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The Eastern Maine Transportation Collaborative's (EMTC) Health Services Initiative Needs Assessment Research Final Report

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The Eastern Maine Transportation Collaborative's (EMTC) Health Services Initiative Needs Assessment Research Final Report

November 2005

Project Research

*University of Maine Center on Aging
Orono, ME*



Project Sponsor

*Eastern Maine Healthcare Systems
Bangor, ME*



Project Facilitation

*United Way of Eastern Maine
Bangor, ME*



Eastern Maine Transportation Collaborative (EMTC) Member Agencies

Alpha One, Bangor Area Comprehensive Transportation System, Blue Hill Memorial Hospital, Bucksport Bay Healthy Communities, CancerCare of Maine, Community Connections, Downeast Transportation, Eastern Agency on Aging, Eastern Maine Development Corporation, Eastern Maine Charities, Eastern Maine Healthcare Systems, Eastern Maine Medical Center (EMMC) Dialysis Center, EMMC Family Practice Center, Island Connections, Maine Coast Memorial Hospital, Maine DOT, Maine Health Alliance, MDI Hospital, Millinocket Regional Hospital, My Friends Place, Penobscot Community Health Center, Penobscot Valley Hospital, Penquis CAP, St. Joseph Healthcare, United Way of Eastern Maine, University of Maine Center on Aging, University of Maine Cooperative Extension Senior Companions Program, and the Washington Hancock Community Agency

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Report prepared by: University of Maine Center on Aging
Orono, Maine

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I. Executive Summary

The University of Maine Center on Aging (CoA) in collaboration with members of the Eastern Maine Transportation Collaborative (EMTC) conducted a 12-month needs assessment focusing on the challenges and barriers that older adults face in accessing chronic care medical services such as diabetes care, cancer care, dialysis, cardiac rehabilitation, and physical therapy in Hancock, Washington, and Penobscot Counties. This research project was funded through a grant from the Maine Health Access Foundation. Over the course of the year-long project, phone interviews, surveys, and community case studies were conducted with the following target populations throughout the tri-county area: older adult chronic care patients; escorts and family members accompanying patients to chronic care appointments; medical office schedulers, including front office staff or social workers who engage in assisting patients with transportation; and transportation providers.

Project Goals:

- Achieve a better understanding of the health transportation challenges in the tri-county area that impact access to chronic care services by older adults.
- Develop innovative strategies for effective scheduling and coordination of health transportation in the targeted region, including designing methods for marketing and implementing the chosen transportation service model.
- Successfully execute project activities and produce specified products for dissemination of findings to interested parties on a local, state, and national level.

Methods:

Patient and patient escort surveys were implemented in 34 chronic care office sites affiliated with 16 hospitals within the tri-county region. Patients were found to travel at least 10 miles one-way to get to chronic care appointments. The most frequently cited transportation options available to patients include driving themselves, riding with a family member, riding with a spouse, and riding with a friend/neighbor. When other forms of transportation were used, respondents reported obtaining transportation from volunteer drivers in personal vehicles as opposed to using a bus or van service. Patients reported needing rides on a monthly basis to get to medical appointments and to pick-up prescriptions at the pharmacy. Weekly rides were commonly needed for chronic care appointments and personal errands. Forty-seven percent of respondents reported they were willing to pay three to five dollars for a one-way ride to medical visits. While 37% of older adult patients reported that they did not want or need to use public transportation services, 67% were willing to use such services if other means of transportation were unavailable or in inclement weather. Sixty percent of respondents reported not knowing of transportation resources available to them in their community.

Escorts accompanying patients were most often female and tended to be a spouses or friends. The average distance traveled one way for a chronic care appointment, as reported by escorts, was 14 miles. Thirty-five percent (35%) of escorts provide transportation to medical appointments once or twice a month, and another 35% provide transportation once a week for medical appointments. Seventy percent (70%) of escorts found transportation to be “easy” or “very easy” to provide. However, 15% of escorts found transportation to be difficult to provide. Formal transportation providers (staff members) and friends were more likely to report that transportation was difficult to provide as compared to family members or spouses.

Case studies were conducted in nine communities throughout the tri-county area: Bangor, Millinocket, Lincoln, Ellsworth, Bar Harbor, Bucksport, Machias, Calais, and Eastport. To learn more about community-level challenges, opportunities and responses to transportation for chronically ill older adults, over 95 community stakeholders were identified by EMTC members and engaged by the research team through telephone interviews and informal conversations. Stakeholders tapped for this area of data collection included clergy, healthcare professionals, social service providers, elder service providers, nursing home administrators, older adults, pharmacists and local government officials. (Findings from each individual community will be used as a foundation for future localized transportation reform efforts spearheaded by EMTC members.)

In addition, schedulers and social workers in medical offices were surveyed to learn more about the challenges experienced in scheduling and coordinating transportation for chronic care patients. Twenty-nine (29) schedulers and social workers who assist with scheduling responded to the scheduler survey. Findings demonstrate that schedulers in medical offices, most often front office staff persons, are assisting patients with transportation needs either on a weekly (35%) or daily (28%) basis. Eighty percent (80%) of schedulers reported that providing this assistance was a major challenge for them. Some of the reasons stated for this difficulty included there being no one to drive the patient, having to accommodate the family work schedule, and scheduling conflicts with a transportation provider. Thirty-five percent (35%) of schedulers noted that cancellations due to lack of transportation occur at least once a week at their medical office and 40% reported that such cancellations occurred at least once a month. Schedulers reported two major obstacles to integrating transportation scheduling in their regular office routine: not having enough personnel or time and not having the right transportation information to give patients.

Transportation providers were surveyed, most often in the context of our community case studies, about the issues encountered in providing transportation to older adults within the tri-county area. In addition to learning about challenges, the survey also collected information about transportation services available in the tri-county area. Forty percent (40%) of the transportation providers surveyed were public transportation providers; the remaining 60% provided transportation to specific clientele only such as nursing homes or specialty transportation programs. Five of every seven (71%) charged a fee for their services with all charging a flat fee as opposed to a sliding scale fee. Four of every seven

(57%) accepted vouchers established through local organizations. The most common vehicle used for transportation was a multi-passenger van followed by an automobile. It is noteworthy that 14% of public transportation providers reported that none of their vehicles were ADA accessible and 27% of those who catered to specific clientele reported that none of their vehicles were ADA accessible.

In addition to the transportation needs data collected, exemplary transportation models from across the country specializing in chronic care transportation, rural transportation and senior transportation were analyzed for common themes. These common themes were identified to construct a best practice model of chronic care transportation for older adults. All models were evaluated against the Beverly Foundation's "5A's of Senior Friendly Transportation": availability, accessibility, acceptability, affordability, and adaptability. Best practice characteristics as they apply to rural medical transportation for seniors include strengthening volunteer driver recruitment and retention, remaining flexible with scheduling and services offered to older adults, developing a quality-based orientation to transportation provision, adopting guiding philosophies that encourage partnering with other organizations, maintaining a community-based approach, and finding creative funding solutions in order to continue providing quality service to older adults.

Project findings were presented to the EMTC for consideration and recommendations for implementing project findings were drafted to guide the work of the collaborative in subsequent years. Project findings along with recommendations were disseminated to the public via forums that took place within the tri-county area.

Findings: Eastern Maine Transportation Collaborative Recommendations to Address Transportation Needs in the Tri-County Area

Educate community members about the services that are available to them. This should be an ongoing process, wide reaching, accessible, and comprehensive.

- Educate older drivers about safe-driving practices as well as ways to take care of their cars so that they will have them as long as they need them. Expand existing driver education programs (Penquis CAP/AARP) and target underserved areas.
- Expand the Matter of Balance and Bone Builder physical exercise programs in order to enable older people to travel safely in the winter.
- Maintain existing services to uphold name recognition, level of trust, and expectations for the service of current programs.
- Create Eastern Maine Transportation Collaborative branding.
- Distribute information about new services and changes to services to the public to ensure that citizens are receiving accurate information while also maintaining a link to available services.

- Utilize all media channels: mail, print, free newspapers, cable access, television, email, internet, Maine AIRS/IRIS network, and flyers at grocery stores/pharmacies.
 - Challenge corporate media entities to increase PSA coverage.
- Develop a communications system in all counties to increase awareness of service availability. Tie this into the Bangor area Aging and Disability Resource Center (ADRC) and 2-1-1 information projects as “single point of entry” options.
- Distribute information about transportation services as part of older patients’ discharge paperwork to take home with them. Also make transportation information available during hospital and medical office patient registration.
- Advocate for increasing volunteer and family member reimbursement rates for MaineCare clients.
- Periodically survey older adults to determine what kind of transportation system they would utilize. A new system would most likely need to incorporate paid-drivers due to the steady decline in the number of volunteers. If volunteer-based, the system will have to pay more for mileage in order to cover the rising cost of gasoline. In developing this system, consider encouraging consumer donations for transportation services. Such donations allow older adults to contribute to their transportation rather than accept “a handout.”
- Establish a system of “senior escorts” to be placed on city buses to assist elders getting on and off the bus. This service would allow older adults to feel more secure and therefore utilize the bus system more. It would also provide an opportunity for older volunteers to partner in educating and orienting their peers to the bus system.
- Establish a central planning mechanism in Maine’s designated service center communities to coordinate transportation and utilization of local medical services. EMTC members can serve as conveners and technical advisors for such transportation planning groups.
- Provide transportation assistance to caregivers, such as resource link-up, ridesharing, support groups, and respite options.
- Tie in the ride-share concept to current volunteer-bank initiatives.
- Encourage Bangor area providers to assist clients in calling the BAT and ask if they qualify for “paratransit” to become eligible for CAP services.
- Agencies can encourage clients to bring helpers with them on their rides (such as Faith in Action).

- Promote ways to reach “in-between” clients; those who are not MaineCare eligible but do not have enough money to pay for transportation out-of-pocket.
 - Eastern Area Agency on Aging (EAAA) is currently addressing this issue through a transportation initiative funded by private endowment.
 - Possibilities exist for expanding EAAA’s model
- Link collaborative members to “United We Ride” program.
 - This federal mandate’s overall goal is to consolidate transportation and related funding.
 - Volunteer driver organizations can work through the regional transportation provider for MaineCare reimbursement (Washington-Hancock Community Agency, Penquis CAP).
 - “United We Ride” provides federal dollars for a consolidated state transportation *plan*, not for transportation itself.

Policy Recommendations

MaineCare (Medicaid)

- Apply base rate and mileage for taxi rides to agencies that are equal to reimbursement for agency vehicle, volunteer driver, or friend/family transportation reimbursement rates.
- Negotiate full and partial reimbursement for “no shows.”
- Increase the base rate reimbursement for multiple day transports.

