

Helping Our Women

Organizational Background

Helping Our Women (HOW) is a community-based non-profit organization located in Provincetown, MA, serving the Outer Cape communities of Truro, Wellfleet, Eastham and Provincetown. HOW was established in 1993 in response to the lack of support services available to women living with cancer.

HOW's mission is to educate, empower and support women as they cope with chronic disease and life threatening illnesses through direct service, providing referrals and advocacy. In 2012, HOW provided services to around 200 women.

Transportation Model

HOW provides transportation to and from local medical appointments through a volunteer driver program and, at times, a part-time paid driver employed by HOW. Volunteer drivers are used primarily for local travel on Cape Cod.

HOW also works with local cab companies, Cape Cod Regional Transit Authority (CCRTA), and Cape Air for transportation needs that extend beyond Cape Cod. Many of the women who have specialized medical needs receive treatment in Boston, the closest medical hub. If a client is physically capable, HOW will arrange for the client to take the Boston Hospital Transportation (BHT) operated by the CCRTA. If the client is not physically capable of enduring the day-long trip to Boston via the BHT for a needed medical appointment or treatment, then HOW will elect to use an airline ticket provided courtesy of Cape Air. HOW works with a local cab company, if needed, to provide transportation to and from Outer Cape Health Services in Wellfleet where the BHT begins or to the airport located in Provincetown.

*“Without the transportation program,
I wouldn’t be alive today.”
-HOW client*

Organization: **Helping Our Women**

Location: **Provincetown, MA**

Geographic Context: **Rural**

Population Served: **Women living with chronic, life-threatening, or disabling illnesses**

Website: www.helpingourwomen.org

Barriers to Accessing Health Care:

- Geographic isolation
- Lack of cars and transportation services
- Limited health care services
- Weather conditions
- Expense and time
- Physical and emotional limitations of those who are ill

Transportation Model Solution:

Collaboration with the local airline and regional transit authority for longer trips (normally to Boston) and volunteers for local rides that are within 50 to 75 miles of the clients’ homes.

Why This Model is Successful:

- Provides Client with Peace of Mind
- Enables Access to Individual Support System
- Increases Provider Options
- Enables Treatment Compliance
- Promotes Collaboration

Considerations for Replication:

- Securing Funding
- Volunteer Resources
- Boundaries and Confidentiality
- Accountability and Transparency

Introduction

Transportation and Health Care Access Project Background

“Overcoming Obstacles to Health Care: Transportation Models that Work” is a three-year project launched in April 2011 and funded by The Kresge Foundation aimed at addressing transportation as a barrier to health care access. Through this project, Health Outreach Partners (HOP) seeks to ensure a policy impact on transportation and health care access while capacitating underserved communities with the necessary solutions and information to improve health care access. In order to accomplish this goal, HOP identified and conducted case study site visits with six organizations with effective transportation models. Following this, HOP engaged a policy subcontractor to develop national recommendations on transportation policy and will launch a policy campaign around these recommendations. Further, HOP will develop training and technical assistance resources for communities to better provide transportation options.

In order to provide examples of transportation models that have the potential to be replicated across the country, HOP identified and investigated six case study communities that represent a wide diversity in geographic location and regional context, populations served, and transportation model used. Helping Our Women (HOW) was selected to participate in this project. Two HOP staff members traveled to Provincetown in October 2012. The goal of HOP’s site visit was to learn more about HOW’s approach to overcoming transportation barriers to accessing health care services. During the visit, HOP interviewed the organization’s key personnel, as well as other individuals within the local community who have a vested interest in the transportation services provided by HOW such as transportation users, volunteers, and community, corporate, and governmental partners.

This information contained in this report reflects data collected through interviews and additional materials sent by HOW and reviewed by HOP. Although HOW serves clients’ living in all four towns in the Outer Cape area, the majority of their clients reside in Provincetown, where their office is also located. Thus, most of the information in this report focuses on Provincetown, with the understanding that services are also offered to clients living in the towns of Truro, Wellfleet, and Eastham.

Helping Our Women Overview

The Outer Cape Cod area in Massachusetts consists of a series of four small towns located in a remote, rural area with local economies based on seasonal tourism. The most remote town, Provincetown, is the furthest away from a hospital of any community in the state. The closer of the two hospitals on Cape Cod is approximately 50 miles away from Provincetown. While residents can receive quality care at these hospitals, many people living with life-threatening and chronic medical conditions must travel even further to Boston to receive specialized treatment. By ground, Boston is 115 miles one way from Provincetown. Coordinating transportation to and from necessary medical care proves burdensome for many residents that live on the Outer Cape.

Helping Our Women (HOW), a nonprofit organization, offers free transportation services for women diagnosed with serious conditions in order to enhance their wellbeing and assist them in keeping a manageable lifestyle through the duration of their illness. Over 50% of HOW’s clients are elderly women, often living with multiple illnesses and limited financial resources. The women they serve have diagnoses such as multiple sclerosis, HIV/AIDS, cancer, heart disease,

hepatitis C, chronic respiratory illness and other conditions that hinder day-to-day life. Many of the women are struggling to pay for regular household expenses such as heat, food, and other daily needs. Arranging and paying for transportation to medical appointments can be difficult, and sometimes impossible. This may lead to missed appointments and decreased medical compliance.

HOW's philosophy is that the women they serve should not be denied quality health care because of poverty or lack of transportation. Their transportation program is structured to adapt to the needs of clients, and is based on collaboration with the local airline and regional transit authority for longer trips (normally to Boston) and volunteers for local rides that are within 50 to 75 miles of the clients' homes.

