggest that escorts are providing hospital navigation, facilitating communication between patients and medical staff, and assisting in the examination room. Some escorts assist participants with household chores or take them on social outings in addition to a medical visit. The volunteers often feel they are reducing isolation and loneliness in the population they are serving. Still, many believe that the greatest help the program offers is simply getting the individual to the doctor. Volunteers believe that the added door-through-door component of the program enables recipients to attend their medical appointments in situations where the recipients may otherwise be unable without added assistance.

Eighty-nine percent of people surveyed are living alone and of these individuals, 91 percent are low income. Many are disabled and have never been married. And while 76 percent have two or more people in their lives that they feel close to, 45 percent have no one living nearby that they can call on for help. Findings suggest that 56 percent of individuals using this service become stressed or anxious when scheduling medical appointments because of their transportation and/or assistance needs. Participants stated they rarely missed appointments due to their transportation and assistance needs. Rather, they would refrain from scheduling them in the first place. This door-through-door program is found to overwhelmingly satisfy recipients (87%) and relieve transportation anxiety (86%) of those who responded that they had worries.

These results suggest that a major area for improvement in senior transportation would be to enhance existing organizations by adding volunteer escort services or expanding into a door-through-door program. The author encourages a national survey of escort services to build off these results and determine if these findings are consistent across door-through-door programs around the country.

Background/Significance

During their lifetime, older men and women will need on average 7 and 10 years of transportation support respectively (Dickerson et al., 2007). Though coverage areas and transportation options available continue to increase, research indicates as many as 42 percent of older adults with access to public transportation are not using it (Bailey, 2004). Many of these individuals do have other means of getting around such as asking family or friends for help, driving themselves, or paying for a taxi. There are elders, however, who are not fortunate enough to have these alternatives and are in need of an assistive and supportive option. These individuals often find public transportation inadequate to their needs.

Research on insufficient transportation options in the past decade has focused on the negative repercussions of mobility issues. Being unable to drive is shown to decrease the number of social activities, outings, and medical visits for older adults (Bailey, 2004; Scheer et al., 2003). Non-drivers are not only getting to fewer medical appointments, but are at an increased risk for depression, isolation, and negative health outcomes (Dickerson et al., 2007; Ragland et al., 2005; Marottoli et al., 2000; Marottoli et al., 1997). Transportation difficulties compound with hospital navigation and building accessibility issues, posing environmental barriers that older and disabled adults often face when trying to get medical care (Scheer et al, 2003). In a study by Okoro (2005), 9 percent of elders reported they are unable to get medical care due to transportation or distance. This finding is supported by other studies that found 12 percent of older disabled adults and 3 percent of the general elderly population missed a doctor appointment due to inadequate transportation (Allen & Mor, 1997; Branch & Nemeth, 1985). Indeed, transportation obstacles, street safety, and accessibility of the office or hospital were all concerns of older adults when asked about accessing health care (Scheer et al., 2003).

The Medical Escort Program at FriendshipWorks

For 25 years, FriendshipWorks, Inc (formerly known as MATCH-UP Interfaith Volunteers) has been linking the Boston area's senior population with volunteers who provide friendship and support. Through six programs, the organization's volunteers offer friendship, exercise, visits with pets, and assistance traveling to and from medical care appointments.

FriendshipWorks' Medical Escort Program was established in 1984 with the establishment of the organization. The program offers to escort seniors and disabled adults to and from the doctor. Volunteers are trained to accompany older adults to medical visits from the home, to the doctor's office, and safely back again. This high level of support is known as "door-through-door" transportation. Agency-wide, FriendshipWorks provided over 520 trips in 2009 (approximately 10 trips a week). During this year there were 43 volunteer escorts and 198 service recipients. Medical escort volunteers are screened and CORI checked before they go through the training to become an

escort. In addition to physical assistance, medical escort volunteers often provide companionship and other personalized support along the way.

FriendshipWorks began the Medical Escort program to ensure that older and disabled adults had adequate transportation to medical appointments. Over the years the program has evolved into a transportation and assistance service due to the role of the volunteers. Three additional goals have been recognized: to give physical assistance when needed, to assist with navigating the hospital environment if necessary, and to provide emotional support or reassurance to patients when needed. These goals separate the service from other transportation options such as a taxi or senior program van. Individuals who use this program get more than just a ride to and from their doctor.