Pending Legislation

Support emergency legislation pending in state regarding the increase of volunteer driver mileage reimbursement

II. Introduction

Eastern Maine Transportation Collaborative

The Eastern Maine Transportation Collaborative (EMTC) is a partnership of social service, state, and local organizations, an academic research center, transportation providers, healthcare providers, community leaders, and others interested in addressing the transportation issues facing Maine's rural population. Members of the collaborative organized in August 2003 to engage in resource sharing, training, and work with the state to improve policies and systems. The ultimate goal was a better understanding of problems related to regional transportation and access to healthcare, as well as advocacy for policy change and program improvement.

All EMTC efforts work toward furthering the goal of having the best possible community transportation system in Eastern Maine to help all people access services and opportunities that fit their needs and lifestyles. The EMTC's work includes collaboration, resource sharing, training, and working with the state to improve policies and systems.

Agencies represented in the Collaborative at the time of publication of this report include Alpha One, Bangor Area Comprehensive Transportation System, Blue Hill Memorial Hospital, Bucksport Bay Healthy Communities, CancerCare of Maine, Community Connections, Downeast Transportation, Eastern Agency on Aging, Eastern Maine Development Corporation, Eastern Maine Charities, Eastern Maine Healthcare Systems, Eastern Maine Medical Center (EMMC) Dialysis Center, EMMC Family Practice Center, Island Connections, Maine Coast Memorial Hospital, Maine DOT, Maine Health Alliance, MDI Hospital, Millinocket Regional Hospital, My Friends Place, Penobscot Community Health Center, Penobscot Valley Hospital, Penquis CAP, St. Joseph Healthcare, United Way of Eastern Maine, University of Maine Center on Aging, University of Maine Cooperative Extension Senior Companions Program, and the Washington Hancock Community Agency.

Health Services Initiative Project Overview

In October 2004, the Eastern Maine Transportation Collaborative (EMTC) received a \$35,969 award to study the transportation needs of chronically ill patients ages 65 years and older in Penobscot, Washington, and Hancock counties. The award, in the form of a grant from the Maine Health Access Foundation (MeHAF), was made to Eastern Maine Healthcare Systems on behalf of the EMTC.

The funds provided through this grant have allowed the EMTC to assess the transportation experiences, challenges, and needs of chronically ill patients ages 65 years and older who use outpatient chronic-care services in Penobscot, Washington, and Hancock counties. Final results of the planning grant include (1) mapping patients' locations relative to the healthcare services they need; (2) defining protocols for healthcare and transportation schedulers to work with patients to improve their access to health services; and (3) developing recommendations to enhance the ability of older

adults and other chronically ill populations to obtain necessary medical care. Research findings, recommendations, and specialized planning and programmatic tools represent the final products emerging from a year of planning grant activities. All aim to promote the best possible community transportation system in Eastern Maine, and to help all people access health and other services and opportunities according to their individual needs and lifestyles.

Project Guidance

Project Management

Overall project management was provided by Eastern Maine Healthcare (EMH) (Dr. Lawrence Beauregard initially and Evelyn Preston). EMH's Planning Department provided an Administrative Project Director during the grant period whose responsibilities included coordination of consultant contracting, grant reporting, and fiscal management. EMH also provided administrative support for this project.

Planning Collaborative

The Eastern Maine Transportation Collaborative served as the overall planning mechanism for this project. Individual organizational representatives are listed above. Planning activities of the Collaborative were coordinated by the United Way of Eastern Maine (Shirar Wilder, Community Impact Associate).

Consultants

Consultant services were provided by staff at the UMaine Center on Aging (UMCoA). The Project Director was Dr. Lenard W. Kaye. Dr. Kaye is a Professor of Social Work at the University of Maine School of Social Work and Director of the University of Maine Center on Aging. Other key consultative research staff included Leah Ruffin (during the early stages and the project) and Jennifer Crittenden, Research Associate, who carried responsibility for the daily administrative management of the project. The Center's Evaluation Specialist (Dr. Winston Turner) contributed to the development of research tools, data analysis, and preparation of project reports. Graduate field interns and research assistants (Jason Charland, Kathy Welch, and Rosamond Kreilkamp) assisted in the performance of various aspects of the assessment including interviewing, data collection, and report writing.

Collaboration and Integration

- ◆ **United Way of Eastern Maine** facilitated and coordinated activities of the Eastern Maine Transportation Collaborative, including organizing meetings, providing meeting space, and coordinating preparation of the final project report.
- ◆ **University of Maine Center on Aging** developed and conducted surveys targeted at patients, healthcare providers, and transportation service providers; collected, organized, and analyzed data; conducted comparative analyses of transportation initiatives elsewhere in the United States in order to develop best-practice recommendations; and designed and conducted the overall project evaluation.

- ◆ **Washington Hancock Community Agency** assisted with the collection of data for the patient transportation needs assessment; assisted with planning for resource development; and assisted in developing a regional coordination plan.
- ◆ **Penquis Community Action Program (CAP)** assisted with collection of data for the patient transportation needs assessment; assisted with planning for resource development; and assisted in developing a regional transportation coordination plan.
- ◆ **Eastern Maine Development Corporation** created regional maps to serve as the basis for designing effective and efficient patient transportation routes.
- ◆ **Maine Department of Transportation** served as a transportation resource to the EMTC throughout the project and assisted in planning for sustainability of the collaborative.
- ◆ **Eastern Maine Healthcare** provided access to the patient population for survey purposes; assisted in planning transportation services for patient visits to participating hospitals and chronic care services; and represented the collaborative with pre-award grant submission and post-award grants management.
- ◆ **All Collaborative representatives** met as a group at least quarterly to take part in the research itself; to review progress with the research, planning, and service model development; to provide data on their clients and services; to offer expertise for purposes of developing recommendations based upon the local research; to identify funding sources for implementation and sustainability of initiatives; and to develop strategies for marketing and implementation of initiatives.

Process Results

The following process results were realized by the end of the 12-month planning-project period:

- ◆ Area transportation needs were documented, using qualitative and quantitative data from medical service providers, health transportation providers, and older patients in the community.
- ◆ Quantitative and qualitative data were collected, analyzed, and disseminated.
- ◆ An area map was developed depicting patient cluster locations in relation to healthcare services.
- ◆ A best practice rural model of health transportation was created through comparative analysis of practices in the targeted region and models in other areas of the United States that address health transportation needs similar to those in the tri-county area.

- ◆ A scheduling and coordination decision tree was constructed to assist schedulers at health agencies and health transportation providers in arranging appropriate and timely services for their patients.
- ◆ Community health transportation resources and information pertaining to access to resources in the tri-county area were identified.
- ◆ Nine case studies were conducted in Bar Harbor, Calais, Machias, Eastport, Bucksport, Ellsworth, Bangor, Lincoln, and Millinocket to assess the goodness of fit between the best-practice model and the unique challenges present in selected communities.
- ◆ Monthly meetings of the Collaborative were convened in the first quarter and quarterly meetings thereafter to assess project progress and obtain input from members during the work plan phases.
- ◆ A plan was developed for utilizing existing electronic databases, accessible by internet, to describe the range of primary and supplemental health transportation programs in the tri-county area.
- ◆ Curricula were produced for disseminating project findings and evidence-based best-practices to health transportation and medical service personnel in the tri-county area.
- ◆ Three public forums were held in Bangor, Ellsworth, and Machias to report findings from the planning grant project and receive feedback from concerned stakeholders and citizens.
- ◆ This final report of project findings was prepared and submitted to MeHAF and all parties interested in our transportation planning research.
- ◆ Ongoing dissemination of findings locally, regionally, and nationally is being carried out to ensure broad-based sharing of project results and products.

Evaluation

Evaluation of the project activities and study products was based on input from an internal review panel and three expert external reviewers. The internal panel is composed of the members of the Eastern Maine Transportation Collaborative. Our expert external reviewers are Jane Hardin, Senior Transportation Specialist at Community Transportation Association of America (CTAA) in Washington D.C.; and Kim Angel, Regional Project Director of Cross County Transit in Franklin, North Carolina. CTAA is a national organization that conducts research, provides technical assistance, and serves as an advocate in order to make coordinated community transportation available, affordable, and accessible. Cross County Transit Services has developed a statewide collaborative and non-emergency medical transportation

system that effectively serves chronic care patients. A draft of the final report and study products was reviewed by both the internal and external panels. Expert feedback from both panels was incorporated into this final report. Review panels took into consideration the extent to which project objectives were realized as outlined in the work plan, whether process results were achieved, and the applicability of recommendations, study products, and best-practices to other areas of Maine.

III. Chronic Disease, Treatment, and Transportation in Rural Areas

Prevalence of Chronic Disease among Elderly

Chronic disease can have a limiting and even devastating effect on health and well-being across the lifespan, and this is particularly the case for older adults. Many older adults have one or more chronic diseases that require careful management and monitoring. It is also known that adults over 65 years old tend to seek medical care more often than their younger counterparts (National Center for Health Statistics, 2001). Currently, the leading causes of death among seniors 65 years of age and older are chronic conditions such as diabetes, heart disease, cancer, and stroke. As many as one third of adults aged 70 years and older have hypertension and 11% have diabetes (Coombs, Barracas, & White, 2004).

In 2002, over 18 million Americans were estimated to have diabetes; 13 million of these were diagnosed cases, and 5.2 million were undiagnosed (National Diabetes Information Clearinghouse, 2004). In 2004, 1 out of every 5 Americans over 65 was diagnosed with diabetes (Jack, Boseman, & Vinicar, 2004). See Table 3.1 for a breakdown of diabetes rates by age category. In 2001 nearly 290,000 Americans were undergoing dialysis for end-stage renal failure (National Institute of Diabetes and Digestive and Kidney Diseases, 2003).

Table 3.1 Diabetes Diagnosis Comparisons

Age group	# diagnosed per 100 adults in Maine	# diagnosed per 100 adults in U.S.
Ages 45–64	8.7	9.3
Ages 65–74	18.8	16.9
Ages 75+	15.0	14.2

Source: The Henry J. Kaiser Family Foundation (n.d.)

Cancer, among other diseases, continues to be a condition of concern for older and younger Americans alike. According to information cited by Eastern Maine Medical Center (2004), there were an estimated 1.3 million new cases of cancer in 2003. Seven percent of Americans 18 years and older have been told by a doctor that they have some form of cancer. Additionally, as age increases, the chance of receiving a cancer diagnosis also increases (Centers for Disease Control and Prevention, 2002).

Heart disease currently accounts for 40% of all deaths in America. Approximately 950,000 Americans die of cardiovascular disease annually, amounting to as many as one death every 33 seconds (Centers for Disease Control and Prevention, 2004).

These health risks are further compounded by the aging of the U.S. population. As the baby boom generation approaches the age of 65 over the next two decades, “more than one-half of all Americans will have passed their 40th birthday” (Jack, Boseman, & Vinicar, 2004, p. 14). The 2000 U.S. Census estimated that 35 million Americans were

over the age of 65, with this figure continuing to grow each year (U.S. Bureau of the Census, n.d.).