This model has been successful for more than 15 years because it is flexible and allows clients to make informed decisions about where and when to receive medical care without having to worry about how they will get to appointments. HOW's services are well-known by local primary care providers. Referrals for services often come from these local providers and from the local Visiting Nurse Association. The success of the transportation is also based on collaboration with all of the client's providers, including specialists to ensure that appointments for check-ups, diagnostics, and treatments are attended, as well as with community partners and other local businesses.

Community Profile

Description of the Area

Cape Cod is a peninsula, located in the easternmost part of Massachusetts. Cape Cod is split between the Outer, Lower, Mid, and Upper Cape. The four communities of Provincetown, Truro, Wellfleet and Eastham comprise the Outer Cape. Provincetown is the most rural and geographically isolated of the four towns in the Outer Cape. According to the 2010 Census, there are 2,642 permanent residents. The median age is 52.6, 14.8% of population are older than 62, and 91% are white.ⁱ Though the census data paints a picture of a fairly homogenous community, life in Provincetown is more dynamic and diverse. There is a local distinction between those that move to or retire to Provincetown (washashores) and those that have lived there their whole lives (townies). In addition to retirees, artists, and families with Portuguese roots and connections to the fishing industry, Provincetown also has a strong LGBT community. In fact, it has the highest concentration of same-sex households of any zip code in the United States.ⁱⁱ And although less than 3,000 people reside there year-round, the population swells to upward of 60,000 during the summer months. People from all over the country come to enjoy the beachside towns, and people from all over the world come to work in the hotels, bars and restaurants that cater to the tourist crowds.



Beyond the idyllic beach town feel and vibrant artisan community, people are attracted to Provincetown because of its nurturing, small town community vibe and its strong social service sector. Several interviewees mentioned that some people come to Provincetown to “drop out” of mainstream society for a variety of reasons. These interviewees also noted that some of these people come with a history of alcohol and drug abuse or mental health concerns.

Local Industry and Economy

The main industries in Provincetown are tourism, construction and health services. The Outer Cape Health Services is largest non-governmental employer in the area north of Orleans. The once thriving fishing community is dying, with only a fraction of boats still currently operating

in the waters off of Provincetown. Industries are limited, and so is the ability to make a living outside of the tourist-based economy. In the summer, there are a number of seasonal, non-agricultural H2B visa workers mainly from Jamaica, who come to work in the restaurants and hotels. Many of these workers arrive in poor health due to the fact they have no regular source of health care in their home countries. There are also workers with J1 visas (issued for foreign visitors participating in cultural exchange or receiving business training) from mostly European countries, in town for the summer to learn English and the culture of running a business in the States. Many of them have insurance in their country of origin but do not know how to navigate the health care system in the United States. Because of the limited industry, few job opportunities, and seasonal economy, interviewees indicated that poverty looks different in the area than many other places across the county. For example, someone can be highly educated with professional experience and still be low-income due to the lack of job opportunities. Twenty-four percent of residents have incomes below the poverty level, compared to 13.4% across the whole state.ⁱⁱⁱ

Key Health Services Available

Outer Cape Health Services is the only public primary health care provider in the community. Outer Cape Health was formed in 1972, and became a Federally Qualified Health Center in 1982. It is currently being renovated, and once complete, it will have 14 examination and two treatment rooms, plus new services such as digital imaging mammography, bone density scanning, and ultrasound diagnostic care.^{iv} Outer Cape Health is affiliated with Beth Israel Deaconess Medical Center in Boston, and patients can connect with specialists through the referral system. There are two hospitals in Cape Cod. Cape Cod Hospital, located in Hyannis on the Mid-Cape is approximately 50 miles away from Provincetown. Falmouth Hospital, located in Falmouth on the Upper Cape is approximately 80 miles from Provincetown. There is one pharmacy in Provincetown at the Stop & Shop Super Market. Outer Cape Health Services has plans to open a pharmacy in Provincetown as well. Outer Cape Health Services also has a pharmacy in Wellfleet, which is a good option for Wellfleet and Eastham residents and offers lower co-pays for some insurance programs.

There are many social service programs and nonprofits in Cape Cod. In addition, mental health care support is readily available, including counselors at Outer Cape Health Services, traditional mental health counseling, psychiatric services, substance abuse counseling at Gosnold and Thorne, Inc., and support groups at various nonprofit agencies. Provincetown was significantly affected by the AIDS epidemic during the 1980s. The legacy of this epidemic has impacted how social services are structured and how people care for one another. Many of the social support services emerged from that time period in Provincetown's history.

Finally, Massachusetts is unique in the fact that it implemented health care reform in 2006 thereby making health insurance coverage more widely accessible. Specifically, Massachusetts passed comprehensive health care reform in the state and expanded MassHealth, the state's equivalent to Medicaid. The purpose of the reform was to ensure near universal coverage for people living in Massachusetts by: 1) requiring all adults in Massachusetts to obtain health insurance coverage; 2) expanding MassHealth coverage (Medicaid and Children's Health Insurance Programs); 3) offering subsidized health insurance coverage through the Commonwealth Care Health Insurance Program; 4) providing insurance market reforms; and, 5) requiring employers with more than 11 employees to contribute to health insurance coverage for their employees.

Transportation Overview

Getting around is more difficult in Provincetown than other towns on the Cape because there is a lower rate of car ownership. There are also limited public transportation options in Provincetown itself. In order to access health services, most people walk to Outer Cape Health or take a taxi. Taxis are available but costly, which is prohibitive for someone on a fixed income. Getting to the pharmacy is also often difficult for some residents. In order to seek medical treatment outside of the services offered at the community health center, especially specialty treatment only available in Boston, residents have three options other than using a private vehicle: the ferry, Cape Air, and the Cape Cod Regional Transit Authority (CCRTA).