Age or disability can make it difficult for many elders to get to medical appointments and medical transportation and assistance has been recognized as a significant unmet basic need for seniors (Kerschner, Rousseau, & Svensson, 2008; Shah et al, 2003). Lack of suitable transportation, frailty, cultural barriers, and a fear for personal safety are all documented reasons which lead elders to miss medical appointments, putting their health at risk (Scheer et al., 2003). Massachusetts is fortunate to have two of these programs available to its residents. Along with the FriendshipWorks program, Elder Services of the Merrimack Valley, Inc. also arranges for volunteers to provide supportive, personalized assistance from the home to the doctor and back again. By offering a variety of assistance including physical support, encouragement, and help with directions theses medical escort and transportation programs aim to eliminate environmental barriers older and disabled adults may face when accessing health care.

One of the FriendshipWork's objectives for the 2009-2010 fiscal year was to move forward with a program evaluation of the Medical Escort program. Over the coming 2-3 year period, the organization envisions expanding their Medical Escort program and sharing these research findings with other organizations to encourage a city-, state-, and nation-wide effort to improve senior medical transportation.

Survey Methodology

In an attempt to thoroughly evaluate the Medical Escort program, both program recipients and service volunteers were surveyed. This research went through the University of Massachusetts Boston's Institutional Review Board before being carried out. Subject recruitment extended to all those volunteers who have assisted the Medical Escort program in the past two years (n=43). The volunteer population consists of both men and women who range in age from 19 to 80 years old. The volunteer survey (Appendix A) was sent out to 43 individuals and 32 surveys were returned giving a response rate of 74.4 percent. This is considered a good response rate for emailed/mailed surveys (Fowler, 2002).

Volunteer Demographics

The demographics of all the Medical Escort volunteers from the previous year were based on organization collected program data. The findings are typical of volunteers in general (Wilson & Musick, 1997). The majority of the pool is White (91%), female (72%), and aged 50 or older (56%). Figure 1 shows the largest age categories of volunteers are both the youngest and the oldest groups, suggesting a bimodal distribution. Roughly 72 percent of the volunteers have escorted six or more individuals to and from medical appointments during the time they have volunteered (Figure 2). Interestingly, 69 percent of program volunteers have not served more than three repeat clients (Figure 3). In fact, 28 percent have not had a single repeat customer. Escorts' time volunteering with the program ranges from 2 months to 20 years, the average being about 6 years. Therefore frequent usage of the program seems atypical and volunteers are often assist new participants rather than return customers. This suggests that users of this service are the average older or disabled adult, not the chronically ill in need of frequent doctor visits.

Figure 1. Current Ages of the Medical Escort Volunteers (n = 43)

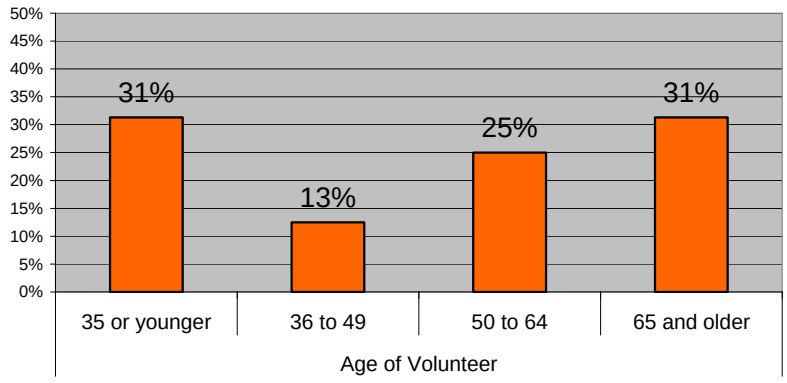


Figure 2. Volunteers by Number of Participants Served (n = 43)

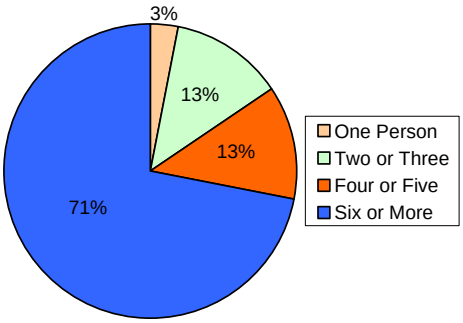
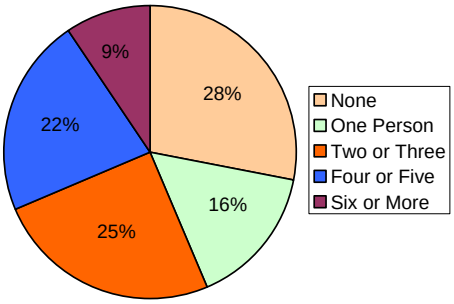


