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Opportunities to Improve Patient Transportation Access: Piloting a Transportation Resource Fair at the Saban Community Clinic

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The fair would include transportation service providers informing patients about services and allowing them to sign up for discounts when available. In 2024, UCLA piloted this concept, and this brief details the pilot's approach and findings.

Approach

We worked with an employee steering committee at the clinic to learn about the staff's experiences with transportation programs, the types of questions they get from patients, and what types of patients we should consider as the target audience for the event. Our team inventoried all the public and private transportation providers that could serve the clinic locations, their service areas, eligibility criteria, and discount programs for low-income passengers. For some providers, this was a straightforward process where information was readily available online. For others, this required finding specific contacts and arranging meetings to understand how patients could access such services.

We worked with the clinic steering committee to determine the best location, day of week, and time and considered what would draw patients to attend.

Findings

Patients have various transportation options, but eligibility, geographic access, affordability, and information constraints remain.

We found nine types of transportation services available for patients; however, some are only eligible for older adults, people with disabilities, or patients with public insurance (Table 1). Most of these services offer discounts, but this is not the case for ride-hailing services, which provide on-demand point-to-point transportation. Older adults and people with disabilities have a wider range of services available, as three of the nine options are only eligible for people with disabilities or older adults. In our discussions with clinic staff, most of their patients are low-income, able-bodied adults. Transportation services for seniors or people with disabilities will not serve most patients. Shared mobility programs, like carshare and bikeshare, could provide transportation options to patients, but the limited geographic range is a constraint. Carshare is only available at specific stations within the city, and patients in South L.A. do not have access. Similarly, patients may live near bikeshare stations, but there are no stations near the clinic locations, limiting their usefulness for getting to appointments.

Staff and patients alike were unfamiliar with how patients with Medi-Cal insurance could take advantage of non-medical transportation support provided for free through their insurance. No advanced enrollment is necessary for the use of these services. Patients must book a ride three to 48 hours in advance with their insurance information. They will typically be provided a ride to and from appointments and the pharmacy as a ride-hail vehicle.

Scheduling an event that meets both patient needs and organizational availability can be challenging. Most organizations do not offer on-site enrollment.

After discussions with clinic staff, we decided that a late Saturday morning event would be ideal for patients, helping them avoid conflicts with weekday work schedules and evening family obligations. However, some invited organizations had limited weekend staffing availability or were unavailable for weekend outreach. This conflict ultimately limited the number of organizations participating in the event. Out of 12 invitees, the final list of participating organizations included LA Metro LIFE, BlueLA by Blink Mobility carshare, Los Angeles Department of Transportation DASH services, Access Services, Community Investment for Families (L.A. department that provided bicycle helmets and car seats), Los Angeles Public Library, and Los Angeles Department of Water and Power. The research team also set up a table to collect attendees' surveys and distribute information about non-medical transportation services.

The event team wanted to ensure the fair provided information and a fun, engaging experience. The clinic partners brought in a DJ, a paleta vendor and organized Zumba exercise sessions throughout the event.

Ideally, attendees would have been able to enroll in various discount programs or receive other services. However, only Metro LIFE could enroll people on-site in the fare discount program. The L.A. County Department of Social Services shared that they could provide eligibility screenings, but staffing constraints prevented them from attending the event.

Gaining a critical mass of attendees may require partnerships with multiple organizations or participation in other community events.

About 40 patients attended the event to learn about transportation options, receive a child's bicycle helmet or car seat if needed, and sign up for transit fare support with LA

Table 1.

