

Issue Brief

Maine’s Twin Challenges: Transportation for Health Care

The challenge of providing high quality, accessible health care to Maine’s aging and rural population has been evident and slowly mounting for twenty or more years. More recent energy and transportation cost volatility has compounded this challenge and complicated policy making and health service delivery. Despite these challenges, Maine has maintained its commitment to providing high quality, effective transportation for health care services and has improved its infrastructure for doing so via private, public, and cooperative initiatives.

As Maine’s population grows older, communities across the state will confront issues not only of how to provide medical transportation services, but also of how to preserve Maine’s quality of life in rural communities, towns, and cities. The recent spike in gas prices signals that planning and coordination are essential if Maine is going to effectively meet the transportation and health care challenges throughout the United States.

Medical Services and Transportation: How Maine Stacks Up

Medical service provision and transportation services are necessarily intertwined and thus policymakers should understand that efforts to address one issue are likely to directly or indirectly affect a second issue. Progress in one

area of health care or health service delivery could create new demands on a second related area. For example, Maine has made substantial progress on lowering its annual rate of hospital inpatient days. In 1999, Maine recorded 696 hospital inpatient days per 1000 Maine residents, and by 2006 this rate had dropped by 7% to 648 inpatient days per year. However, this lower rate of hospitalization, while cost-effective and likely preferred by many Mainers, also implies that more Mainers will need more frequent use of medical transportation services as health care providers shift services from in-patient to out-patient settings. This latter challenge is in one sense welcome, it’s generally good not to have to be in the hospital, but it also increases the needs for coordinated support services at a time when many Maine community agencies have experienced service decreases because of funding reductions, cost increases, or loss of volunteer services.

Relative to the rest of the United States, Maine citizens are older and have correspondingly higher rates of chronic or limiting conditions that imply greater need for health transportation services. As table 1 indicates, Mainers have relatively high rates of death from Alzheimer’s Disease and from cancer – both of which are conditions that often involved prolonged health services preceding death. These relative high rates of cancer and Al-

Table 1: Maine Disease and Death Rates

	Maine	USA
Number of Deaths Due to Alzheimers per 100,000 population, 2004	32	22
Number of Cancer Deaths per 100,000 population, 2005	205	184
Invasive Cancer Rate per 100,000 population, 2004	526	458

Sources: US Cancer Statistics Working Group, United States Cancer Statistics, 1999-2004. Atlanta, GA: Centers for Disease Control and Prevention. National Center for Health Statistics, Division of Vital Statistics, National Vital Statistics Report Volume 55, Number 19, August 21, 2007. Table 29.

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Fast Facts

- Maine has 2 ½ times more seniors (as a percentage of all seniors) living in rural areas as other states. Distances travelled for medical appointments range from 15 to 40 miles.
- Maine has relatively high rates of some chronic conditions such as Alzheimer’s Disease and cancer. Patients with these conditions often need transportation assistance for health services.
- In a recent survey, a majority of Maine seniors responded that they could not pay more than \$5 to \$10 for transportation assistance for medical appointments.
- Volatile energy prices have decreased volunteer services upon which community agencies rely to provide transportation assistance.

zheimer's disease are indicators of the demands for home health and medical transportation services that many Mainers, especially older Mainers, are likely to need and may need with increasing frequency. In terms of health services utilization, Maine citizens rely on outpatient services disproportionately. In 2006, Maine's rate of hospital outpatient visits per 1,000 persons was 3,198 compared to a national rate of 2,007 per 1,000 persons (American Hospital Association, 2008). Maine's rate is 50% higher than the national average, and thus Maine faces a larger challenge in providing medical transportation than other states. Maine's forty-one rural health clinics are facilitating health delivery to hundreds of thousands of Maine residents, but can only continue to do so if adequate support services are in place.