Ferry System: The Bay State Cruise Company operates a ferry that runs between Provincetown and Boston. The 90-minute ride departs Provincetown three times a day, costs \$85 round trip for adults, and is offered only during the main tourist season (from mid-May to mid-October).

Cape Air: In 1989, Daniel A. Wolf founded Cape Air with one route between Boston and Provincetown. Today, Cape Air, along with sister airline Nantucket Airlines, is the largest commuter airline in the United States. The route between Provincetown and Boston operates year-round, with more frequent flights during the summer months. Round trip fares range between \$120 and \$300 depending on the day and time of year.

Cape Cod Regional Transit Authority (CCRTA): The Cape Cod Regional Transit Authority (CCRTA) is one of 15 Regional Transit Authorities in Massachusetts, providing transportation since 1976 to Cape Cod communities. The CCRTA offers fixed routes year round (\$2 adults; \$1.60 for people with disabilities one-way) and a flex route between Harwich and Provincetown that can go off route with reservations for an additional charge of \$4 (for adults and children) and \$2 (for individuals over the age of 60 and those with disabilities). They also offer DART, an ADA Paratransit door-to-door shared ride service for eligible individuals, and a Boston Hospital Transportation (BHT) service that runs four days a week, by reservation, to 15 Boston area hospitals (with a round trip rate of \$30). CCRTA contracts transportation services for consumers of MassHealth, the Department of Development Services, the Department of Public Health, the Massachusetts Rehabilitation Commission, Elder Services, Cape Cod Child Development, and the Visiting Nurses Association.

Beyond the options listed above, there are nonprofits within Provincetown that provide transportation services to their clients. For example, the nonprofit organization Friends in Service Helping (FISH) has a large volunteer base providing rides to clients, however it does not serve Provincetown or Truro residents, though it does operate in the towns of the Lower Cape. Sometimes, HOW collaborates with FISH to arrange rides for clients in Wellfleet and Eastham to appointments as far as Hyannis. The Provincetown Council on Aging also offers transportation services for seniors. They have two vans: one van operates on a fixed schedule throughout the week, and the other is used to transport seniors when their appointments or needs fall outside of the fixed schedule of the first van. The second van has been funded through a state grant for the past 13 years. It was initially conceived as a two year start-up grant until the organization was able to financially sustain the model themselves; this has not happened yet, and the state continues to fund the van.

Barriers to Accessing Health Care Services

In Provincetown, there are many barriers to accessing health care services. Some of the barriers include: geographic isolation of the town; limited health care service availability; weather conditions; lack of cars and transportation services; expense and time; and physical and emotional limitations of those who are ill.

Due to the location and isolation of Provincetown, residents often have difficulties attaining health care services. One interviewee remarked that “out here at the end of the peninsula [we are] on our own” and, in order to get around, creativity is needed. People who move to Provincetown generally understand that it is isolated and remote. In fact, a HOW client noted, “people know that you have to travel so far. You accept that when you move out here, but you never expect to get sick.” There are limited health services available in Provincetown beyond Outer Cape Health. Interviewees indicated a strong preference for receiving specialized health services in Boston, often referring to Boston as the “mecca” for medical services. However, traveling to Boston has complications beyond the distance. For example, in the winter, many businesses and services close down (including the ferry system), flights and bus services are less frequent, and road conditions can be hazardous due to snow and ice. In the summer time, although there is an increase in transportation services, the roadways can get extremely congested. Transport back and forth for medical treatment can take considerable time. The summertime heat also makes it difficult to wait for long periods of time for public transportation.

The lack of cars along with limited transportation services is another barrier to accessing health care outside the community. One interviewee mentioned “the Cape is beautiful but there is no transportation. It isn’t easy getting around here. Being sick here is not good.” There are a number of people who do not own a car because the size of the town does not make it necessary on a daily basis or because they cannot afford one. This can cause complications when having to travel outside the immediate community. For example, HOW clients discussed how they are afraid to go to the hospital emergency room because they do not know how they will get home. Because of this fear, people often delay or do not seek medical services when they are ill.

For individuals living frugally on fixed-incomes and with chronic illnesses, the amount of time it takes to access services using the transportation available and the associated costs are barriers. The bus system is the cheapest option and requires almost a full day of travel, including the actual trip to Boston and the time spent getting to and from the bus. The bus does not pick up or drop off directly in Provincetown. One interviewee remarked, “People [especially those that are ill] need door-to-door services, not transportation to get to transportation.”

Finally, beyond the cost and the extended time it takes to access health care, extensive travel can be mentally and physically exhausting for people with chronic or life-threatening illnesses. At times, emotional and physical limitations prohibit people from operating private vehicles or using some forms of public transportation to access medical services. For example, one interviewee commented on how it is nearly impossible to drive home from Boston after receiving cancer treatment.

Figuring out a cost effective and timely way to get to medical appointments adds an additional burden for individuals living with chronic or life-threatening illnesses. HOW’s transportation model offers one solution to relieve this burden by increasing access to health care services.

Organization and Transportation Model Profile

Organization Profile

Helping Our Women (HOW) is a community-based non-profit organization in Provincetown, Massachusetts that was established in response to the lack of support services available to women with cancer on the Outer Cape. A group of approximately 20 concerned women first came together after the death of a local woman, Jenny Shakespeare, who died of cancer in the early 90s. The founding members' original vision for the organization was based on AIDS support organizations. Provincetown was greatly impacted by the AIDS epidemic and had successful models for providing assistance to community members living with HIV and AIDS. These models provided guidance for structuring services for women fighting cancer.