Although a chronic disease by definition does not disappear as a person grows older, the symptoms may worsen or diminish, depending upon the person's ability to manage his or her disease. Chronic disease becomes more challenging to manage and more limiting as a person ages. Additionally, while chronic diseases are present in all ages of a population, they are most prevalent among its older members (Scott, 2004).

Cost of Chronic Disease Nationally

The financial impact of chronic disease in the United States is extensive, with chronic care accounting for nearly 80% of all healthcare dollars. Twenty percent of Medicare beneficiaries have five or more chronic diseases, and these diseases account for 66% of Medicare spending (Weinstock, 2004). Medical costs for chronic disease account for the majority of the nation's \$1.4 trillion medical care costs (Centers for Disease Control and Prevention, n.d.).

Estimated financial impacts by disease category are as follows:

Cancer: The cost of cancer care has been steadily increasing. In 1995, the U.S. spent \$41 billion on cancer care (National Cancer Institute, 2004). The National Institutes of Health estimated annual costs in the year 2000 for cancer care to be \$107 billion, which includes \$37 billion for direct medical expenses, \$11 billion from missed work, and \$59 billion for indirect mortality costs (lost productivity due to premature death) (National Institutes of Health and Centers for Disease Control and Prevention, 2000).

Diabetes: Direct medical costs for diabetes nationally in 2002 were estimated to be \$92 billion, with another \$42 billion representing indirect costs (disability, work loss, premature mortality), leaving an overall price tag for diabetes-related medical costs of \$132 billion (National Diabetes Information Clearinghouse, 2004).

End-Stage Renal Disease: In 2002, \$22.8 billion in public and private spending accounted for end-stage renal disease (National Institute of Diabetes and Digestive and Kidney Diseases, 2003).

Heart Disease: In 2003, the cost of heart disease and stroke was estimated to be \$351 billion, with direct medical costs of \$209 billion and \$142 billion for lost productivity (Centers for Disease Control and Prevention, 2004).

Factors Contributing to Chronic Disease in Rural Areas

Maine ranks second nationwide for percentage of residents age 65 and older living in rural areas (55.8%), compared to 21.7% nationally (AARP, 2002). Rural areas tend to have a higher incidence of chronic diseases than metropolitan areas. The research literature points to several contributing factors:

Increased age: More people over 65 live in rural areas in the U.S. than in metropolitan areas, including "fringe areas" (i.e., suburbs). There are 15% more people over 65 in most rural counties compared to 12% in most populated counties. And, the older adult

population statistically consumes a disproportionate share of the nation's health care resources (National Center for Health Statistics, 2001).

Increased poverty: Socioeconomic status is strongly related to health status in our country. In general, more impoverished communities have less healthy residents than do communities with a higher mean family income. Interestingly, an equal proportion of rural and city residents were found to be impoverished, about 16%. It is in the fringe suburban areas that the percentage of impoverished families drops to 7% (National Center for Health Statistics, 2001). Income among rural dwellers is reported to be approximately 20% lower than among their more urban counterparts (Scott, 2004).

Increased smoking: The lowest incidence of smoking is found in the suburban areas, representing about 23% of adults over 18. In the rural areas, however, this figure climbs to about 32%, with higher numbers from both genders (National Center for Health Statistics, 2001). Smoking is a well-known causal factor for lung cancer and a contributing factor to heart disease. It is believed that higher rates of smoking in rural areas are due to lack of health information, including delayed media and medical warnings. Also, lower educational levels in rural areas are strongly associated with increased incidence of smoking (National Center for Health Statistics, 2001).

Increased obesity: Obesity is a strong contributing factor to diabetes and heart disease. There has been a recent sharp increase in obesity among American adults, from 14% in the late 1970s to 22% in the early 1990s. There is a 5% higher rate of obesity in rural counties than in more populated ones (National Center for Health Statistics, 2001).

Increased inactivity: There is a 47% rate of physical inactivity during leisure time among adults over 18 in rural areas, as compared with 28% for males and 34% for females in fringe areas (National Center for Health Statistics, 2001).

Maine's Indicators of Chronic Disease

The 2000 Census reports that 14.4% of Maine's population is composed of persons age 65 or older (n = 183,402), compared to 12.4% nationally. Projections indicate that by 2025 this segment of the population will grow to an estimated 327,000 persons, a growth rate of 72%. In the next 20 years older adults will make up over 20% of Maine's general population, and the ratio of working-age persons to older citizens (a key measure of productivity) will decline from 5:1 to 3:1 by 2025 (Donahue, 2005). Recent Census figures reveal that the median age in the state is now 40.6 years, making Maine's population the oldest state in the nation (Churchill, 2005). Table 3.2 highlights selected demographic information for the area studied.

Table 3.2 Selected Characteristics of Tri-County Older Adults

County	Age 65+	% of total population	Age 75+	% of total population	Age 65+ below 100% FPL ^a	as % of total 65+	Age 65+ with a disability
Hancock	8,285	16.0	3,844	7.4	755	9	3,004
Penobscot	18,920	13.1	8,439	5.8	1,996	11	7,615
Washington	5,856	17.3	2,771	8.2	1,076	18	2,600
State totals	183,402	14.4	87,206	6.8	17,879	10	71,901

^a FPL: federal poverty level

Source: U.S. Census Bureau, Census 2000, as cited by Maine Bureau of Elder and Adult Services (2003).

Rate of Chronic Disease

Nationally: Seven out of every 10 American deaths annually are due to a chronic disease, representing approximately 1.7 million deaths due to such conditions. Chronic disease accounts for one-third of the years of potential life lost before age 65. Approximately one-fifth of Americans over 65 years old have five or more chronic diseases.

Maine: When compared to national statistics, Maine's chronic disease rates remain some of the highest in the country. Maine currently has the fourth highest death rate in the nation from chronic disease and leads the country in risk behaviors that often lead to chronic disease (Mills, 2000). In 2001, the incidence of heart disease, stroke and all cancers in Maine significantly exceeded national trends (Centers for Disease Control and Prevention, 2005). In the tri-county study area of the Eastern Maine Transportation Collaborative's Health Services Initiative, rates of older adults reporting three or more chronic health conditions were significant, with 20.2% in Penobscot County's older adult population, 19.1% in Hancock County, and 28.6% in Washington County. Penobscot County and Hancock County rates are similar to rates in other counties in Maine. Washington County, however, leads the state in the rate of older adults reporting three or more chronic health conditions. Furthermore, persons with three or more chronic diseases are more likely than their healthier counterparts to be smokers by a rate of 60–80% in the study area (Public Health Resource Group, 2001).

Renal disease, diabetes, and cancer continue to be a challenge for Maine. In the past 15 years, end-stage renal disease in Maine has increased from 299 to 870 reported cases (End Stage Renal Disease Network of New England, 2004). In 2005, the Maine Diabetes Control Project estimated that approximately 70,000 Mainers have diabetes, of which only two thirds have been formally diagnosed by a physician (Maine Diabetes Control Project, n.d.).

Cancer Care of Maine reports that in 2003 there were 1,421 cases of cancer of all types in Maine (Eastern Maine Medical Center, 2004).

Table 3.3 Chronic Disease Incidence Comparison (per 100,000 population)

Chronic disease (year)	Maine	United States
Cancer (2001)	515.0	461.6
Heart disease (2002)	209.0	240.8
Stroke (2002)	53.9	56.2

Source: The Henry J. Kaiser Family Foundation (n.d.)

Much like the high correlation between rural living and chronic disease, there also exists a high correlation between rurality and poverty. To put this into perspective, Maine currently ranks fourth in the nation for percentage of residents age 65 and older living between 101% and 200% of the federal poverty level. Ten percent of persons age 65 and older in Maine have incomes below the federal poverty level (AARP, 2002).

Socioeconomic conditions in the tri-county region, including the high rate of uninsured citizens, may limit access to health care services and contribute to poorer health status (Public Health Resource Group, 2001). As reflected in Table 3.4, the three counties of Penobscot, Washington, and Hancock report significantly lower per capita incomes than the nation as a whole. Residents of Washington County have a 50–60% rate of three or more chronic diseases. The tri-county region also demonstrates a trend in aging that outpaces the rate for the United States. Two of the three regions, Washington and Hancock counties, have a larger population of 65–75-year-old inhabitants than the rest of the state (Public Health Resource Group, 2001).

Table 3.4 Tri-County Income and Population Statistics

Geographic area	Average no. of persons per square mile	Per capita income (dollars)	% population over 65 years old
United States	79.6	21,587	12.4
Maine	41.3	19,533	14.4
Penobscot County	42.7	17,801	13.1
Hancock County	32.3	19,809	16.0
Washington County	13.2	14,119	17.3

Source: Public Health Resource Group, 2001

Cost of Chronic Disease in Maine

Table 3.5 further illustrates the number of chronic-disease deaths and hospitalizations in Maine in 1999 and underscores the economic impact of these conditions on state health-care spending. For example, cardiovascular disease is the leading cause of death in Maine

and about one in four Mainers die of cardiovascular disease. This disease accounts for 25% of all Maine hospital costs (Maine Cardiovascular Health Program, n.d.). Diabetes, a growing problem in Maine, accounts for \$460 million health-care dollars spent in the state (Maine Diabetes Control Project, n.d.).

Chronic Disease Management

From a physician's perspective, regular check-ups with chronic-disease patients, as well as monitoring follow-up treatment to ensure consistent compliance, are important practices for disease management. Physical therapy, chemotherapy, and dialysis are three examples of such ongoing treatment, the outcome of which is often dependent on the patient's active and regular participation. If treatments and check-ups are sporadic, the outcome can often be detrimental to the patient. As a result, when the chronic diseases are not properly managed, visits to the emergency room as well as hospital admissions increase (Public Health Resource Group, 2001). Chronic diseases, when treated consistently, can be managed most effectively by healthcare providers in outpatient clinics, instead of waiting until the disease worsens and admission to the hospital is the only option.

Table 3.5 *Healthy Maine 2010* Table: Burden of Chronic Disease in Maine for Selected Diseases

Disease	Primary cause of death, 1999	% of total deaths	Primary cause of hospitalization, 1999	% of total hospitalizations	Estimated cost (direct + indirect) (\$ billions)
Cardiovascular disease	4,564	37.20	29,739	18.80	1.16
Cancer	2,735	22.30	6,583	4.20	0.52
Chronic lung disease	751	6.10	4,874	3.10	0.19
Diabetes	348	2.80	1,759	1.10	0.60
State totals	12,261	100	158,294	100	2.47

Source: Maine Department of Health and Human Services, 2002

Healthcare providers in the targeted tri-county region of Maine have repeatedly identified transportation as a major problem in the provision of preventative and ongoing care for older adults, especially in outpatient settings (Public Health Resource Group, 2001). Compounded by reduced socioeconomic conditions in many rural areas, older rural Mainers are also at risk if they can no longer afford to own a car or no longer feel safe driving one. In many areas of Maine, few transportation options are available for those without a car or other sources of transportation (Public Health Resource Group, 2001). Unless older adults are able to drive safely and own a car, they must rely on others to arrange or provide transportation to medical appointments. Transportation is a critical link to essential medical care for older adults in rural areas. Unfortunately, many older adults lack the resources to obtain transportation.

