

Appendix D: CPH Healthcare and Transportation Survey

The purpose of this survey is to gather information from healthcare providers and social service providers to help determine if transportation issues impact their clients from being able to make and keep appointments. The information provided will be used to develop recommendations for improving access to health care in the community.

If you have any questions, please contact: Claire Jennings at cjennings@morpc.org or 614-233-4150.

1. What is your organization's name and address?

Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>

2. Which of the following best describes your organization?

- Private, non-profit
- Private, for-profit
- Public
- Other

3. Is your organization a...

- Healthcare provider
- Social services provider
- Other (please specify)

4. Does your facility have:

- Free parking
- A bus stop nearby
- Sidewalks leading to your building
- ADA accessibility from the street
- Bike parking

5. In your opinion do you believe that your clients have transportation problems when it comes to making and keeping appointments?

- Yes
- No
- I don't know

6. In your opinion, what do you think the biggest transportation problem your clients face when making and keeping appointments? (Select all that apply.)

- There are no problems.
- Lack of reliable personal transportation.
- Missed or late bus.
- Inability to take the bus due to lack of routes or stops or connections.
- Lack of family or friend support to bring them to appointments.
- Other (please specify)
- Lack of easy or free parking.
- Lack of sidewalks.
- Feeling unsafe walking due to crime or traffic.
- Traveling with more than one child is difficult.
- Other.

7. If you had a client call to ask for help getting transported to a health care related appointment, how would you respond?

- Send them a brochure
- Send them to an informative website
- Send them to another organization that would provide options
- Other (or if you send them to another organization, please indicate that organization)

8. Does your agency supply any type of transportation to its participants? Please respond yes if your agency provides trips in an agency or volunteer vehicle and/or distributes money specifically for the purpose of transportation.

- Yes
- No

9. What sort of transportation does your organization provide?

- Subsidized transportation
- Volunteer-based transportation
- Provides funding for personal transportation
- Provides bus passes
- Other (please specify)

10. What is your late policy?

11. What is your no show policy?

12. Approximately how many clients do you serve in a year?

13. Do you feel that your staff understands the transportation options available to help clients? If not, what would be the most helpful to them? For example (a training, a brochure, a website etc).

14. Do you have any other comments or thoughts to share regarding transportation and health related appointments for residents in clients?

Thank you for your time and input!

15. Of your clients, what percentage do you estimate use public transportation to get to or from your office and/or services?

Less than 10%

10-25%

26%-50%

51%-75%

76%-100

Don't know