Program Fact Sheet

Medical Escorting: Improving Access to Health Care

Background

During their lifetime, older men and women will need on average 7 and 10 years of transportation support respectively (Dickerson et al., 2007). While many look to family and friends for this transportation support, some older adults are less fortunate. Available options for travel continue to grow, yet research indicates as many as 42 percent of older adults with access to public transportation are not using it (Bailey, 2004). Some elders need another level of assistance and support when traveling, and often find public transportation inadequate.

These non-driving elders 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). Transportation difficulties compound with issues navigating the hospital, street safety, and accessibility of the building (Scheer et al., 2003) resulting in over 1 in 10 disabled elders to missing a doctor appointment due to inadequate service (Allen & Mor, 1997). The FriendshipWorks Medical Escort program is a door-through-door service with the goal of addressing barriers to health care by providing trained volunteers to accompany elders on their needed medical appointments.

Project and Research Description

A thorough evaluation of the Medical Escort program was conducted in 2010 by two students in the gerontology PhD program at the University of Massachusetts Boston. Subject recruitment extended to all recipients who had utilized the Medical Escort program in the past year. The survey questions were designed in collaboration between program and research staff, and the Customer Satisfaction Questionnaire (CSQ-8) and the short physical functioning section of the SF-12 were also used.

Findings

Who Do We Serve?

The average Medical Escort recipient is a 71 year old white, female who is living alone, low-income, and disabled. As Table 1 shows, though we have no income restrictions, the majority of people who need our services are low-income and isolated. Approximately 45.5 percent of the elders utilizing this service have no family or friends living nearby (i.e. within the Boston area).

A striking finding from our evaluation shows that 41.7 percent of our sample has never been married. Among older Americans, the proportion of never married individuals is has historically been very low at about 4-6 percent of the population (Census, 2003). The number of Table 1. Demographics for 2010 Medical Escort Recipients (n=164)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female 64.6, Male 35.4</td>
</tr>
<tr>
<td>Age</td>
<td>65 and younger 24.3, 66 to 75 29.7, 76 to 85 21.6, 86 and older 24.3</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>White/Caucasian 73.2, Black/African American 20.4, Other 6.4</td>
</tr>
<tr>
<td>Income</td>
<td>Low-income Status 73.6</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married 6.5, Divorced 24.0, Widowed 27.8, Never Married 41.7</td>
</tr>
<tr>
<td>Living Situation</td>
<td>Lives Alone 94.6</td>
</tr>
<tr>
<td>Disability</td>
<td>Disabled 43.1, 1 or more functional limitations 80.0</td>
</tr>
<tr>
<td>Social Networks</td>
<td>2+ family/friends nearby 36.4, Only one living nearby 18.1, No family/friends nearby 45.5</td>
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of never marrieds will only rise as the Baby Boomers age, increasing the importance of our Medical Escort service.

A number of recipients are clinically disabled (43.1%) and we find increased mobility impairments when respondents self-reported on functional limitations. Eighty percent had at least one constraint:

- 71% of program recipients had trouble climbing several flights of stairs
- 65% had difficulty in performing moderate activities (like vacuuming)
- 58% had physical difficulty traveling to places or appointments

**Satisfaction in Accessing Health Care**

Recipients of the Medical Escort services are overwhelmingly pleased with the program. Using the CSQ-8 we were found high satisfaction among 85 percent of our recipients. In terms of answers to specific satisfaction questions:

- 87% are mostly or very satisfied
- 90% said most or all of their needs were met by the program
- 94% would recommend the service
- 94% would come back if similar assistance was needed

One of the more important findings that came from this research project highlights the great need for elders to have adequate access to health care. We found people experienced stress and anxiety about getting to the doctor, and the anxiety stemmed from having no supportive transportation option.

About 56 percent of recipients self-reported feeling stressed or anxious when planning and scheduling for a medical appointment due to their lack of transportation and assistance. These anxious elders overwhelmingly stated the program relieved this anxiety (figure above). In fact, 72 percent said they were unsure if they could get to their medical appointments without this service.

This study finds stress and anxiety about one’s ability to get to the doctor, in addition to physical limitations, may be effecting older patients’ access to care. If this is the case, then providing personalized, assistive transportation to, during and after medical appointments is vital to ensure comprehensive care for frail, isolated populations.

**Conclusions**

The program is very successful and has provided benefits to the elders enrolled. In general, the elders using this service needed both physical support beyond the front door and emotional support during the appointment, and didn’t have anyone nearby to help. There is a clear need for door-through-door transportation options and more should be made available for seniors to help improve their access to care.