Transportation Provision in Rural Areas

Rural older adults essentially have five transportation options: driving themselves; using public transportation; availing themselves of services provided by a relative, friend, or volunteer; using a Medicaid-reimbursable transportation provider; or riding in an ambulance. Nationally, 41% of rural residents have no public transportation available to them and another 25 % live in areas where public transportation, when available, is inadequate (Research and Training Center on Disabilities in Rural Communities, n.d.). Factors to consider regarding the mobility of older persons in rural areas are the cost and safety of operating a motor vehicle, the lack of public transportation services to outlying rural communities, and an increased risk of isolation with increasing age. Isolation can mean limited access to family or community supports and an increased utilization of ambulance rides and emergency room services.

Key facts regarding isolation in Maine

- Of the 183,402 persons age 65 and older living in Maine, 55,483 or 30.3% live alone.
- Maine ranks 3rd nationwide for percentage of residents age 65+ living alone, with women comprising 76% of this population.
- 72.5% of persons age 75+ in Maine had a driver's license in 2000.
- 10.9% of persons age 70+ in Maine are without a vehicle. (Source: AARP, 2002)

In a health planning report for northern, eastern, and central Maine published by the Public Health Resource Group (2001), healthcare providers identified transportation services for the elderly as a significant problem, especially for elders requiring specialized chronic-care services such as chemotherapy and dialysis. It was also found that access to sub-acute services is especially challenging in the most rural parts of Maine due to significant geographic distances to health-care services and few public transportation options. Rates of preventable hospitalizations for respiratory and cardiovascular disorders were found to be elevated in nearly all of the studied areas. The rate of hospital admissions for ambulatory care sensitive (ACS) conditions was found to be moderately elevated for many parts of the state, including all of the tri-county study region (Public Health Resource Group, 2001).

According to the Public Health Resource Group (2001) health planning report, these ACS conditions are less likely to result in hospitalization if effectively managed on an outpatient basis. One example of this for two of the tri-county study regions (Penobscot and Washington counties) were high ACS hospitalizations for adults 65+ for respiratory and cardiovascular conditions.

One recent study (Burkhardt, 2002) emphasized the important role that community transportation systems play in bringing patients to regular and preventative appointments, thus reducing unnecessary hospitalizations and ER visits. This study also projected annual

savings of between \$300 and \$400 million by eliminating Medicare's requirement of ambulance transportation to emergency rooms.

In Maine, public transportation systems are limited to the more urban areas of the state. By nature Mainers are independent and self-sufficient New Englanders, and living in a rural state with limited transportation options leaves many seniors with no choice but to continue to drive. The fact that 72.5% of persons age 75 and older still hold a valid license speaks to this phenomenon. The number of drivers age 65 and older is expected to at least double over the next 30 years (U.S. Senate Special Committee on Aging, n.d.). One out of every 10 drivers in Maine is over the age of 70 (Maine Department of Transportation, 2002). This topic continues to stir public debate regarding drivers' independence versus perceived public safety. Periodically, news stories feature sensational stories of older adults involved in driving fatalities. The Maine Department of Transportation reports that older drivers have fewer crashes than young drivers because of their increased experience with driving. However, crash rates do start to increase as drivers reach their seventies, due to such factors as vision loss, slowed reaction time, and decreased flexibility (Maine Department of Transportation, 2002).

Older Adults and Public Transportation

According to the Research and Training Center on Disabilities in Rural Communities (n.d.), older adults represent as many as 36% of those who utilize public transportation. Despite this, many older adults have difficulty accessing the transportation services they need to get to medical appointments and chronic-care services. Research conducted by the Beverly Foundation and the AAA Foundation for Traffic Safety (2001) indicates that many older adults cannot access public transportation because of the physical demands of walking to a bus stop to take a local bus or inability to get into a van. Focus group data suggest that older adults perceive fixed-route transportation as limiting access to persons living closest to the planned route, while making it difficult for older adults living "off the beaten path" to use. Older adults further report that scheduling for public transportation systems can be inconvenient, with limited service during daytime hours (Glasgow & Blakely, 2000).

Even when public transportation is available, its characteristics often make it less attractive to seniors. Such factors include advance scheduling requirements, limited hours of service, limited service areas and undependable services, long wait times, and lack of escorts (Beverly Foundation & Community Transportation Association of America, 2004). In a 2004 survey, providers identified the top 10 barriers older adults encounter in using public transportation services. The top three included the time of travel, not understanding how the transportation system works, and having to wait for a vehicle. Other barriers include difficulty getting in and out of the vehicle, fear of getting lost on a public transit system, and the perception that transportation is not "senior friendly" (Beverly Foundation & Community Transportation Association, 2004).

Informal Transportation Provision

Given the lack of public transportation in rural areas, many rural elderly rely on informal transportation systems to get to and from appointments. This informal system often consists of rides provided by friends, family members, neighbors, and other people within one's social network. Older adults report enjoying transportation provided by friends and family and view such rides as a chance to build stronger social ties to one another and reduce social isolation (Glasgow & Blakely, 2000). Informal transportation also comes with challenges. Older adults are often reluctant to "impose" on friends and family, and relying on friends and family members does not always ensure a reliable ride as it means working around their schedules (Glasgow & Blakely, 2000). Findings from a rural Kentucky study also emphasize the need to build and support informal transportation services for older adults. Results of this study indicated that personal cars, rather than public buses or vans, are the preferred mode of transportation for older adults as both passengers and riders (Stamatiadis, Leinbach, & Watkins, 1996). Other important sources of informal transportation services are provided via small organizations within one's community, such as churches, social organizations, senior centers, or community groups. However, many smaller organizations lack the resources to provide large-scale transportation or transportation flexibility.

IV. Local Press Coverage of Older Adult Transportation Issues

Following is a compilation of local press stories about transportation issues as they impact older adults, transportation providers, social service providers, and other groups in Maine.

Volunteer Drivers

Volunteer drivers are an integral part of the formal and informal transportation system in Eastern Maine and throughout the state. The *Bangor Daily News* recently wrote articles about volunteers providing transportation to Togus Veteran's Hospital and a comprehensive piece on the role that volunteers play in the social service agencies serving the tri-county region (McGarrigle, 2005).

Veterans

Fear of potential liability lawsuits spurred the Veteran's Administration in September 2004 to require that volunteer drivers pass a physical exam. This requirement was met by a decline in the number of volunteer drivers because many tenured volunteers, older adults themselves, could not pass the physical due to their own health conditions. This measure was taken despite the fact that the volunteer driver program has been serving Maine veterans for 18 years without a serious automobile accident. Volunteer drivers operate the Disabled American Veterans (DAV) van and transport veterans from all over the state to Togus Veterans Affairs Hospital in Augusta. It is estimated that 150,000 retired veterans currently live in Maine, and DAV volunteers give rides to over 5,500 of them per year, covering nearly 4,000 miles in their travels (Hauger, 2004).

Social Service Agencies

In Maine the recent spike in gas prices has significantly decreased the number of volunteer drivers who provide rides to those in need. In September 2005 the *Bangor Daily News* ran a feature story about the impact of gas prices and volunteerism specifically relating to area social service agencies that provide a significant number of rides to older adults. Here are examples of how local agencies' volunteer numbers have been impacted by skyrocketing gas prices: Penquis CAP's Lynx program has had a 30% reduction in volunteer hours since April 2005; the Washington-Hancock Community Agency (WHCA) found their 45 full-time volunteer drivers reduced to 10 full-time and about 7 part-time drivers; Waldo Community Action Partners' now has 10 volunteers compared to 25 before the rise in fuel prices; and the Aroostook Agency on Aging (AAA) had 21 of its 80 volunteers drop out because of the impact of gas prices (McGarrigle, 2005).

The efforts of many of these social service agencies, volunteers, and other supporters of the lobbying efforts of the Maine Transit Association resulted in a rule change by the Maine Department of Health and Human Services (DHHS) that has increased the mileage reimbursement rate for volunteer drivers who coordinate rides through a Medicaid-

certified provider. The change, which went into effect on October 12, 2005, changed the volunteer driver reimbursement rates from \$0.15 to \$0.22 per mile for driving oneself, friends, or family members, and from \$0.30 to \$0.44 when driving people outside of one's family (State of Maine Secretary of State, 2005).

The BAT

The BAT, Bangor's fixed-route public bus system, has been in operation since 1972. It runs daily from 6:15 a.m. to 6:15 p.m. Monday through Saturday in the communities of Bangor, Brewer, Hampden, Veazie, Orono, and Old Town. BAT stops are within walking distance of 75% of the population in the six communities, and the service area covers nearly 200 round-trip miles of roadway. There are 14 transit vehicles in the fleet, which is 100 percent wheelchair-lift-equipped. According to the City of Bangor's web site, in 2000 the BAT Community Connector provided 406,212 rides, covered 481,172 vehicle revenue miles and 1,634,964 passenger miles, and operated 28,816 vehicle revenue hours using 10 active vehicles. On average this system serves 14 passengers per vehicle revenue hour, 126 passengers per day per vehicle, or 1,259 passengers per day (City of Bangor, 2004).

The *Bangor Daily News* reported that a recent ridership count revealed that 58,000 people rode the BAT system in March 2005, and that overall ridership is projected to go up by 10% (over 640,000 people are expected to ride the BAT in 2005). The BAT system has a significant positive impact on the quality of the lives of people in the greater Bangor area. The fixed-route, low-cost service allows older adults, disabled individuals, and people with low incomes to get to medical appointments and run errands, and it reduces their social isolation (Burnham, 2005).

Ridership has increased so dramatically since the beginning of 2005 that the BAT system is experiencing near-capacity rides, and some routes are not running on schedule due to heavy usage. The Bangor Area Comprehensive Transportation System (BACTS) oversees transportation planning for the region. Suggestions are being made by city leaders to expand evening and weekend service, and some have suggested the need for an updated transit study (Russell, 2005).

Small Community Model

The town of Bucksport has successfully implemented a rural community model of public transit that could easily be replicated in similar communities throughout the state. The bus system runs one day per week, Wednesday, on a fixed route and schedule in the business district of Bucksport. Riders who live in "outlying" areas are connected to the local taxi service for rides outside of the business district; and all riders, regardless of destination or frequency of service use, are charged \$1. The system is run by Downeast Transportation of Ellsworth and is partially subsidized by the Maine Department of Transportation and the Town of Bucksport. Like the BAT system, riders and drivers alike acknowledge not only the benefits of a fixed-route transportation system in town but also the value of socialization and the reduction of isolation the ride program fosters (Hewitt,

2003). The Hancock County Planning Commission recently outlined regional transportation objectives in a community forum presentation in Bucksport. The relevant objectives that pertain to this study were: expansion of the shuttle bus service, a bus service to Bangor, and increased volunteer driver and taxi services for rural residences (Fisher, 2005).