When HOW opened its doors in 1993, it began as a resource and referral center with the mission to “educate, empower, and support” women living with cancer. HOW provided direct services to these women in order to help them create a more manageable lifestyle. A year later, HOW expanded the scope to include all women diagnosed with chronic, life-threatening, or disabling illnesses. HOW served women with varied diagnoses such as cancer, multiple sclerosis, AIDS, heart disease, pulmonary conditions, and mental illness.

In 1995, HOW hired the current Executive Director and set a goal to increase the caseload, establish policies and procedures, and develop a support group for women with cancer. In addition to establishing these goals, HOW began to outreach in earnest to the community to educate people about the services offered. By the end of 1996, HOW was serving between 30 to 40 clients a month. HOW continued to grow and, in 1997, the staff and board members outlined HOW's core services. These services, including advocacy, application assistance, referrals, support groups, financial assistance, and transportation assistance, are still available today.

In 2009, HOW further expanded its scope of work to serve any individual in the community who needed information, referrals, or application assistance. Today, HOW has an open door policy. All clients have access to non-financial services including social service advocacy, referrals and assistance accessing information about medical treatment. Women with chronic, life threatening, or disabling illnesses also have access to ongoing support groups and special workshops, transportation to and from medical and social service appointments, assistance with light duties in the home or help completing errands. In addition, eligible HOW clients in Provincetown, Truro, Wellfleet and Eastham may receive a financial stipend for qualifying expenses. Stipends are distributed once a month to low-income clients to assist with a variety of needs like medication expenses, food, or utilities.

By 2012, HOW carried an average caseload of 200 people. HOW primarily relies on two full-time employees including the Executive Director and the Office Administrator/Client Advocate to manage the caseload. In addition to the two full-time staff members, two licensed mental health professionals are contracted to facilitate the weekly support groups and a part-time driver is available for client transport as needed. Between January and September of 2012, an average of 99 clients per month participated in the stipend program, 16 clients attended support monthly groups, and 19 transportation requests were filled each month.

Currently, the majority of HOW clients are women who reside in Provincetown; however, HOW also serves clients in Truro, Wellfleet, and Eastham. HOW serves many clients aged 65 or older. A number of the elderly clients are homebound with no license and limited family resources. In addition to the senior population, HOW also serves a portion of clients under age 65 living with disabilities or chronic illnesses.

Transportation Model Description

HOW believes that clients deserve the best health care available despite lack of transportation. Therefore, HOW is committed to providing assistance to help clients overcome the transportation barriers to obtaining health care services. For qualifying women, HOW provides vital transportation to and from local medical appointments through a volunteer driver program and, at times, a part-time paid driver employed by HOW. There are approximately 20 volunteer drivers working with HOW at any given time. Volunteer drivers are used primarily for local travel on Cape Cod with the outer limit destination of Sandwich. In the event that a client has a critical medical appointment that cannot be rescheduled and a volunteer driver is not available for a local appointment, HOW will use a paid driver or cab service.

HOW works with local cab companies, Cape Cod Regional Transit Authority (CCRTA) and Cape Air for transportation needs that extend beyond Cape Cod. Many of the women who have specialized medical needs receive treatment in Boston, the closest major medical hub. If a client is physically capable, HOW will arrange for the client to take the Boston Hospital Transportation (BHT) operated by CCRTA. If the client is not physically capable of enduring the day-long trip to Boston via the BHT and has a necessary medical appointment or treatment that requires travel to Boston, then HOW will elect to use an airline ticket provided courtesy of Cape Air. HOW works with a local cab company, if needed, to provide transportation to and from where the BHT departs for Boston or to the airport located in Provincetown.

HOW has longstanding relationships and connections with individuals at both Cape Air and the CCRTA. Since 1995, Cape Air has donated \$225,000 worth of tickets to HOW for the organization to give to clients needing to travel to Boston by plane. In an interview with Mr. Wolf, he commented on why Cape Air provides these free tickets: “Part of our responsibility as a company that is serving the community is making the services available and affordable. We have been doing it for that long, and will continue to do as long as we have the capacity to do it.” With regards to their relationship with HOW, Mr. Wolf remarked that Cape Air’s “relationship with HOW is longstanding and the trust is there. HOW is a proven entity with an impeccable reputation.” Current CCRTA Administrator Tom Cahir knew Ms. Rabonowitz and the work of HOW from his time in the legislature. In an interview, Mr. Cahir remarked that the CCRTA is “always looking to find what else we can do. It is all about options”. One of those options is partnering with local social services agencies, like HOW, in order to best understand the transportation needs of their clients and help develop transportation services that meet those needs, like the BHT route to Boston.

In addition to services offered through these partnerships, clients with incomes below 210% the federal poverty level are also eligible to receive up to \$55 a month for qualifying expenses including transportation costs. For example, HOW clients also have the option of paying for other transportation options such as the Provincetown Fast Ferry and receiving reimbursement through the stipend program.

Logistics of the Model

Oversight: The Office Administrator/Client Advocate (OA/CA) is responsible for the implementation of the Client Transportation Program, supervision of the volunteers providing transportation services, and the Financial Assistance Program. The OA/CA is also responsible for determining initial eligibility and verifying eligibility for continued services.

Eligibility Determination: In order to determine eligibility, each potential client is required to complete a one-page client intake form, a HOW Services Intake Form, and authorization for release of information form. The client intake form asks for diagnosis and if the client considers the condition life-threatening or disabling. Information is also gathered about employment and the extent to which the condition impacts the potential client's ability to perform tasks ranging from personal care and housekeeping. The HOW Services Intake Form gathers information about the best means to contact the client, referral source, treatments, needs, and which HOW services the potential client is requesting. Each client is assessed for eligibility and notified of the determination. The information is reassessed at the beginning of each calendar year for active clients. The client also signs a release which is sent to the medical provider along with a proof of diagnosis form to be completed and returned to HOW.