Figure 3. Volunteers by Number of Participants Served More than Once (n = 43)

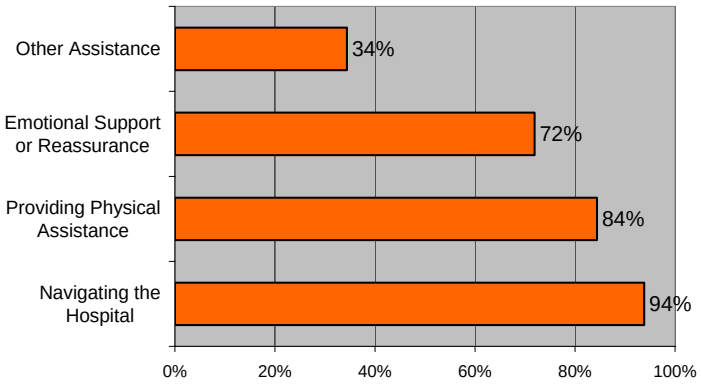


Survey Results and Analysis

Assistance Beyond Transportation

Not all participants of the program need assistance beyond the ride, yet volunteers frequently provide additional support for clients. Going above and beyond for those participants who need a helping hand is part of what makes the program unique. The table below highlights the percentage of individuals who have provided additional assistance to participants during their volunteer service (Figure 4). The vast majority of volunteers have provided some type of additional assistance beyond transportation to their older or disabled client. Shown in figure 4 as 'other assistance,' volunteer also wrote-in two additional forms of assistance: 'companionship' and 'coordinating transport.'

Figure 4. Percentage of Volunteers who have Provided Additional Types of Assistance (n = 32)

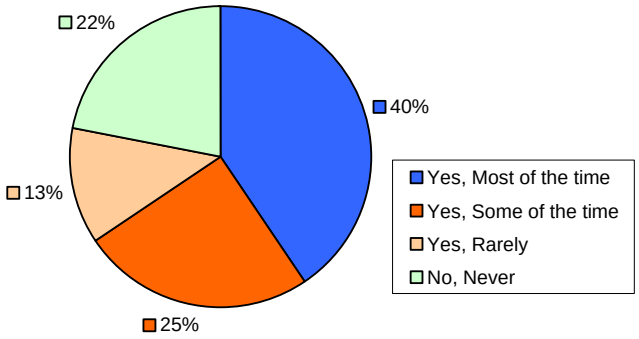


Particular Assistance or Advocating

A number of specific types of assistance were mentioned by volunteers in the survey. The most common assistance involved helping the older or disabled adult deal with their health care concerns. Personal assistance such as running errands or giving social support, for example reducing loneliness and providing companionship, were also helpful tasks mentioned by the volunteers.

Medical Care – The large majority of volunteers have not only accompanied older adults into the office, but into the examination room as well. As shown in figure 5, approximately 66 percent of volunteers continue assistance into the exam room some or most of the time. One of the more common kinds of aid given in the exam room centered on providing physical assistance. Twenty-five percent of program volunteers have helped participants undress or get dress during appointments. Volunteers state that whether or not additional assistance is given is primarily dependant on who is being served and what services they ask of the volunteer.

Figure 5. How Often Volunteers are Assisting their Program Participant Into the Examination Room (n = 32)



Fifty-three percent of volunteers say they have communicated with medical staff on behalf of their participant and 59 percent state they have facilitated communication between the health care provider and the patient. As one volunteer explained:

> *'People [speak] to me about their medical issues and complications and I am able to understand [their prescribed treatment] and answer many of their questions in layman's terms and with more detail and for a longer period of time than what they receive from their doctors'*

In addition, volunteers often ensured clients got the help they needed from staff (44%), made sure they were seen on time (31%), and helped make follow-up appointments (34%). An example of this kind of support is highlighted by the following volunteers' comment:

> *'I often talk to the receptionists saying this is Ms. So-and-so for her 11 o'clock appointment'*

> *'Many people need help both in transportation and in interpreting services provided by medical staff'*

Prescriptions are an important component of one's medical care and allow patients to follow through with treatment. With older and disabled adults in particular, there can often be complications with obtaining prescribed drugs. Some Medical Escort volunteers (38%) drove

service recipients to drug stores or went with them into the pharmacy. When asked their opinion on the likelihood that people helped by this program can attend their appointments without personal assistance, a resounding 84 percent said no. When volunteers were asked to give their general opinion of the program, many expressed feelings similar to those stated below:

> *'It's a great program that provides a service so many elderly or disabled people need – without it they might not get the medical attention they need simply because they can't get to their appointment'*

> *'Most of the adults who I have helped were often overwhelmed by the medical system or easily got confused when attempting to navigate the hospital. Without my help, many of them would have been unable to attend their appointments and thus would not have gotten the medical care they needed'*

Social and Personal Support – In terms of personal assistance unrelated to medical visits, volunteers sometimes go above and beyond for Medical Escort participants. Volunteers have occasionally run errands for clients (47%), taken them on social outings before or after the doctor appointment (25%), or helped them get settled at home following the appointment (38%). Some examples provided by volunteers show how little extras or basic tasks can really help an older or disabled individual:

> *'I have had recipients who in addition to their appointments, needed sundry tasks performed like opening/closing windows, blinds adjustments, and so on'*

> *'[One participant wanted to] stop to get coffee, and so we did'*

In addition, many of the Medical Escort volunteers felt that they were relieving isolation or loneliness for some of the individuals they served. Displayed in figure 6, approximately 34 percent of the 32 volunteers who completed the survey felt they were reducing isolation 'very much' or 'a lot' for participants. In terms of providing companionship, twenty-five percent stated they felt they were reducing loneliness 'very much' or 'a lot' among participants (Figure 7).

Figure 6. The Extent to which Volunteers Felt they Helped Reduce Isolation in Participants

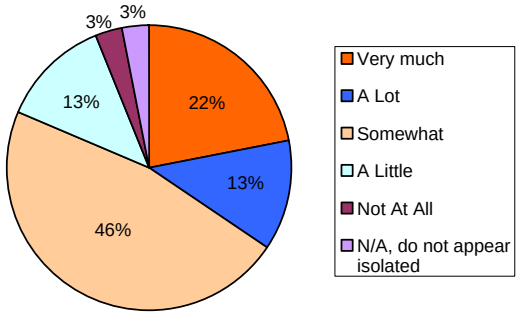
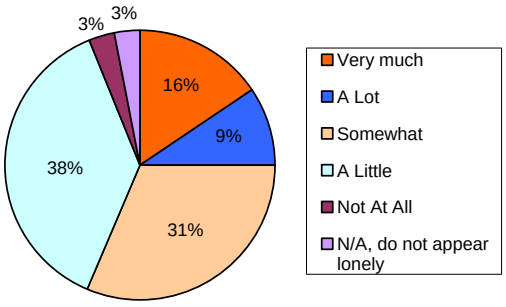


Figure 7. The Extent to which Volunteers Felt they Helped Reduce Loneliness in Participants



At least from the perspective of the volunteers who are providing this service, the individuals being served are getting more then just transportation. When volunteers were asked to explain whether or not they felt they provided a needed service, a variety of responses related to social support and assistance were discussed:

> *'For some recipients, [getting a Medical Escort volunteer is] a chance for them to get out of the house, and while doing so, chat with someone about their feelings and opinions – something they might not often get to do'*

> *'I think this program is a great benefit to those who need some extra support or assistance to get to appointments or to just have a friend in a tough time. It supplies the elderly or handicapped with someone who cares and someone who sincerely wants to be a support for others'*

> *'For many, they have no one else to support them during the appointments and in some cases, these are really serious conditions they have. I would guess that this support is just as important [as the transportation] for many of our participants and is one reason that many continue to look to us for help'*

The open-ended responses to this survey reveal that the role of an escort is varied. Volunteers are providing a range of added services and assistance for the users of this program. These individuals continue to volunteer as a Medical Escort because of the value they perceive each time they assist another elderly or disabled adult. By being a helping hand, a listening ear, and a comforting presence these volunteers are making a difference in people's lives and assisting them sometimes when it is needed most.

Survey Methodology

The program recipient survey (Appendix B) was developed for evaluation of the Medical Escort program along with the volunteer survey. Though most of the survey questions come from collaborations between the organization and the research staff, two sections were adapted from readily available and well-tested survey tools: The Customer Satisfaction Questionnaire (CSQ-8) designed to measure client satisfaction with services (primary source: Larsen, 1979) and the short physical functioning section of the SF-12 to measure participants' activities of daily living. This and all survey materials were approved by the University of Massachusetts Boston's Institutional Review Board.