Overview of Public Transportation

Finally, in a September 2005 article, Tom Groening (2005) summarizes the current systems and the need for connectivity among them. Some revealing statistics cited in the article were that Maine's 1.2 million people are spread over 35,000 square miles traversed by 8,300 miles of roadway. One suggestion made by a Maine Department of Transportation (MDOT) public policy specialist was that "the state's best shot at improving access to public transit is to make people aware of existing options." This observation mirrors one of our study's major recommendations: to keep citizens informed of transportation options in their community and surrounding region. Other key issues addressed in this comprehensive article were the need for revitalization of the DownEaster rail system; the growing popularity of ride-share programs and car-pooling lots; the need for more private sector investment in transportation; and the importance of building on existing systems (Groening, 2005).

V. Methodology

The research undertaken for this project aimed to document area transportation needs based on qualitative and quantitative data available from medical service providers, health transportation providers, older patients in the community, and community stakeholders.

Patient and Escort Survey

For the purposes of this project, a self-administered survey tool was developed by the UMCoA to learn more about the transportation challenges experienced by patients in obtaining chronic care services. Questions tapped into the following areas: demographics, chronic care services needed, insurance status, distance traveled to appointments, modes of transportation available, frequency of transportation needs, and necessary features of transportation. Escorts accompanying patients were targeted through a brief survey tool designed to collect information on escort demographics, frequency of transportation provided, distance traveled, and ease of providing transportation. The surveys were placed, via poster, in chronic-care sites throughout the tri-county region to attract participation among older adults and their escorts within the waiting room area. (See Appendix A for the survey poster.) Informed consent forms were available to participants that described the project as well as data collection and storage. (See Appendix A for survey project materials.)

Transportation Providers and Medical Office Scheduler Surveys

Phone surveys were conducted with transportation providers and medical office schedulers to learn more about the challenges to providing and arranging transportation for chronically ill older adults. Survey tools were developed by the UMCoA for each group surveyed. For transportation providers, data were collected via survey during community case-study interviews, including transportation survey information, numbers of older adults served, challenges of providing transportation to older adults, ways their agency has successfully served older adults, and changes needed in the transportation system. (see Appendix A for the transportation provider survey questions.) Medical office schedulers and social workers were asked questions that tap into the following areas: medical service information, frequency of assisting older adults with transportation, impact of lack of transportation on older adult patients, challenges to assisting older adults and ways to overcome those challenges. (See Appendix A for the scheduler/social worker survey questions.) The surveys were conducted via telephone, though some participants opted to provide answers to survey questions via e-mail. All responses were analyzed for commonalities.

Community Case Study Interviews

Community case studies were conducted in nine communities across the tri-county study area: Bangor, Bar Harbor, Ellsworth, Bucksport, Eastport, Machias, Millinocket, Lincoln, and Calais. Communities for case studies were selected for inclusion based on several

criteria, including: (1) community designation as Maine Regional Service Centers; (2) community variation in population density; and (3) balanced geographic representation throughout the project's targeted counties. Such communities are uniquely positioned as centers for commerce and services within their geographic regions, serving as a hub of activity and often a centralized location for healthcare and transportation services.

Participants in community case-study research were selected based on their position as a stakeholder within the community of interest. Members of the EMTC identified potential participants to contact for each town. In towns where identification of stakeholders was difficult, members of the research team selected potential participants via phone book listings or feedback from community members who had already been interviewed (snowball sampling). Stakeholders contacted for the community case studies included social service providers, town government officials, caregivers, pharmacists, nursing home administrators, area agency on aging staff members, taxi providers, residential care facility staff members, clergy members, informal community leaders, and other persons who often work and interact with older adults. Interviews took place most often by phone; however, transportation providers who were also members of the EMTC were invited to respond to community study questions via e-mail. Phone interviews were recorded, when possible, with the permission of the interviewee, and all interviews were transcribed. Transcriptions were then analyzed for consistent themes between and within communities. Conversation guidelines for community case studies were developed by the UMCoA (See Appendix A for Community Case Study Guidelines).

Best Practice Analysis in Senior Rural Medical Transportation

A best-practice analysis was carried out on selected rural, older adult and medical transportation models from around the country. Models were selected for inclusion based on their identification as a best-practice model by the Beverly Foundation, American Automobile Association (AAA), and the Community Transportation Association of America. Data collected on such models included years in operation, type of service provided, hours available, cost of transportation, types of vehicles used, and marketing of services. (For a more complete listing see Appendix A.) Resulting data were analyzed for trends and evaluated against the "5 A's of Senior Friendly Transportation" established by the Beverly Foundation: availability, accessibility, acceptability, affordability, and adaptability. Information was collected via existing literature on such models, or in some instances, administrators of best-practice programs were contacted for needed information.

Decision Tree Development

Inspiration Software was used to create visual representations of decision trees that will help match older adults and chronic care patients needing transportation to the service best meeting their needs. The Inspiration Software design allows the user to easily switch from diagram mode to outline mode while working (see Appendix D for decision trees in both diagram and outline mode). The finished product consists of a visual diagram as well as a written outline that includes all notes given to particular symbols.

Information contained in the decision trees originated from data collected about transportation providers during this study, 2-1-1 Maine's online database, and internet searches. The information has been organized using a modified version of 2-1-1 Maine's taxonomy with a different decision tree for each of the three counties. The categories of service information available are: seniors, shopping, public, medical, handicapped accessible, emergency medical, general transportation, supplemental transportation resources, and client-restricted services. There is an icon to represent each category.

The 2-1-1 program was created to streamline the search process so that when a service or program appears in more than one category, a picture for each of the information categories that service or program falls into is displayed. For example, a staff member working with a senior who needs a ride to a medical appointment could search in the senior category and quickly see which community programs have the medical indicator (icon) instead of searching the medical and transportation categories separately. The decision tree tools were developed specifically to be used by intake and referral staff in conjunction with Maine's 2-1-1 online database.

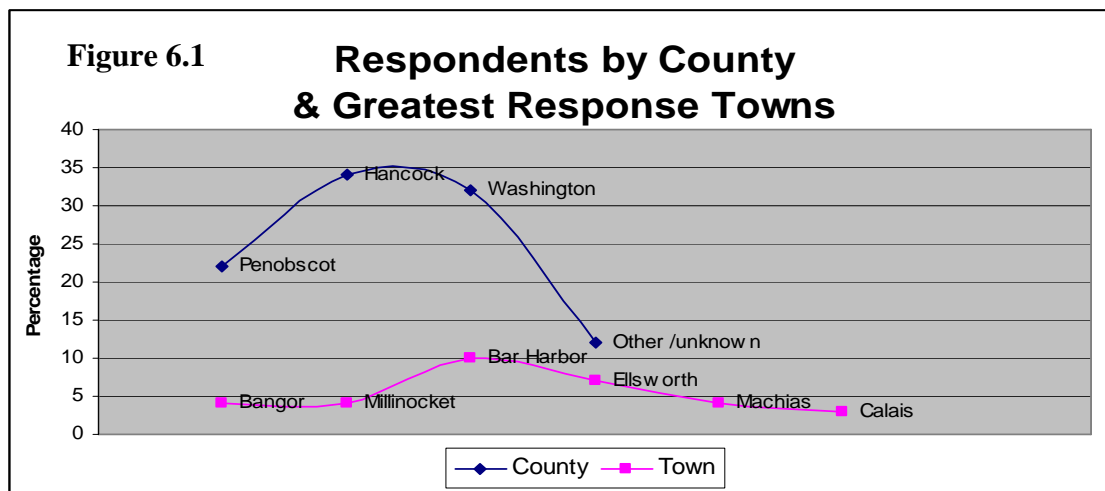
VI. Patient Transportation Survey Results

Demographic Summary

Sixty-seven responses were received from 19 different chronic-care offices; there were slightly fewer male respondents (43.1%) than females (56.9%). Respondent ages ranged from 52 to 96.5, with the mean being 75.3.

Thirty-seven towns of residence were represented in the three-county area. Most frequently mentioned were Bar Harbor (n = 7), Ellsworth (n = 5), Bangor (n = 3), Machias (n = 3), and Millinocket (n = 3).

Respondents were asked what service(s) they were “here for today”: 11.0% received diabetes care, 19.0% cancer care, 1.6% occupational therapy, 17.5% dialysis, 20.6% physical therapy, 23.8% cardiac rehabilitation, 4.5% hematology or a routine office visit, and 3.2% were not there for own health care.



Types of insurance respondents had included: 92.5% Medicare, 19.4% MaineCare (Medicaid), and 6.4% other insurance. No one indicated they had no insurance.

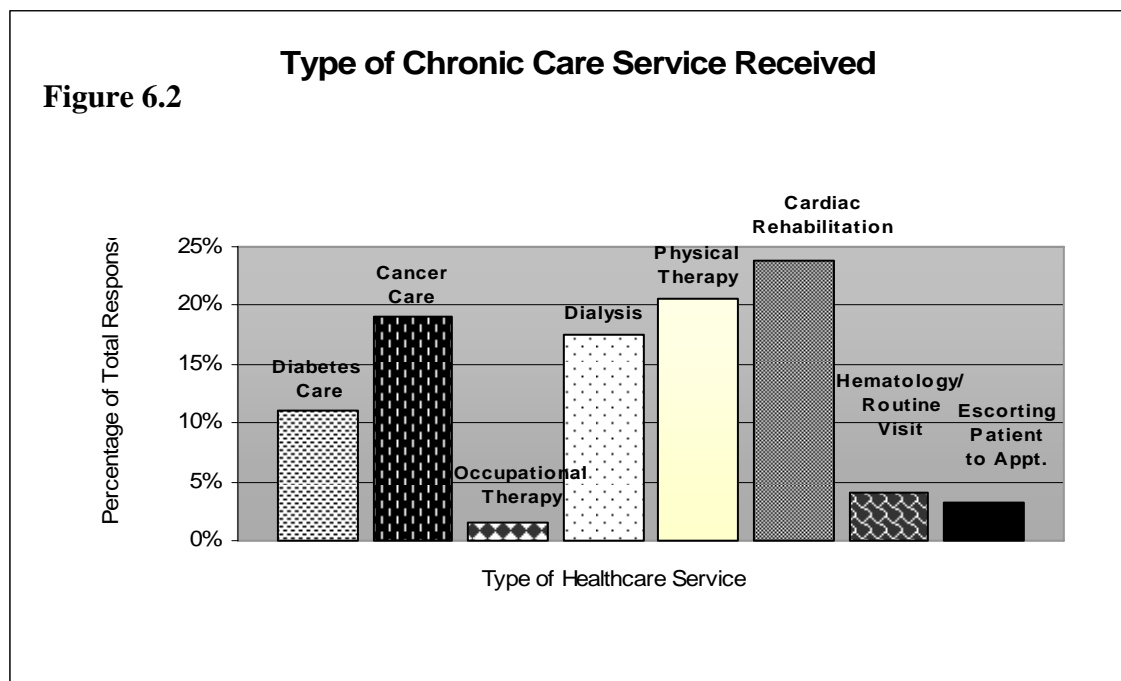
All respondents were also asked how many miles they traveled one-way to their medical appointment. The range was between half a mile and 76 miles; the mean was 16.5 miles.