Volunteer Program: The Executive Director and the OA/CA work together to recruit and orient new volunteers. The volunteer base is largely comprised of retirees or young seniors with reliable vehicles. HOW staff members interview potential volunteers to assess prior experience, interest, and availability. Once a volunteer is accepted, they are brought into the office to participate in an orientation to HOW programs and services. All volunteers sign release of liability and confidentiality forms and agree to use their own vehicles for client transport. HOW carries a liability policy that covers staff, board, and volunteers. In addition to this liability coverage, volunteers are offered a gas reimbursement for mileage generated during client transport. Many volunteers do not request this reimbursement and count the mileage as a donation to the organization. In these cases, HOW provides letters detailing the donation for tax purposes. Ongoing volunteer training is informal and provided on an as needed basis. Volunteers are encouraged to stop by the office at any time to discuss needs or concerns.

Local Transportation: Eligible clients work with HOW to obtain transportation by first notifying HOW of their transportation needs. Once an appointment is made, the client calls the OA/CA and gives the details of the appointment time and location. Each week the OA/CA generates a list of clients in need of transportation for local appointments. In order to match the client and volunteer, the OA/CA sends an email blast to the volunteers requesting transport including town of origin and time and location of the appointment. Based on volunteer responses indicating availability, the OA/CA matches volunteer drivers with transportation requests. The OA/CA then notifies and confirms with all parties. For some select clients who have designated volunteers, the OA/CA works directly with the volunteer to confirm availability for client appointments. As the date of each appointment approaches, the OA/CA sends reminders. In the rare event that a volunteer cannot be matched to the transportation request and the appointment cannot be rescheduled due to provider availability or client need, then HOW will coordinate with a paid driver or use a cab service. HOW only utilizes a paid driver or cab service a couple of times per year, but it remains an option of last resort if needed.

Transportation off Cape Cod: Treatment and follow-up is administered locally whenever possible to reduce the need for extensive travel. For example, many clients have primary

oncologists in Boston but receive radiation treatments nearby at Cape Cod Hospital in Hyannis. However, clients are sometimes required to seek treatment off Cape Cod due to diagnosis and need.

For clients that have to go beyond the Cape for medical needs, HOW makes arrangements with either CCRTA or Cape Air and local cabs. When working with CCRTA for coordination of the BHT, HOW calls and makes reservations no later than 11:00 am the day prior to the appointment. The BHT costs \$30 round-trip and runs on Mondays, Tuesday, Wednesdays, and Fridays. Once the reservation is secured, HOW will schedule transportation for the client with the local cab agency to reach Outer Cape Health facility in Wellfleet at 7:00 am, the first pick up location for the route. From the furthest point in Provincetown, Outer Cape Health is approximately 17 miles (25 minutes) by car. On the day of the appointment the cab company picks up most clients no later than 6:20 am. Clients using the BHT are required to schedule appointments in Boston between 10:00 am and 2:00 pm. The scheduled Boston departure time is no later than 3:00 pm. The driver of the bus typically collects client numbers and distributes his or her own contact information in order to remain in contact during the day. Once everyone returns to the bus from their appointments, the bus travels back to the Outer Cape and arrives at Wellfleet at approximately 5:00 to 6:00 pm. At this point, the cab company will pick up HOW's client and drive her home. The round trip cost of \$90 for the BHT (\$30) and the cab (around \$60) is paid by HOW. Clients are given a \$30 check to hand directly to the bus driver, and HOW pays the cab company on a monthly basis for all rides provided.

At times, the BHT is not the best option for travel beyond the Cape. For example, clients who receive specialized treatments that cause discomfort and illness may not be physically capable of traveling a full day by bus with other passengers. At other times, it may be necessary to have a transportation option that will allow for a more immediate action as in the case of a client who was awaiting an organ transplant. In these cases, HOW provides airline tickets for transport to Boston via Cape Air. When a clear need is identified, the client calls Cape Air and informs the booking agent that they are a HOW client. If there is a seat available then the client books the flight and calls HOW with the flight numbers. HOW inputs the flight numbers on the tickets then issues the tickets to the clients. HOW then assists the client in arranging transportation to the airport in Provincetown if needed and from the airport in Boston to the medical treatment or appointment. The round trip cab fare in Boston typically costs approximately \$60 and is paid to the cab company by HOW. Cape Air provides five tickets to HOW to keep on file for use as needed. When HOW has used four of the five tickets, HOW staff contacts the Cape Air representative coordinating the program. Cape Air then replenishes the supply of available tickets.

Financial Stipend Program: On occasion, clients pay for their own transportation costs. For example, a client may buy a ferry ticket, purchase gas for a friend or family member transporting the client to a medical appointment, or pay for a cab out of pocket. In these cases, the client has the option to submit a request for reimbursement to HOW for the transportation expenses via the stipend program. Low-income clients may submit a request by the 21st of each month along with receipts, invoices, or bills related to the transportation costs for up to \$55. If approved, HOW will reimburse the client or pay the vendor directly for any outstanding expenses that fall under \$55.

Funding Structure

HOW is a non-profit with 501(c)(3) status funded by a combination of foundation grants, fundraiser proceeds, private donations, and Human Services Grants through annual Request for Proposal's (RFP's) issued by the four towns within HOW's service area. HOW does not receive state or federal grant funding. The transportation program receives a portion of funding from Cape Cod Healthcare, the parent organization to Cape Cod Hospital and Falmouth Hospital covering \$7000 for direct costs and for five hours a week of OA/CA time. Beyond that, they do not have any additional financial support from grants or foundations and rely mostly on fundraising and donations. The current funding structure allows HOW the freedom and flexibility to allocate the funds in a way that best meets the needs of the clients.