Subject recruitment extended to all program recipients who utilized the service at least once in the past year, providing us with 198 possible participants. Eligibility criteria excluded 48 individuals due to cognitive (e.g. Alzheimer's Disease, Dementia) or physical illnesses, hospitalization, or lack of competency. In addition, 6 individuals were deceased at the time of the survey, resulting in a total of 144 eligible participants. Table 1 shows the record of our sample. The research team mailed surveys to 39 individuals deemed unable to reach by phone or who specifically asked to complete a hard copy. Six surveys were returned and added to the 72 surveys from phone-based interviews giving us 78 completed surveys. Our response rate was 66.7 percent and considered good results for a phone survey (Fowler, 2002).

Table 1. Participant Survey Response Rate

	N
Total Population served in past 14 mo.	198
Deceased	-6
Removed Due to Known Impairments	-34
Contacted for Participation	158
Ineligible Due to Competency/Illness/ Hospitalization Issues	-14
Eligible Population	144
Unable to contact	-35
Lost to Follow-up	0
Refusals	-31
Consented and Completed	78

Participant Demographics

Our eligible population (n=144) consists of both men (37%) and women (63%) who range in age from 38 to 94 years old, with a mean and median age of 69.5. The racial and ethnic distribution is primarily white (77.8%), with some African American users (20.8%) and a small number of clients

from other races (2.8%). We conducted a simple analysis to assess whether any significant differences existed between those service recipients who responded to our survey and those who refused to participate (Table 2). The eligible study population and the actual study sample are very similar. Both the eligible population and the final study sample consist predominately of white females with a median age near 69 and who live alone. Therefore, those who could not be contacted or refused to participate are not very different from those who completed the survey.

Table 2. Demographics of Eligible Population vs. Final Sample Population

	Eligible Population	*Sample Population*
Total	N=144	N=78
Median Age	69.5	68.5
Gender		
Male	*36.8%*	*39.7%*
Female	*63.2%*	*60.3%*
Race		
White	*76.4%*	*78.2%*
Other	*23.6%*	*21.8%*
Lives Alone	90.3%	88.5%

The majority of individuals using this service are low-income (74%), live alone (90%), and consider themselves disabled (43%). Our data show an educated population, with the majority of participants having some college, a college degree, or a graduate school degree (65 %). One of the most striking findings is that 42 percent of our sample has never been married. Never married individuals constitute 27 percent of the entire population of people aged 15 or over in the United States (Census, 2003). This number is drastically lower when examining only older generations. In fact, the percentage of never married individuals is lowest for men ages 75 and older, and women aged 65 to 84 (both at 4%).

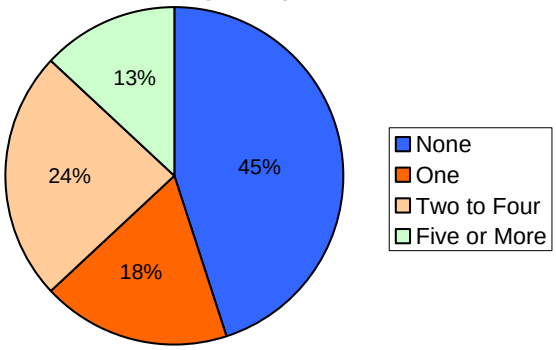
Survey Results and Analysis

A few elements emerged as important for our understanding of the transportation need of older and disabled adults. It seems the population utilizing the Medical Escort service cannot afford public transportation, are living alone, and due to age or disability need some assistance during travel.

An Isolated Population

the demographic characteristics of Medical Escort recipients provide evidence for the need for this service. Factors impacting accessing health care or attending medical visits are mobility, income level, and marital status. Since a large number of our survey participants are disabled (43%), low-income (74%) and have never been married (42%) this service may be alleviating barriers for some individuals. Taken together with the finding that 90 percent are living alone emphasize the vital aspects of this program. While the majority of our sample has two or more family and friends they feel close to (78%), few have loved ones close by. Roughly 20 percent of participants had only one family or friend living within five miles, and 45 percent had no one (Figure 8).

Figure 8. The Number of Close Friends or Family Members Who Live Within 5 Miles (n = 76)



The population using this service may be unable to rely on someone in their lives to help them get to appointments. Combined with the likelihood of having low-income and mobility issues, it is clear service users are not a group who can easily help themselves. By providing this transportation option, FriendshipWorks may be preserving the dignity of elders and adults with disabilities. These people can actively schedule medical appointments and an assistive ride to get there.