County Demographics

Respondents from the three-county area were similar in age and gender to the sample as a whole. Distances traveled varied slightly, with persons from Washington County reporting an average of 27 miles traveled to their appointment, Penobscot County reporting 18 miles, and Hancock County reporting 10 miles.

Most respondents had Medicare (a range of 89–93% across the three counties). A higher percentage of Penobscot and Washington County residents reported having MaineCare

(Medicaid) (31% each) than those of Hancock County (7%). Hancock County residents reported having a higher rate of other types of medical insurance (74%) when compared to Penobscot and Washington (56% and 63% respectively). The type of medical visit for each county was similar to the sample as a whole.



Transportation Availability and Use

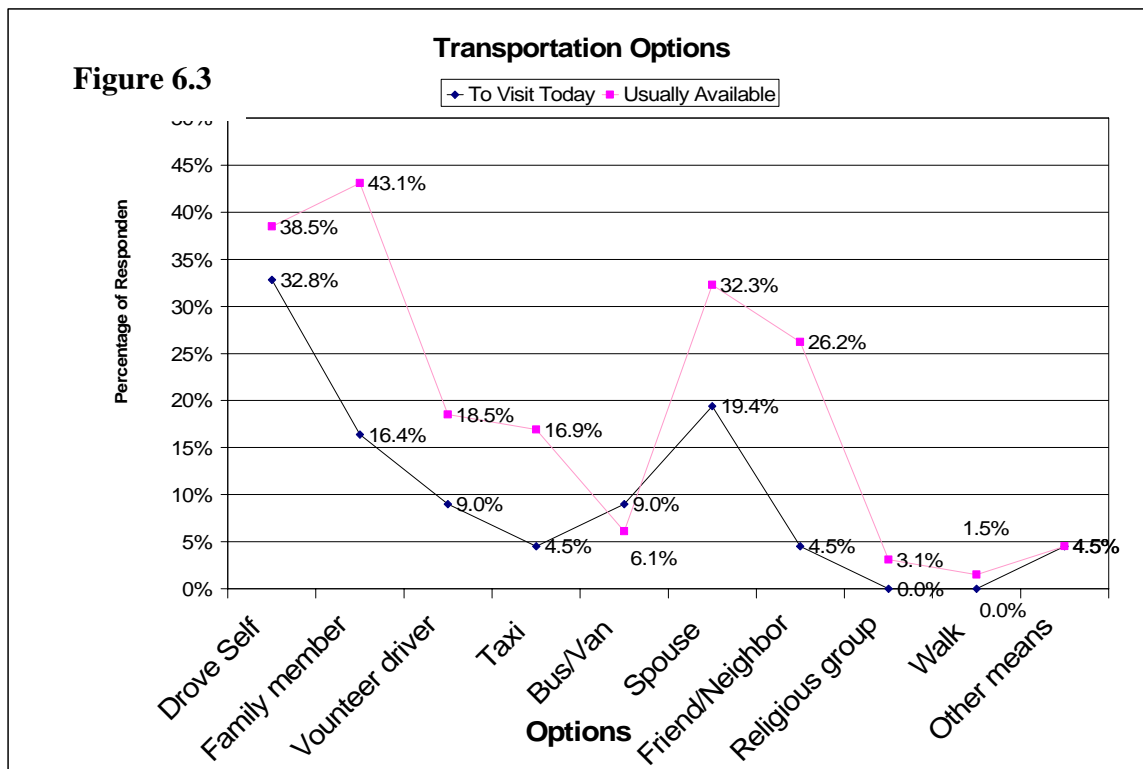
All respondents were asked about which means of transportation they used for the current visit. While most drove themselves, or rode with a spouse or other family member, some received a ride from a volunteer driver, taxi, friend, or bus/van. One respondent also utilized a ferry ride.

Respondents were asked about what types of transportation were usually available to them. Again, most noted they could drive or receive a ride from a spouse, family members, or friends. This time, more respondents noted they could take a taxi or receive a ride from a volunteer driver.

When asked how they arrived at their appointment today, more Washington County residents drove themselves (52%) than people in Hancock (33%) or Penobscot counties (18%). This difference was repeated when respondents were asked what forms of transportation were usually available to them (see Table 6.1). More people in Hancock (22%) and Penobscot counties (25%) were driven by spouses than in Washington County (10%), while receiving a ride from a family member occurred at similar rates across all three counties (12%–18%). More respondents in Hancock and Penobscot reported using either a volunteer driver or a taxi to arrive at the appointment day of survey.

Transportation Needs

Respondents were asked how often they need help with transportation for each of the following types of medical visits. Only 51 (76%) of all respondents answered this question.



Time and Date of Transportation Need

Respondents needing transportation for diabetes care, cancer care, occupational therapy (OT), physical therapy (PT), dialysis, or cardiac rehab were asked what time of day this service was needed. Fifty respondents answered this question. Most wanted services in the morning (78%), rather than the afternoon (30%) or evening (2%).

All respondents were asked which days of the week they most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab services. Fifty-one respondents answered this question, most requesting Monday (64.7%), Wednesday (66.7%), and Friday (56.9%) services. One quarter wanted Tuesday and Thursday services, while virtually no respondents wanted services on the weekend.

Table 6.4 below shows that most transportation preferences were in the morning and afternoon across counties, and on Monday, Wednesday, and Friday. Again, this was similar to the findings for the sample as a whole.

Ease of Transportation

Respondents were asked how easy or difficult it was to obtain transportation for the following types of visit or need. Thirty-nine respondents (58.2%) answered this question. Twenty-eight (41.8%) indicated that they did not have transportation needs or did not answer.

Table 6.1 What Kinds of Transportation are Usually Available to You?

Source of Transportation	Penobscot County	Washington County	Hancock County
Self	18%	52%	44%
Spouse	25%	31%	37%
Family member	43%	52%	33%
Friend/neighbor	25%	21%	33%
Taxi	12	5	22
Volunteer driver	19	11	26
Walk	0	0	3
Religious group ride	6	0	3
Bus or van	0	16	0
Other means	18 (BAT/PCA/staff)	5 (paid driver)	3 (ferry)

Note: Numbers do not sum to 100 percent because multiple answers were allowed. No statistically significant differences were observed in per-county responses.

Table 6.2 Transportation Assistance by Destination and Frequency

Destination/Purpose	Daily	Weekly	Monthly	Rarely
Routine doctor visit	2%	16%	53%	29%
Chronic care (e.g., dialysis)	5%	52%	23%	21%
Emergency room visit	0%	0%	7%	93%
Personal errands	8%	50%	2%	40%
Pick up medications	0%	14%	52%	34%
Other needs	0%	7%	0%	5%

Of those who answered this item, the percentage of persons by county who reported ease or difficulty of finding transportation to different locations was somewhat telling. Of those who reported needing help in Penobscot County, more persons reported it was either *somewhat easy* or *somewhat hard* to find transportation to routine doctor's visits, chronic care visits, or personal errands. Of those who needed help, more persons in both Washington and Hancock counties reported it was *easy* to find transportation to all categories.

Interestingly, the rate of those who reported *not* needing transportation to these services may be more telling. More persons in Hancock County reported NOT needing help with ER visits (48%), personal errands (44%), or picking up medications (40%) than respondents in other counties.

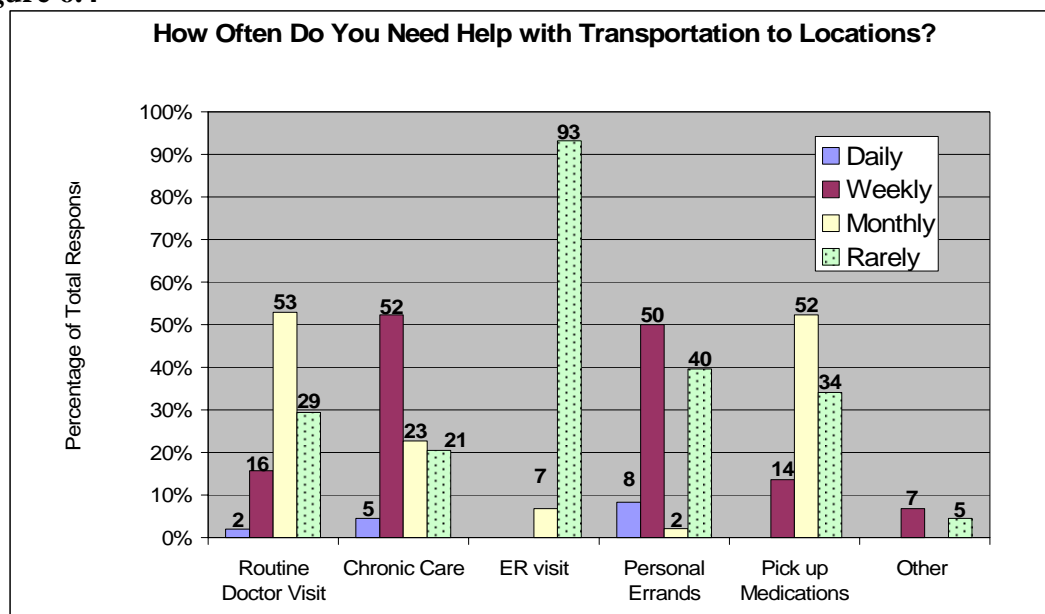
Figure 6.4

Table 6.3 Frequency of Transportation Need by Destination and County

Destination/Purpose	Penobscot	Washington	Hancock
Routine medical visits	monthly (56%)	monthly (36%)/ rarely (31%)	monthly (40%)
Chronic care appointments	weekly (62%)	weekly (42%)	monthly (47%)
Emergency room	rarely (50%)	rarely (78%)	rarely (94%)
Errands	weekly (31%)	weekly (38%)/ rarely (36%)	weekly (52%)
Obtain Prescriptions	monthly (25%)	monthly (52%)	monthly (29%)
Other	0%	rarely (5%)	weekly (11%)

Note: Numbers do not sum to 100 percent because multiple answers were allowed. No statistically significant differences were observed in per-county responses.

In Penobscot County, 25% of respondents reported NOT needing help with ER visits; 18% did not need help with errands; and 31% reported not needing help with medications. Among Washington County residents, 21% needed no help with ER visits, 36% reported they did not need help with personal errands, and 36% were also able to pick up medications without assistance.