In 2011, HOW generated \$271,175 in revenue, mostly from grants (\$89,209), fundraising activities (\$91,143) and through donations (\$80,315). HOW spent a total of \$213,510 in 2011, with 83% of funds (\$177,476) spent on programmatic work, 12.4% (\$26,506) on administrative costs, and 4.5% (\$9,528) on fundraising efforts. Of the \$177,476 spent on programmatic work, 46% (\$81,298) covered direct client expenses.

HOW actively submits funding proposals and hosts a series of fundraisers each year. In 2012, HOW hosted four fundraising events including an annual dinner hosted at the Lobster Pot Restaurant, the Annual Casino Night, By the Sea Bike Trek, and a fundraiser dinner hosted at the home of a board member. Many of these events are supported by local business and staffed by volunteers.

In addition to the donations, fundraising, and other local grant and foundation support, HOW established the Kathryn V. Baker Endowment in 2011 as a result of the receipt of a bequest. The principle of the Endowment is preserved, while the income can be used to fund current operations or capital expenditures.

Transportation Model Assessment

What makes this model sustainable?

Sustainability for HOW extends beyond pure fundraising and is tied to several factors. For one, the vision and leadership of the Executive Director, Irene Rabinowitz, has been instrumental in sustaining the organization over the past 18 years. In addition, HOW has put an emphasis on developing the Board of Directors and establishing improved facilities, policies and systems that will support HOW for years to come. Lastly, HOW sustainability is tied to building relationships with community partners local businesses, cultivating individual donors, creating an endowment program, and retaining volunteer resources.

Leadership: HOW staff members are recognized and respected by community partners and community members. In particular, HOW's Executive Director, Ms. Rabinowitz, is passionate, knowledgeable, and dedicated. During interviews, partners, volunteers, clients, and board members alike repeatedly referenced the importance of Ms. Rabinowitz to the success of the organization. Interviewees described her as a dynamic, committed professional that was the driving force behind the organization. One volunteer commented that the people get involved because of their relationship with her but, once there, they become invested in the organization as a whole. After 18 years in her role, the Ms. Rabinowitz is planning to retire in 2014. As her role and position in the community are intimately connected with the success of the organization, Ms. Rabinowitz has already taken steps to minimize the impact of her departure. She is connecting in advance with donors, making sure files and systems are intact, and planning to remain an active presence with the organization post-retirement.

Fundraising Board: The Board of Directors was developed over the past five years to include professionals in the health care industry that were familiar with the common barriers and needs faced by HOW's client population. The board is comprised of community activists who have a shared commitment to the mission of the organization and are prepared to actively guide fundraising efforts. To promote HOW's financial sustainability, the staff and board cultivate relationships with local businesses and individual donors. Given HOW's funding structure, part of sustainability is directly related to the ability to raise money and generate in-kind donations. One way HOW ensures the success of fundraising and donation efforts is by having a fundraising-centric Board of Directors. The Executive Director works closely with the board to promote the board's Fundraising Committee. The members of the committee are very active in the execution and support of fundraising activities including a variety of creative and interesting community events. The board was not always structured this way; after encountering difficulties early on with board member roles and contributions, HOW received a grant to hire a consultant that worked to clarify the role of the board. The consultant also made sure that board members understood their responsibilities with regards to ensuring the financial sustainability of the organization.

Business and Individual Donor Support: HOW enjoys support from a wide range of businesses including banks and restaurants, and prefers to work with local businesses, like local community banks over national chains. HOW also has a strong base of individual donors. HOW places special emphasis on being good stewards of the resources and donations received and is transparent with potential donors regarding how the money or resource will be used. HOW

makes it a priority to show appreciation and extend recognition to both businesses and donors for their vital contribution to the organization and the community members HOW serves.

New Initiatives: In recent years, HOW has launched new fundraising and sustainability initiatives. For example, HOW has begun to encourage community members to include HOW in estate planning and has established a new Capital Campaign to help raise funds to pay for the new office space HOW relocated to in 2012. Through initiatives like these, HOW is actively working to secure both the physical space and long-term financial resources needed to support the organization for many years.

Human Resources: Finally, HOW cultivates human resources as an important aspect of sustaining the programs and services. Specifically, part of sustaining HOW's services is building and caring for HOW's volunteer base. The volunteers are the heart of HOW's operation. They provide client services such as transportation to medical appointments. More than that, the volunteers provide companionship to clients who are isolated, homebound, or struggling with serious illnesses. The volunteers frequently attend fundraisers and serve as ambassadors for HOW in the community. It was observed that no monetary value could be placed on the service the volunteers provide. Having a strong volunteer base is essential in order for HOW to continue to provide the same level of support currently offered to clients.

Why is this model successful?

HOW's model has been successful for more than 15 years because it is flexible, allows clients to make informed decisions about where and when to receive medical care, reduces barriers to accessing medical appointments, and promotes collaboration. The impact of HOW's services is often established through client testimonials. Based on the information obtained through four individual client interviews, HOW staff members offer emotional support while the services provided allow clients to fully access and maintain the care they need. The net result is that clients report having more options while feeling cared for on a personal level.

Provides Client with Peace of Mind: One of the benefits of having transportation provided through HOW is peace of mind. One client noted that after she received her diagnosis she did not know what help was available but HOW did. Having transportation to and from her appointments arranged through HOW was one less thing she needed to think about during a very difficult time. Another client noted that having HOW transportation services available eased the reliance she had on other people in her life. She reporting feeling better knowing she would not exhaust her support system and overburden them with transportation needs. Having HOW handle practical things like transportation allows her family and friends to be there for her in other ways like providing emotional support.