Transportation Needs and Medical Appointments

Not all older adults have health problems that reduce their functioning or limit their activities. One would expect the older adults who are limited would be more likely to use the Medical Escort program. Findings suggest more than half of our population is self reporting as functionally limited. They have limitations in performing moderate activities such as vacuuming or moving a table (65%), climbing several flights of stairs (71%), and traveling to places or appointments (58%).

There seem to be two distinct groups utilizing the program. The first is individuals over 60 who have a range of disability levels, income levels, and social circles. The second group consists of those aged 59 and younger. All of the younger individuals are disabled, low-income, and living alone (22% of the population served). This suggests a shared need and elderly transportation services may consider reaching out to both disadvantaged groups and supporting the transportation needs of their community as a whole. When asked to list their primary means of transportation to medical visits we found that most did not use family or friends and neighbors, consistent with the finding that few family or friends live nearby. Many of these individuals used a private automobile, senior shuttle options, the Massachusetts public transit system (i.e. the Ride, MBTA bus or train) or paid for a taxi as a last resort. Medical Escort volunteers assist participants on these various forms of transportation or drive them in a private automobile if the volunteer or recipient has an available car.

Displayed in figure 9, we find that a number of participants are becoming anxious or stressed when having to make future medical appointments (56%). Of those who stated they were stressed by scheduling, 86 percent said the Medical Escort program helped to relieve their anxiety (Figure 10).

Figure 9. Whether Participants Feel Stress or Anxiety Scheduling Medical Appointments Due to a Lack of Transportation or Assistance (n = 75)

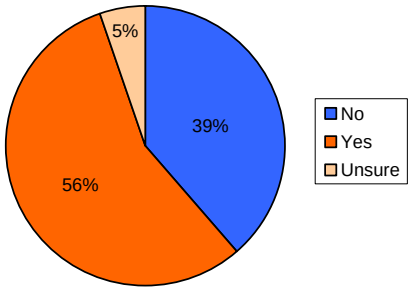
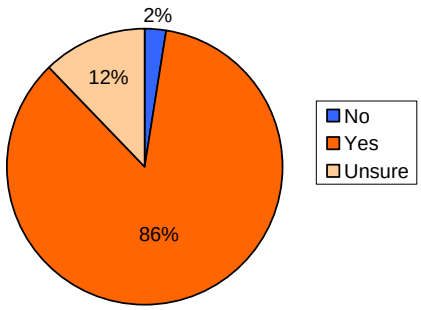


Figure 10. Of Those Who Feel Stress when Scheduling, Did the Medical Escort Program Relieve that Stress? (n = 41)

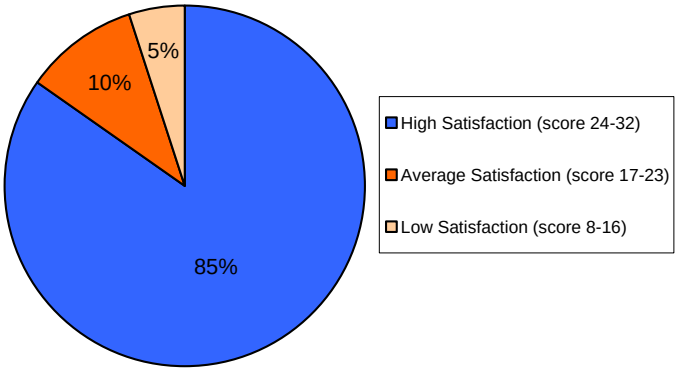


Moreover, in line with the opinions of the Medical Escort volunteers, many of the clients feel uncertain they would be able to get to their appointments without the availability of this service (59% answered no or 'not sure'). If this finding holds true, door-through-door and escort services may be removing a major emotional barrier impacting access to health care. When asked how often they had missed appointments because of transportation issues a surprising 'never' rang loud and clear. More studies are needed to determine if these senior transportation options are reducing missed appointments in the elderly population.

Medical Escort Program Satisfaction

Using the CSQ-8 to measure the general satisfaction of the program, we find participants are overwhelmingly pleased with the service. This questionnaire elicits the client's perspective on the value of services received rather than measuring outcomes. Recipients indicated that their needs were being met by the program, they would recommend the service to a friend, and they would come back if similar assistance was needed. Roughly 83 percent of users were very satisfied with the program with a mean CSQ-8 score of 28.3 out of 32 (Figure 11).