Table 6.4 Time Transportation is Most Needed by County

Time/day of transportation most often needed	Penobscot County	Washington County	Hancock County	Total Sample
Morning	62%	62%	48%	78%
Afternoon	48%	10%	29%	30%
Evening	0%	0%	5%	2%
Monday	69%	63%	29%	65%
Tuesday	18%	5%	29%	24%
Wednesday	50%	63%	44%	67%
Thursday	12%	5%	29%	24%
Friday	62%	68%	18%	57%
Saturday	6%	0%	3%	4%
Sunday	0%	0%	0%	0%
*Numbers do not equal 100 percent –multiple choices allowed. No statistical significance in per county responses				

Table 6.5 Ease of Obtaining Transportation by Destination

Destination/Purpose	Easy (%)	Somewhat easy (%)	Neither (%)	Somewhat difficult (%)	Difficult (%)
Routine doctor's visit	43.6	20.5	2.6	25.6	7.7
Chronic care visit	34.2	26.3	5.3	26.3	7.9
Emergency room visit	51.4	13.5	5.4	16.2	10.8
Personal errands	48.6	11.4	2.9	28.6	8.6
Pick up medications	47.2	16.7	2.8	25.0	8.3
Other needs	37.5	25.0	12.5	25.0	0.0

Effects of, Knowledge of, and Help with Transportation

Respondents were asked if they had canceled a medical visit in the preceding six months because they lacked transportation: 17.5% said yes, and 82.5% said no. Respondents were also asked if they felt their health had suffered because of problems with transportation for medical visits: 16.1% said yes, and 83.9% said no.

Respondents were also asked if they knew of resources in their community that they could call if they needed help with transportation for medical visits: 39.7% said yes, and 60.3 said no. Respondents listed ten specific services (including six for Island Connections in Bar Harbor and two for LYNX in Bangor and two for WHCA). There were few by-county differences in rates of cancellation of medical visits and perceptions of adverse health effects because of transportation problems. More respondents in Hancock County reported knowing about transportation assistance in their community (44%) than those in Penobscot (31%) and Washington (26%) counties.

Respondents were asked who helps them to find transportation to medical visits. Twenty individuals (33.3%) indicated that they did not have transportation needs. An additional 7 (10.4%) did not answer this question. Other helpers were primarily friends and neighbors. As in the larger sample, spouses, adult children, and family most often help all persons in each of the three counties.

Respondents were asked how much would they were willing to pay for a one-way ride to medical visits. Fifty-seven individuals (85.1%) answered this question (see Table 6.7).

By county, the acceptable fee for a one-way ride to a medical visit was similar to the whole sample; however, those in Hancock County were willing to pay in the higher range, while those in Penobscot and Washington counties were willing to pay the lower range of the scale.

Respondents were asked how important the following features would be in selecting a ride service for medical visits: low cost, curbside pick-up, unpaid volunteer driver, help getting into vehicle, help with packages, driver background check, driver safety training,

wheelchair/disability access, same day scheduling, door-to-door pick-up, paid driver, and 24-hour service. The highest ranking transportation characteristics reported as “very important” to services were found to be low cost, curbside pick-up, unpaid volunteer driver, driver background check, driver safety training, and door-to-door pick-up. Characteristics deemed “not important at all” by respondents were

Figure 6.5

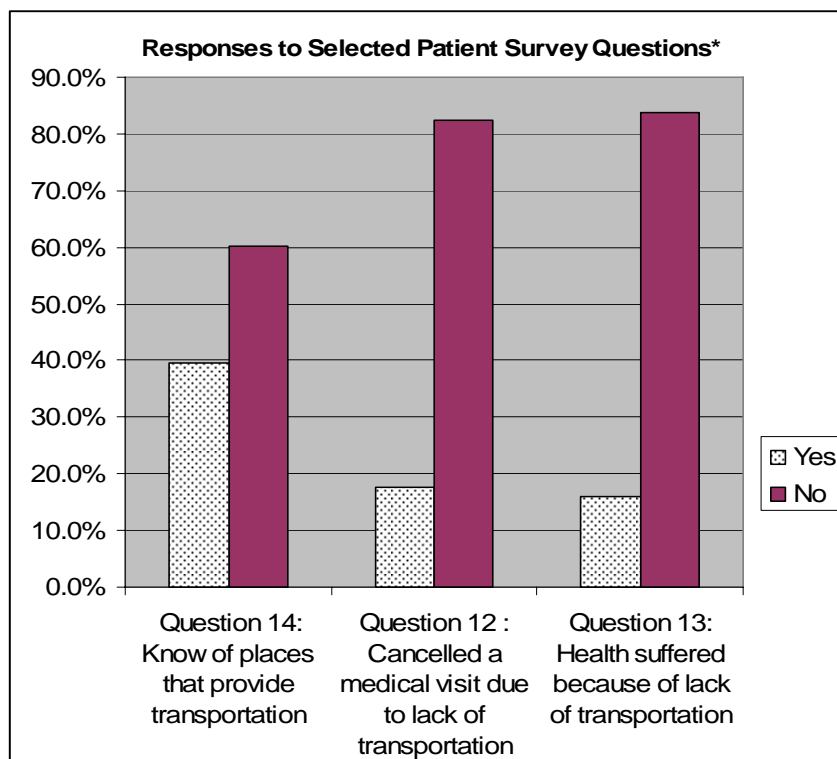


Table 6.6 Who Helps You Find a Ride to Medical Visits?

Source of Transportation	Penobscot County	Washington County	Hancock County	Total Sample
Don't Need Help with Transportation	18%	42%	33%	20%
Spouse	25%	15%	14%	20%
Adult Child	12%	31%	11%	20%
Family Member	18%	10%	14%	15%
Transportation Agency	6%	5%	8%	7%
Medical Office	0%	5%	0%	2%
Living Facility	12%	5%	0%	7%
Hospital	0%	0%	0%	0%
Religious Group	0%	6%	0%	2%
Other	18%	5%	18%	17%

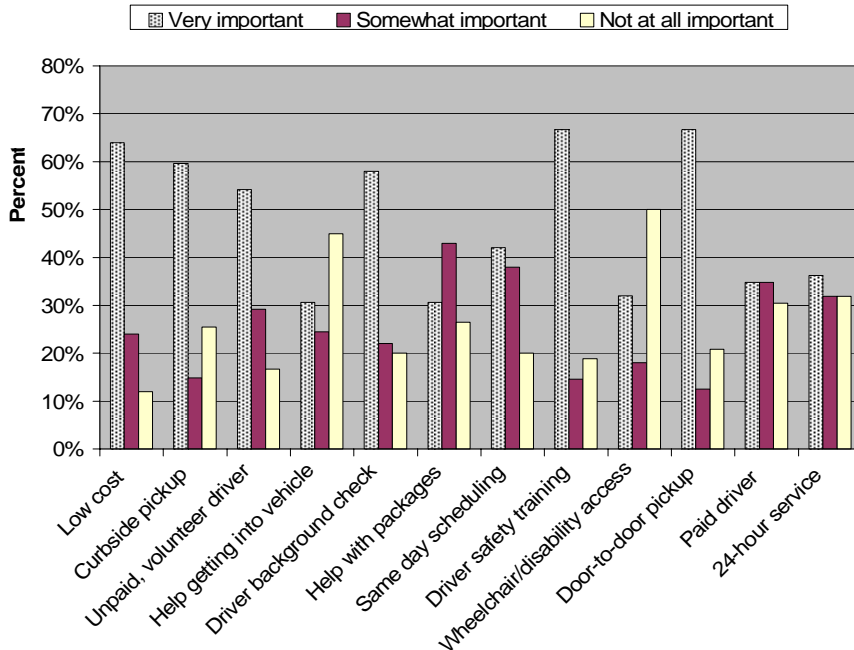
*Numbers do not equal 100 percent –multiple choices allowed.

Table 6.7 How Much Are You Willing to Pay for a One-Way Ride to Medical Visits?

Amount	Penobscot County	Washington County	Hancock County	Total Sample
\$0	12%	5%	0%	7%
\$1-2	25%	31%	14%	25%
\$3-5	37%	36%	40%	47%
\$6-10	12%	5%	14%	14%
\$11 or more	0%	5%	11%	7%

A final open-ended question queried reasons for using or not using public transportation services. Forty-nine individuals provided responses. The general consensus from these comments was that about one-third of the respondents did not want or need the service yet (37%), but the remainder would be willing to use the service when they eventually did need it, if the weather was bad, or if their regular option was not available (63%).

Nearly all of those who answered in Penobscot County indicated they would use the service now, while most of those in Hancock and Washington counties replied they would use it later when their need was greater.

Patient Response: Important Characteristics in a Ride Service to Medical Visits**Figure 6.6**

Discussion

~ On average, respondents came at least 10 miles to their appointment, and many traveled farther.

Key Consideration:

- ☐ Rural services are needed in the three-county area.

~ Most people saw driving themselves, or riding with a family member, spouse, or friend/neighbor as the transportation options most available to them. Volunteer drivers were mentioned more often than bus or van service.

Key Considerations:

- ☐ Many older drivers are still driving. Others turn first to personal resources, and then to volunteer services.
- ☐ Education of families may be the key to promoting existing services.

~ Most people indicated a need for monthly rides to routine physicians' appointments, weekly rides to chronic-care appointments, weekly rides for personal errands, and monthly rides to pick up medications. Rarely was there a need for a ride to the emergency room.

Key Consideration:

- ☐ Routine physical appointments and picking up medications may be combined in one monthly service.

~ When talking about the difficulty of obtaining a ride, roughly one quarter of those who responded found it *somewhat difficult* to get to routine doctors' visits and chronic-care appointments, obtain transportation to personal errands, and pick up medications. Similarly, roughly one quarter found it *somewhat easy* to obtain transportation to routine doctors' visits and chronic-care appointments.

Key Consideration:

- ☐ For those who need help, it is often difficult to obtain a ride to many services, although medical visits may be slightly easier to arrange. Services for non-medical visits are needed to some degree in each county.

~ Residents in Hancock County were primarily represented by persons in Ellsworth and Bar Harbor. They reported having a higher rate of other medical insurance (and less MaineCare insurance). The average distance traveled to medical appointment was less than other counties. Overall, of those who answered, people in Hancock County reported

NOT needing assistance to most types of community locations, although those who did report a need indicated a greater need for assistance with errands than with other categories. Weather and winter availability was a consideration for use of a transportation service in Hancock County. More respondents in Hancock indicated they knew of a transportation source.

Key Considerations:

- ☐ Hancock County respondents from Ellsworth and Bar Harbor may have more knowledge of and resources for transportation than residents of other parts of the three-county areas. These residents may also be willing to pay more for a ride service than persons in Penobscot and Washington counties, or other parts of Hancock County.
- ☐ Rural service areas may be needed.