Enables Access to Individual Support System: Several clients noted that HOW's transportation services allowed them to enjoy the stability of staying in their home community while still receiving care in Boston. For instance, a client reported that knowing transportation is not a barrier to accessing care allows her to "receive the best medical care in the country" while staying home, close to her support group. Without the transportation options available through HOW, several of the clients interviewed did not know if they would have been able to stay in their communities.

Increases Provider Options: Another very important result of having transportation provided through HOW is that clients have access to a greater range of treatments and providers. According to one client, the volunteer driver program allows her to maintain her health by accessing a variety of local providers including her gynecologist, allergist, and her primary care provider. Another client pointed out that having flexibility with transportation has allowed her more options including receiving specialized treatment in Boston when needed. For several of the clients, having the personal choice to seek care in Boston was a necessary, important aspect of their ongoing medical care.

Enables Treatment Compliance: Transportation provided by HOW reportedly increased the ability of clients to comply with the recommendations of providers. In particular, one client who must access most of her care in Boston noted that she uses all forms of transportation including planes, ferries, buses, and personal vehicles to get the care she needs. No matter what transportation is used, receiving health care in Boston makes for a long, hard day. The different transportation options available through HOW gives her the ability to maintain her medical care by choosing what transportation will work best for her given the time of year, the type of treatment being received, the related side effects, and the time and location of the appointment. Similarly, another client awaiting an organ transplant was required to travel to Boston on short notice. After the transplant was received, the client had complications that required the ability to get emergency treatment. The client noted that all of this was in addition to regular follow up appointments. Even with her long experience working in the medical field and the determination she had to recover, she estimates it would have been extremely difficult to maintain compliance without HOW's transportation services. In short, she stated if not for HOW's services, "I wouldn't be alive today."

Promotes Collaboration: HOW staff and board members make an effort to be a visible presence in the community. Part of its success is being a recognized entity that supports community members in need while also promoting the overall health and well-being of the community as a whole. For example, HOW's Executive Director hosts a television show on local cable access called, "Bridging the Gap." Since 2010, this show has featured 33 non-profit agencies and the work that each does. Hosting the show and promoting other non-profit agencies has two purposes. The first is networking and building strong relationships with other agencies in the area. The second purpose is to show that HOW is concerned about the wider community and is willing to engage in issues that go beyond their own mission. Supporting other agencies in their missions generates good will and establishes HOW as a potential partner.

HOW makes sure that local leaders and partnering organizations know about HOW and feel comfortable guiding people to the services. One volunteer commented that the Executive Director routinely introduced volunteers and board members to people around town. After awhile the community starts associating HOW with the people who are involved with organization. The personal connections increase recognition and contribute to the community's comfort level with referring friends, family, and clients to HOW. For example, Sarah Peake, Massachusetts State Representative from the 4th Barnstable District, is familiar with HOW and reported that she frequently uses HOW as a referral source for her constituents. In addition, HOW reaches out to local medical and transportation providers to ensure they are familiar with HOW's services.

Why does this model work in this community?

Personal Connections: Many of those interviewed noted that since Provincetown is a small, intimate place everyone knows someone who has volunteered for HOW or received services from HOW. According to Representative Peake, a person could stop almost anyone on the sidewalk in Provincetown and that person would know about HOW. For many people, HOW has a personal connection. Giving to HOW or volunteering for HOW has significance and meaning on an individual level. For example, Dorothy Strauss and Babe Weinstein lost a friend to breast cancer. The friend had received assistance from HOW and served on the Board of Directors prior to relapsing. Dorothy and Babe's loss prompted them to consider their own legacy and to leave part of their estate to HOW. This type of story is not unusual in Provincetown.

Available Community Resources: There is a substantial part of the population that settled in Provincetown to retire and have disposable time and resources. In addition to available financial resources, there are many people with expertise and professional experience that are willing to donate their time or provide services at a reduced cost. The result is that there are affordable committed, knowledgeable contractors and vendors available. HOW benefits from having professionals with extensive expertise in areas like insurance, accounting and marketing. For instance, HOW has an insurance agent that specializes in non-profit coverage and is able to secure quality insurance at minimal expense. Another example included when the board treasurer was able to access her network of friends and brought in additional people to assist HOW in securing new facilities. Having these professionals available within the community and willing to contribute to HOW's operations has contributed to HOW's overall sustainability and success.

Community Culture: Another unique aspect of Provincetown in particular is the community culture of activism and volunteerism. As seen during the AIDS epidemic, there is a strong sense of community and the philosophy that it is everyone's responsibility to help each other out. Provincetown has a history of rallying together, volunteering, and supporting local non-profits to address community issues. One volunteer stated that, "there is no such thing as retirement [in Provincetown]." Most volunteers do so for multiple organizations and consider it a personal priority.

This philosophy of responsibility for the health of the community extends to businesses and other support agencies as well. Agencies like CCRTA and the Council on Aging are open and eager to working together to maximize resources and take care of vulnerable populations. The organizations work well together because they have mutual goals. Business are very involved in supporting local non-profits and seen as partners. For example, local restaurants host dinners to raise money for local non-profits. Another, and possibly one of the most remarkable examples, is the donated airline tickets made available to HOW by Cape Air. Dan Wolf, the CEO of Cape Air and a State Senator, noted that it was part of the responsibility of a company to serve the community; therefore, Cape Air would continue to support HOW for as long as the company had the capacity to do so. Further, Mr. Wolf pointed out that empty seats are a perishable commodity that could be put to better use. When taken altogether, the Outer Cape has a uniquely supportive environment that includes participation from both the public and private sector.