A 2005 survey of senior Mainers from 19 health services offices and clinics in Maine reflected the types of services people sought. Among sixty-seven survey respondents: 8 received diabetes care, 13 received cancer care, 12 received dialysis, 14 received physical therapy, and 17 received cardiac rehabilitation services. Only a small number of respondents, three, were visiting the clinic or office for a routine office visit. All of these services are very likely to involve repeated and routine visits to health care providers. These survey respondents reported relatively long travel distances to attain services. Persons from Washington County reported traveling an average of 27 miles for health services, Penobscot County residents reported traveling an average of 18 miles, and Hancock County residents reported an average travel distance of 10 miles (Kaye, 2005).

In terms of transportation modes that senior Mainers relied on for their health care visits, respondents remained most likely to drive themselves. Among Washington County residents, 52% drove themselves to their appointments. This figure was 33% for Hancock County residents, and 18% for Penobscot County residents. 22% of Hancock County residents and 25% of Penobscot resident relied on a spouse to bring them to their appointment, while approximately 16% of residents from all three counties relied on family members other than a spouse for transportation. 9% of respondents relied on volunteer drivers and an equal number took a bus. Less than 5% of respondents used a taxi and none relied upon a religious organization for transportation. 50-60% of respondents from all three counties indicated that they needed transportation assistance on a weekly or monthly basis for routine medical visits, for chronic care appointments, and for filling prescriptions. Only 21% of respondents reported that they were willing or able to pay more than five dollars for a one-way ride to a medical appointment (Kaye, 2005).

Maine's relatively senior population and its rural character recommend that policymakers plan now for changes that are in the offing. Among all American's over age 65, 21% do not drive. Half of the seven million seniors who do not drive report that they are likely to stay home because of a lack of transportation options. Among non-drivers in rural areas, 61% report staying at home because of a lack of options (Bailey, 2004). Among the fifty states, Maine ranks second in the proportion of resident

age 65 and over who live in rural areas. Just less than 56% of senior Mainers reside in rural areas compared to 21.7% nationally. Among these rural Maine residents, nearly one-third live alone and thus are more likely to need transportation assistance from a relative, friend, or community agency when ill.

For a variety of reasons, it makes sense for policymakers to consider options other than encouraging the elderly to drive. Drivers over age 85 have a traffic fatality rate that is nine times as high as other adult drivers when the number of miles driven is controlled for. Driver fatality rates decline with age until drivers reach age 65. A 2002 National Institute on Aging study found that the average American will stop driving some time after age 70 and then spend approximately six to ten years being dependent upon others for transportation. This dependence coincides with increased needs for medical services. The need to provide transportation services goes beyond Mainers' needs for direct medical services. Public health research has demonstrated that geographic and physical isolation contributes to a number of health problems including obesity and depression, and Mainers living in rural areas are 40% more likely to smoke than those living in towns and cities.

Building a Medical Transportation Infrastructure

Volatility in gasoline prices during the last four years has led to sporadic and in some cases permanent decreases in medical and health services transportation assistance. An in-depth study of community action services following the gasoline price increases in 2005, after Hurricane Katrina, revealed substantial losses from volunteer service. Penquis CAP's Lynx program experienced a 30% reduction in volunteer hours, the Washington-Hancock Community Agency (WHCA) estimated that it lost approximately 60% of its volunteer effort for transportation services, and Waldo Community Action Partners lost 15 of its 25 volunteer drivers. Although private sector efforts remain critical to helping Maine residents access medical services, increased gasoline and home heating fuel prices directly affect the ability of Mainers to volunteer these services.

One area in which Maine has substantially expanded its medical transportation infrastructure has been through the Lifeflight program, which provides emergency helicopter transportation to critically injured and ill individuals. 85% of individuals served are taken to Maine hospitals. Lifeflight has been recognized as among the leading providers of emergency medical transportation and emergency medical services. In 2007, Lifeflight received the National Excellence in Community Service Award. In 2008, the national Association of Air Medical Services presented its Program of the Year Award to LifeFlight of Maine recognizing it as the medical transport program that had demonstrated superior patient care, management prowess, customer service, safety, and community service. Lifeflight provided service to 1400 patients in 2008 and has provided its services to over 8500 Mainers since its inception (LifeFlight, 2008). Its coordinated design of heliports, weather observation, and emergency health delivery may provide a basis for better coordinating other parts of Maine's medical transportation efforts.

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