Figure 11. Customer Satisfaction Questionnaire Results (n = 78)



While some individuals felt there were barriers to their using the program (53%), a number of people stated they had no issues. Difficulties in securing a volunteer (27%) and difficulties in scheduling (23%) were found to be the two most common barriers to greater usage of the program. Some program recipients also provided their opinions on what improvements could be made to the program (66%). A shuttle bus for use to appointments (36%) and increased hours of operation (28%) were found to be the most common, although some participants suggested their own improvements which ranged from expanding the coverage area outside of Boston (5%), to enhancing communication between the program and the doctors or medical centers (9%), to reducing the 2 weeks notice reservation policy (6%).

CHAPTER 4: CONCLUSIONS AND IMPLICATIONS

As our population ages the need to increase and enhance senior transportation options becomes vital. The National Center on Senior Transportation (NCST) notices the need for improvements to senior transportation, including expanding the range of options available. NCST grants given out from 2008-2009 recognize door-through-door or escort services as an approach that is leading the way in senior transportation (NCST, 2009). Volunteers are not only helping a number of people get to medical appointments but are allowing them to schedule medical or surgical procedures that require the patient to have support going home. Without this assistance, patients undergoing such procedures are often required to stay in the hospital overnight due to hospital regulations. Door-through-door services provide an option for those patients who cannot afford to stay overnight at the hospital and do not have family or friends nearby to help them get home.

A general lack of senior transportation options have been found not only for those going to surgical procedures, but to preventative visits or physicals as well (Hendricks et al., 2008). Individuals who are too frail to utilize public transportation alone and who have limited family members to assist them seem most at risk. For seniors who wish to age in place, transportation options that provide assistive support must be available. Based on a national survey of organizations with paid drivers, it seems few are providing a door-through-door or escort option (Beverly Foundation, 2009). This suggests that a major area for improvement in senior transportation would be to enhance existing organizations by adding volunteer escorts who provide a door-through-door option.

The research project, though based on one door-through-door program, illustrate some interesting conclusions. If we wish to meet the transportation needs of all older adults we must consider different groups and their physical, emotional, and navigation needs. Options must be available that provide assistive support before, during, and after a medical visit to ensure comprehensive care. Specific elderly populations (i.e. living alone, disabled, low income) may be at greater risk for missing doctor appointments because of transportation difficulties. We find the number of never married individuals in the program is staggering. As previously mentioned, never married individuals represent only about 4 percent of the population over 65 (Census, 2003). When you consider the population being served and what the program provides for these older and disabled adults one can recognize why these demographic populations may be gravitating toward the program.

We find that 84% of volunteers and 59% of participants in our sample were unsure the older or disabled adult would be unable to attend their appointments without an escort. Participants stated they rarely missed appointments due to their transportation and assistance needs. Rather, they would refrain from scheduling them in the first place. It became apparent that just the possibility you would be unable to attend your medical appointment prevents it from being scheduled. The stress and anxiety some respondents felt about getting to and from medical visits may be preventing some older adults from scheduling appointments. More supportive transportation options must be made available so we can attempt to eliminate this issue.

This program is important to those who use it and they are overwhelmingly satisfied with their experience. This finding in conjunction with the previously discussed benefits of having supportive, personalized medical escorts provides evidence for the effectiveness of this door-through-door transportation option. As the demand for this and similar programs increases and the organizations expand in order to meet the needs of the aging population, problems such as volunteer recruitment, funding, and staffing shortages will continue to put strains on these types of non-profit organizations and their programs. We must continue to support the programs that are doing our elderly and disabled adults a great service and increasing their transportation options. Improving and establishing programs for seniors is ineffectual if they cannot get to the services. Documents like the one produced by Hendricks et al. (2008) highlight the difficulties volunteer programs currently face and the ways these programs are meeting the challenge. Needs assessments like this one help researchers, policy makers, and elder transportation organizations to understand what populations need support and what kinds of services they require.

CHAPTER 5: FUTURE RESEARCH AND ANALYSIS

This study does have some limitations. While the finds are interesting this was a case study of one program and further research is needed to determine if these results can be generalizable. In addition, our eligibility criteria excluded individuals with cognitive impairments or physical illnesses and hospitalization. These potentially frailer individuals may be important for study and perhaps proxy surveys could be used in future research. Finally, these findings are determined using cross-sectional data collected at only one time point and time, place, or historical context could have impacted our results. Longitudinal research would greatly improve these preliminary findings on supportive transportation, also being able to test for health and well-being changes over time.