Potential Transportation Service Options for Clinic Patients

Service Type	Discounts available	Eligibility criteria
Public Transit (LA Metro and other municipal agencies)	Metro LIFE for low-income passengers (20 free rides/month) Metro GoPass for participating schools and colleges (typically free transit)	Open to anyone
Ride-Hail (Uber and Lyft)	None	Open to anyone; however passengers with children need to provide their own car seats
Carshare (BlueLA by Blink Mobility)	Community membership rates for low-income members	Open to anyone with a driver’s license; limited carshare stations around central L.A. neighborhoods
Micromobility (Metro Bike Share, Bird and Lime Scooters)	Metro Bike Share discount for low-income riders; Bird Access and Lime Access discount programs for low-income riders	Open to all but there are not currently Metro Bike Share stations near any Saban Community Clinic locations
Dial-a-Ride (Cityride buses in L.A.)	Low-income discounts available	Have a disability or be 65 years or older; rides must be 10 miles or less within city limits
On-demand senior and people with disability services (Cityride taxicab service)	Low-income discounts available	Have a disability or be 65 years or older; rides must be 10 miles or less
Paratransit	None	Have a disability
Non-medical transportation (Call the Car and ModivCare services; typically use ride-hailing services)	Free service	Medi-Cal members (LA Care and HealthNet)
Non-emergency medical transportation	Free service	Medi-Cal members (LA Care and Healthnet) members with a physical disability; Physician Certification Statement required

Metro. The attendee surveys, provided in English and Spanish, showed that most attendees identified as female, had an average age of 42, and spoke Spanish as their primary language. The surveys also included the Transportation Security Index (TSI), a six-question tool developed by University of Michigan researchers that measures people’s ability to travel safely and on time, along with broader impacts of not having access to transportation. The average TSI score among attendees indicated low insecurity, demonstrating that those who face the greatest transportation barriers may have been unable to attend the event.

The resource fair was a valuable experience for the clinic as they thought about better supporting their patients’ transportation needs while connecting them to other social services. However, clinic staff noted that attendance was lower than expected. They marketed the event at all clinic locations and sent text messages to all patients twice before the event.

Patients with transportation needs are likely eligible for other forms of social support and could benefit from cross-eligibility and enrollment processes.

In brainstorming how to maximize the impact of this event, staff suggested broadening its focus beyond transportation and

marketing it as a resource fair that would also bring together other forms of social services. Given that the clinic primarily serves low-income patients, social service programs that seek to support low-income residents may help patients in other aspects of their lives. To that effect, we invited the L.A. County Department of Social Services to provide information on CalFresh and CalWORKs programs and the Department of Water and Power to provide information about their low-income home energy assistance program (LIHEAP). With the expanded scope, we promoted the event, where patients could connect to community resources, transportation services, and discount programs.

Conclusions and Recommendations

This event was a pilot for a new approach to providing transportation support to Saban Community Clinic patients. The planning process helped identify various transportation options that could benefit patients while equipping clinic staff with information to help their patients.

- » **Transportation guides for health care patients and staff highlighting transportation options, how to enroll, their eligibility criteria, and other necessary information are helpful resources.** The event planning process generated a great deal of information about the range of different transportation options and discounts available that are not provided in one easy-to-find place. Creating guides with this type of information may be helpful to health care providers and their patients. This resource would benefit the Saban Community Clinic and other service providers helping to serve low-income populations.
- » **Uniting public and private transportation providers across geographies can serve people needing transportation assistance.** We found information about public and private transportation providers across different geographies, and this information is rarely combined into one centralized place. For example, when performing education and outreach, the Los Angeles Department of Transportation may provide information about their transit services (DASH and Commuter Express), carsharing services, and the scooter companies they regulate. However, they are not likely to bring together LA Metro programs like the LIFE program or ACCESS services. Further, information about transportation services provided through health insurance is rarely offered in the context of other transportation services. There appears

to be a missing convener of all these services and the discounts they provide, and low-income travelers are missing out on critical information.

- » **Social service providers should consider on-site enrollment opportunities to reduce barriers to registration.** At the event, few social and transportation service providers could allow attendees to sign up for their services on the spot. When providers restrict sign-ups to online forms or specific times and locations, they may miss critical opportunities to engage with people who can benefit from support. Additionally, some providers could not attend weekend events even in an information-sharing capacity, further limiting access to community-based information.
- » **Tap into networks of service providers to host transportation and resource fairs to a broad audience.** The “Road to Resources” event was successful as a concept to bring together transportation support options into one place but garnered lower attendance than was expected. We suggest that this type of event be produced by or marketed to various social service providers to widen the potential participation. The event can also be hosted alongside free live entertainment opportunities, such as a community concert series, which may generate a larger audience for this information and support.

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