In addition to the area's culture of social responsibility, the Outer Cape is located in Massachusetts, a state with a progressive approach to providing health care. The result is that many of HOW's low-income clients are insured and have increased access to a variety of affordable healthcare options.

Considerations for Replicating the Model

Throughout their history, HOW has encountered challenges and learned valuable lessons related to operating the organization and offering transportation services. The following challenges and lessons learned were taken from interviews with staff members, volunteers, clients and board members. Health centers and community-based organizations should be aware of the following considerations if interested in starting a similar transportation program.

Securing Funding: For HOW, one main challenge has been securing funding for the transportation component of the organization. While obtaining grant money for their financial assistance programs has been easier, they have encountered more difficulty identifying and securing funding for their transportation program. The first time this program has been specifically funded is 2013 with the grant from Cape Cod Healthcare. Based on HOW's experience, there are fewer direct funding opportunities for transportation projects than for the provision of other services. One of the reasons for this is related to the difficulty of collecting quantifiable data demonstrating the impact of transportation services on clients for funders. HOW routinely collects information on the number of rides provided and has many anecdotal stories demonstrating its impact. However, funders from larger organizations or from the federal government often want to see measurable data about the impact of transportation services.

Securing funding and support for transportation services is difficult and time consuming, and often falls to the whims of funders' priorities. Through it all, HOW has learned to keep pursuing funding opportunities and fighting for resources. HOW staff recommends that others interested in starting a similar transportation model seek out and submit applications to foundations and other funding sources, host a variety of creative community events to generate funds to support the transportation program, and maintain connections to partners and businesses within the community.

Volunteer Resources: Though there is a large volunteer pool made up of retirees that have moved to the area, the number of volunteers is limited. Many of HOW's volunteers also volunteer at additional organizations within the community. However, rather than working in silos or being territorial, HOW and other community organizations have partnered, formed coalitions and shared resources in order to best serve their clients and the community.

In addition to working with other community organizations, one of the ways HOW maintains its volunteer base is by appreciating and celebrating the volunteers. For several volunteers this appreciation is one of the reasons that they continue to volunteer. For example, HOW takes opportunities to recognize the volunteers at public meetings and provides small tokens of gratitude like certificates, tire gauges, and roadside kits. HOW thanks and honors the volunteers whenever possible and provides them opportunities to give testimonials and share their experiences with others.

Boundaries and Confidentiality: In such a small community, boundaries between clients, friends and family members are often blurred. In order to maintain trust of their clients, HOW has learned the importance of maintaining confidentiality and establishing healthy boundaries. For example, the board chair is also a Family Nurse Practitioner at the Cape Outer Health Services. Because many community members are part of her patient base, she is careful to maintain appropriate boundaries when fundraising and performing other board-related duties. In addition, volunteers are trained to maintain confidentiality with regard to clients' personal information. And,

HOW staff makes sure not to share clients' personal information outside the confines of the professional relationship.

Accountability and Transparency: In addition to the work HOW does to support the community and coordinate with other service providers, HOW is accountable and transparent regarding their policies, services, and business transactions. HOW staff members are accountable to the Board of Directors through monthly financial and programmatic reporting. HOW is accountable to clients by ensuring they consistently and fairly apply their protocols and procedures to everyone. HOW is transparent with funders and keeps them advised of HOW's progress including how and when the services are being used. HOW is accountable to donors and fundraisers by being transparent about the costs associated with services and how any funds raised or resources given will be used. In this regard, HOW treats all donors, funders, and partners the same. Because of this approach many local businesses and individual donors feel comfortable giving to HOW.

Conclusion

People are attracted to life in the Outer Cape for a variety of reasons, and are often willing to give up the comforts and ease of living in a more accessible area in order to live there. One interviewee remarked:

“[There are] no hotels on the beaches, it's beautiful. The community, it has a nice palate. Lots of people here are attached by the aesthetic in life, whether it is cooking, painting, kayaking. You end up with a core group of people who value the aesthetic of life more than convenience. That is the vibe I appreciate.”

Given the geographic isolation faced by residents, there is an awareness of the need for people to take care of one another. Another interviewee responded that it is “a definite benefit of living here; people stick together.” One way the community has found to support each other is through services offered by organizations like HOW. By pulling on the strengths and lessons of the models developed during the height of the AIDS epidemic in the 1980s, HOW offers services that reflect those lessons including peer-based support, transportation services, support groups, and financial assistance programs. Today, HOW's transportation program is driven by a small, passionate staff, a network of volunteers, a strong board of directors, and partnerships with the business community and also other social service organizations in the area.

There are definitely unique characteristics about Provincetown that make this model work in this location, but the foundations of the model could be replicated elsewhere. Specifically, other communities can work to respond to an established need with the resources available within that community, building strong community coalitions, tapping into local businesses, establishing relationships with key local political figures, and cultivating volunteer resources. According to a HOW staff member, replicating the transportation model includes all of these things, but most importantly, it “starts with empathy.”

References

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ⁱⁱ Same-Sex Couples Since 1990. <http://www.nytimes.com/interactive/2011/08/25/us/same-sex-couples-since-1990.html?ref=us>

ⁱⁱⁱ Provincetown, Massachusetts (MA) Poverty Rate Data - Information about poor and low income residents. <http://www.city-data.com/poverty/poverty-Provincetown-Massachusetts.html>

^{iv} Share The Health: The Provincetown Health Center Expansion. <http://www.outercape.org/documents/OCHSInsertforPtownBanner-revised.pdf>