Though not evaluated in this report, there are bilingual, culturally sensitive Medical Escorts for Spanish-speaking elders that serve as a distinct program feature at FriendshipWorks' other office location. Bilingual escorts address racial health disparities by bridging gaps of language and culture which prevent many Latino elders from utilizing health care. Not only would all the materials need to be translated into Spanish, but additional site-relevant questions would need to be added to the survey for FriendshipWorks to get a thorough evaluation of this program. This is, however, an interest of the organization and is currently being discussed.

REFERENCES

Allen, S.M. & Mor, V. (1997). The prevalence and consequences of unmet need: Contrasts between older and younger adults with disabilities. *Medical Care, 35*(11), 1132-1148.

Bailey, L. (2004). Aging Americans: Stranded without options. Surface Transportation Policy Project. Washington, D.C.

Beverly Foundation & the Community Transportation Association of America. (2009). Delivering Community Transportation Services: Report on the Roles, Responsibilities and Contributions of Paid Drivers. Internal document retrieved June 23rd, 2010 from http://seniortransportation.easterseals.com/site/DocServer/New_title_Final_Driver_Report_02-09-09.pdf?docID=102864

Branch, L.G., & Nemeth, K.T. (1985). When elders fail to visit physicians. *Medical Care 23*(11), 1265-1275.

Dickerson, A.E. (2007). Transportation and aging: A research agenda for advancing safe mobility. *The Gerontologist, 47*(5), 578-590.

Fowler, F.J. (2002). *Survey Research Methods: Third Edition.* London: Sage Publications, Inc.

Hendricks, S.J., Audino, M.J., Okin, P.O., & Biernacki, A. (2008). Programs that Match Seniors with Volunteer Drivers – Practical Recommendations for Organizations and Policy Makers. Retrieved June 23rd, 2010 from http://seniortransportation.easterseals.com/site/DocServer/CUTR_volunteer_driving_report.pdf?docID=98063

Kerschner, H.K., Rousseau, M-H, & Svensson, C. (2008). Volunteer Drivers in America: The Hope of the Future. A Brief from the Beverly Foundation.

Larsen, D.L., Attkisson, C.C., Hargreaves, W.A., & Nguyen, T.D. (1979). Assessment of client/patient satisfaction: Development of a general scale. *Evaluation and Program Planning*, 2, 197-207.

Marottoli, R.A., Mendes de Leon, C.F., Glass, T.A., Williams, C.S., Cooney Jr., L.M., & Berkman, L.F. (2000). Consequences of driving cessation: Decreased out-of-home activity levels. *Journals of Gerontology Series B, 55*(6), S334-S340.

Marottoli, R.A., Mendes de Leon, C.F., Glass, T.A., Williams, C.S., Cooney Jr., L.M., Berkman, L.F. & Tinetti, M.E. (1997). Driving cessation and increased depressive symptoms: Prospective evidence from the New haven EPESE. *Journal of the American Geriatrics Society, 45*(2), 202-206.

National Center on Senior Transportation. (2009). Rides Change Lives: Innovations in Senior Transportation NCST Grants 2008-2009. Internal document retrieved June 23rd, 2010 from http://seniortransportation.easterseals.com/site/DocServer/Rides_Change_Lives.pdf?docID=103983

Okoro, C.A., Strine, T.W., Young, S.L., Balluz, L.S., & Mokdad, A.H. (2005). Access to health care among older adults and receipt of preventive services. Results from the Behavioral Risk Factors Surveillance Study, 2002. *Preventive Medicine, 40*, 337-343.

Ragland, D.R., Satariano, W.A., & MacLeod, K.E. (2005). Driving cessation and increased depressive symptoms. *Journals of Gerontology Series A, 60*(3), 399-403.

Scheer, J., et al. (2003). Access barriers for persons with disabilities. *Journal of Disability Policy Studies, 13*(4), 221-230.

Shah, M.N. et al. (2003). Predictors of emergency medical services utilization by elders. *Academic Emergency Medicine, 10*(1), 52-58.

U.S. Census Bureau. (2003). Marital status: 2000. Census 2000 brief. U.S. Department of Commerce Economics and Statistics Administration. Retrieved June 25, 2010 from http://www.census.gov/prod/2003pubs/c2kbr-30.pdf.

Wilson, J., & Musick, M. (1997). Who cares? Toward an integrated theory of volunteer work. *American Sociological Review, 62*, 694-713.