Strengthening Volunteer Driver Liability Protections for Non-Profits and Faith-Based Organizations

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Conflicts and Disclosure

I have no conflicts of interest to disclose.
Objective:

Identify and prioritize issues impacting health care access and health outcomes with a particular focus on rural and underserved populations.
Background
The Alabama Community Health Improvement Plan

Stakeholder-driven collaborative framework to:

• Inform
• Mobilize
• Empower communities

To address

• Access to Care
• Physical Activity and Nutrition
• Mental Health and Substance Abuse

Through

• Education
• New partnerships
• Evidence-based interventions

ADPHb, 2015
Community Health Assessment (CHA)

- 6,000 individuals
- 500 organizations
- 20 close partners

**Alabama’s Top 13 Health Care Concerns**

1. Access to care
2. Mental health and substance abuse
3. Poor pregnancy outcomes
4. Nutrition and physical activity
5. Cardiovascular diseases
6. Sexually transmitted infections
7. Cancer
8. Child abuse and neglect
9. Diabetes
10. Geriatrics
11. Injury and violence prevention
12. Oral health
13. Cigarette use

ADPha, 2015; ADPhb, 2015
1. Providers  
2. Policy Advocates  
3. Non-profits and Special Interest Groups  
4. Business  
5. Faith  
6. Youth  
7. Funders-Foundations  
8. Consumers  
9. Payors  
10. Media  
11. Government (Local & State)  
12. Education  
13. Law Enforcement  
14. Tribal  

13 Health Concerns
Method

1. Perceived need within the state
2. Likelihood of making a significant difference
3. Anticipated level of engagement and enthusiasm of potential partners

Q-sort Ranking Map of Results of the Priority Setting Process

ADPHb, 2015
Top Three Health Care Priorities

1. Access to Care
2. Physical Activity and Nutrition
3. Mental Health and Substance Abuse
Access to Care

Partners and stakeholders determined one of the major poor social determinants of health impacting access to care was transportation.

Phone Survey of Safety Net Providers
Rural hospitals, rural health clinics, federally qualified health centers, community mental health centers, and county health department.
Human Services Coordinated Transportation Plans (HSCTP)
Making a Difference

...nurses must see policy as something they can shape rather than something that happens to them. Institute of Medicine, 2011
Alabama State Nurses Association (ASNA) Leadership Academy

**Mission:** To create a community of effective nurse leaders

**Vision:** Prepare the next generation of nurse leaders for Alabama

**Participant Objectives:**
- To gain skills and credentials that will prepare the nurse for leadership roles
- To recognize challenges and opportunities in today’s healthcare environment
- To develop a leadership style that incorporates the highest ethics and values
- To lead through collaboration, emphasizing collegiality and teamwork
- To see carefully guided creative ideas improve policies and patient outcomes
ASNA Leadership Academy Projects-2016
Nursing Process and Policy Process Comparison

**Nursing Process**
- Assess and diagnose
- Plan interventions
- Implement the care
- Evaluate

**Policy Process**
- Recognize and identify a problem
- Formulate policy
- Implement the policy change
- Monitor and evaluate the result

Patton, Zalon, & Ludwich, 2015, p.10
Strategies for Policy Change

1. Collaborating among stakeholders
2. Presenting an unified nursing voice
3. Establishing a common set of goals
4. Determining a single set of priorities
5. Developing framework for the group’s actions
6. Instituting a clear communication process

Miyamoto, 2015, p. 229
The Alabama State Nurses Association
Resolution on Strengthening Volunteer Driver
Protections for Non-profit or Faith-Based Organizations

Whereas, a 2015 survey of safety net healthcare providers in rural Alabama highlighted specific transportation related barriers impacting rural patients; and

Whereas, rural healthcare providers are concerned about regularly scheduled treatments, such as dialysis treatments, follow-up physician visits, or counseling and injections for mental health patients; and

Whereas, missed appointments for preventative and follow-up care may lead to worsening health status and increased re-hospitalizations; and

Whereas, scheduling and route limitations on available public transportation systems may exclude some rural patient population; and

Whereas, fees and fares for patients being transported by friends and family to healthcare appointments are often greater than what the patients can afford; and

ASNA, 2017
Resolution cont.

Whereas, assumption of liability limits the amount of physical assistance that transportation agencies can provide to individuals with disabilities; and

Whereas, injury liability limits volunteer and faith-based organizations from providing non-emergency transportation to neighbors and community members; and

Whereas, rural churches and other rural faith-based organizations own their own vehicles/vans and have a large base of volunteers;

Now, Therefore Be It Resolved, That the Alabama State Nurses Association calls on the Alabama State Legislature to pass a Volunteer Transportation to Healthcare Appointment bill that protects non-profit volunteers from liability when transporting patients to healthcare appointments.
Collaboration/Partnerships

All politics is local

-Tip O'Neill, Jr., 55th Speaker of the U.S. House of Representatives
Things do not happen. Things are made to happen. — John F. Kennedy (1963)

✓ Bill written - Fall 2016
✓ Bill submitted to Alabama Legislature
✓ Bill HB 479 - April 2017

Waiting
Lessons Learned

- Partners are critical
- Community scan of resources is important
- Legislative approaches take time
- Think horizontal not vertical
“Just as a pebble creates a ripple effect, collaborations pass from community organization to community organization and greatly broaden the impact of the initial outreach effort. ACHIP has demonstrated that collective action and collaboration creates new opportunities for improving health” (ADPH, 2015b, p. 17).
References