~ Residents in Penobscot County reported having an average driving distance between those of Hancock and Washington counties. More than half of all Penobscot respondents came from towns along the I-95 corridor (from Old Town to Island Falls). More were receptive to accessing a transportation service now than in other counties. Fewer respondents from Penobscot County told us they did NOT need a ride to errands and medications than in other counties. One quarter more people in Penobscot County reported having MaineCare than in other counties and were willing to pay less for a one-way ride than respondents in the other counties.

Key Considerations:

- ☐ Create more I-95 north corridor services.
- ☐ Users may be less economically well off in this area compared to their counterparts in Washington and Hancock counties.

~ Washington County residents had the longest driving distance to services, more often drove themselves to appointments, relied on adult children to help with transportation, knew the least about existing services, indicated the greatest need for a ride to pick up medications monthly, and wanted a ride service in the morning hours, with a preference for Monday, Wednesday, and Friday.

Key Considerations:

- ☐ Educate older Washington County drivers about safe-driving techniques to help them stay driving longer.
- ☐ Promote existing services to users and families.
- ☐ Monday/Wednesday/Friday service popular.

VII. Escort Survey Results

Whole Sample

The following results apply to the all those who responded to our escort survey including respondents providing rides and assistance to patients outside of the “65 and older” category.

- 38 responses were received from 20 different offices.
- Respondents were asked if they had given someone over 65 a ride.

52.6% Yes 47.4% No

- The gender of the respondents were: 26.3% Male 73.3% Female
- Ages ranged from 20 to 87. Average age was 55.21.
- Respondents were asked about their relationship to the person to whom they gave a ride:

25.3% spouse	31.6% family member	15.8% friend/neighbor
7.9% living facility staff	13.2% transportation provider	
0.0% religious group	2.6% hired by patient	2.6% other

- Respondents were asked how often they provide rides to health care appointments for this person:

10.5% almost daily	36.8% about once a week
31.6% about once or twice a month	13.2% only a few times a year
5.3% almost never	2.6% unsure

- Respondents were asked how many miles they traveled one way to get to the appointment:

The range was from 1 mile to 210 miles. The average was 23.2 miles.

- Respondents were asked how easy or difficult it was for them to provide transportation:

18.9% very easy	40.5% easy	21.6% neither easy nor difficult
18.9% difficult	0.0% very difficult	

Transport to Older Person Only

The following results apply to those respondents indicating that they were escorting or transporting an adult 65 or older to a chronic care appointment.

- 20 responses were received from 13 different offices.

- Respondents were asked if they had given someone over 65 a ride. 100% Yes
- The gender of the respondents were: 25% Male 75% Female
- Ages ranged from 20 to 87. Average age was 57.15
- Respondents were asked about their relationship to the person to whom they gave a ride (multiple responses possible, percentages exceed 100):

25% spouse	15% family member	20% friend/neighbor
15% living facility staff	15% transportation provider	
0% religious group	5% hired by patient	10% Other

- Respondents were asked how often they provide rides to health care appointments for this person:

0% almost daily	35% about once a week
35% about once or twice a month	20% only a few times a year
5% almost never	5% unsure

- Respondents were asked how many miles they traveled one-way to get to the appointment.

The range was from 1 to 45 miles. The average was 14 miles.

- Respondents were asked how easy or difficult it was for them to provide transportation:

20% very easy	50% easy	10% neither easy nor difficult
15% difficult (friends/staff answered here)	0% very difficult	

It is important to note here that escorts reported transportation being “easy” or “neither difficult nor easy” to provide. Friends and staff members (formal transportation providers) reported transportation being difficult to provide.

Recommendations

Sixty percent of respondents reported providing informal transportation to an older adult who was a family member, friend, or spouse. Transportation information should be readily available in medical offices for this group and for older adults who find it difficult to provide a ride.

VIII. Transportation Provider Survey Results

Summary

During the course of the community case-study interviews, we asked respondents whose organizations provided transportation additional questions about their services. Of the 95 total community case-study interviewees, 18 respondents indicated that they provided transportation.

Table 8.1

<i>Respondents by County: Transportation Provider Survey</i>		
➤ Penobscot	n = 6	(33%)
➤ Hancock	n = 10	(56%)
➤ Washington	n = 2	(11%)

Public Service vs. Specific Clientele

Approximately 40% of the respondents indicated that they were a public service, while 60% served specific clientele. In general, the public-service group was made up of taxi companies and bus services, and the specific clientele was composed of nursing homes with vehicles and social service agencies geared toward specific clientele.

Fee Schedule and Method of Payment

Five of the 7 public service providers charged a fee, with all 5 charging a flat fee. Eighty-two percent of the specific clientele providers charged no fee. The primary method of payment accepted by public service providers was cash. Of the four respondents stating that they received vouchers, seven social-service organizations were named from whom they accepted vouchers. Specific clientele providers did not accept vouchers as a rule because their clients received the transportation service through residence in a facility or participation in an organization's programming.

Length of Operation

Public service providers have a greater tenure of operation relative to specific clientele providers. The length of time an organization had been operating ranged from 2.5 to 57 years in the public service group, and from 3 to 15 years in the specific clientele group.

Table 8.2

<i>Types of Vehicles : Total Sample</i>		
➤ Vans	n = 12	(67%)
➤ Cars/sedans	n = 5	(28%)
➤ Buses	n = 2	(11%)
➤ Other	n = 3	(17%)

The most common type of vehicle was the multi-passenger van followed by passenger cars/sedans. It is noteworthy that the specific clientele group had a lower percentage of vehicles with 100% ADA accessibility and a higher proportion of “0% ADA accessibility” responses than those of the public service group.

Table 8.3*ADA Accessible-Specific Clientele*

- All vehicles ADA Accessible: 46%
- Half of fleet is accessible: 9%
- No ADA Accessible vehicles: 27%
- Didn't answer: 18%

Table 8.4*ADA Accessible-Public Providers*

- All vehicles ADA Accessible: 58%
- Other proportion: 14%
- No ADA Accessible vehicles: 14%
- Didn't answer: 14%

*Successes and Highlights*Type of Service

All services (provide assistance with packages, or escort to doorway, or escort into/from home, or escort into/from doctor's office) were provided by an overwhelming majority of both public service and specific clientele groups. This demonstrates that service providers in both groups are not only providing the ride but are providing additional assistance to the older rider.

Recommendations

Increase the number of 100% ADA-accessible vehicles for both groups.
More publicity/coordination of voucher rides.

IX. Medical Office Scheduler Survey Results

Summary

Twenty-nine service scheduler/social workers were surveyed representing 28 different sites in the tri-county region.

Table 9.1

Respondents by County: Medical Office Scheduler Survey

- Penobscot n = 10 (34%)
- Hancock n = 12 (42%)
- Washington n = 7 (24%)

Services Provided by Office

Medical offices participating in this survey provided one or more of the following services: physical therapy, occupational therapy, dialysis, diabetes care, cancer care, or cardiac rehabilitation. Physical and occupational therapy offices comprised 41% of the sample (n = 12) followed by cancer care offices at 31% (n = 9). Diabetes care and Cardiac rehabilitation offices each represented approximately 25% of the offices interviewed.

Hours of Operation

Offices were open an average of 50 hours per week. These offices were open an average of five days per week, with the greatest number of sites being open on a weekday. Two sites, located in a hospital, were open 24 hours a day, while one site had varying hours of operation.

Daily Tasks of Service Scheduler/Social Worker

Nearly 80% of the respondents indicated that their job duties consisted of clerical support services including scheduling appointments. Approximately one third of the respondents performed both nursing procedures and case management/discharge planning.

Transportation-Related Problems of Older Adults Accessing Appointments or Services

An overwhelming majority (80%) of the schedulers/social workers interviewed stated that coordinating rides was a major challenge for older adults in the tri-county region. The reasons stated for such difficulties ranged from there being no one to drive the patient, to having to accommodate the family work schedule, to scheduling conflicts with a transportation provider. Weather conditions, geographic distance, and patients unable to drive themselves also were underscored, each mentioned by 33% of the respondents.

Office Accommodation and Frequency of Assistance

All offices accommodated the transportation needs of older adults. The most common way was by providing flexible scheduling options. Offices also coordinated rides for patients; made referrals to social service agencies, including DHHS; and provided patients with information about available transportation options. The offices indicated that older patients were assisted with transportation coordination quite often (once per week, 35%; almost daily, 28%; once or twice per month, 24%).

Nearly all of the offices were aware of transportation resources in the area; Table 9.2 lists the name and frequency with which each resource was named:

Table 9.2 Transportation Organizations Identified by Schedulers/Social Workers

*WHCA	55.2% (n=16)	*Community Connections	6.9% (n=2)
*Taxi	31.0% (n=9)	*Island Explorer	6.9% (n=2)
*Lynx	27.6% (n=8)	*Transportation Matters	3.4% (n=1)
*Island Connections	20.7% (n=6)	*Reach to Recovery	3.4% (n=1)
*Faith in Action/church	13.8% (n=4)	*Bagaduce Area Health	3.4% (n=1)
*Native American/West Bus	10.3% (n=3)	*Nursing Home Van	3.4% (n=1)
*Cancer Resource Ctr/ACS	6.9% (n=2)	*Katahdin Area Support	3.4% (n=1)
*Penquis CAP	6.9% (n=2)	*Volunteer Drivers	3.4% (n=1)
*Eastern Agency on Aging	6.9% (n=2)	*Ambulance	3.4% (n=1)

Table 9.3 below lists the organization that schedulers/social workers indicated that they most often refer older patients to if they need help with transportation:

Table 9.3 Schedulers/Social Workers: Is There Anywhere Your Office Most Often Refers Older Patients if They Need Help with Transportation?

*WHCA	34.5% (n=10)	*Katahdin Area Support	6.9% (n=2)
*Social worker/DHHS	20.7% (n=6)	*Faith in Action	6.9% (n=2)
*Island Connections	13.8% (n=4)	*Bagaduce Area Health	3.4% (n=1)
*Area hospitals	13.8% (n=4)	*Community Connect	3.4% (n=1)
*Lynx	13.8% (n=4)	*Penquis CAP	3.4% (n=1)
*Nowhere in particular	10.3% (n=3)	*West Bus Service	3.4% (n=1)
*Eastern Agency on Aging	6.9% (n=2)	*Taxi	3.4% (n=1)

Transportation's Impact on the Health of Older Patients

Schedulers and social workers were asked to share their opinion of the perceived health impacts of transportation on their older patients. Thirty-five percent of the respondents indicated that patients were less likely to go to an appointment, schedule an appointment, continue to see a health care provider, or continue to go to preventative care/education due to transportation issues. Twenty-five percent said that patients were unable to maintain scheduled weekly appointments or follow up appointments. Still, 20% indicated that the patient's health condition worsened, and 20% stated that transportation-related cancellations delayed the patient's treatment.

Frequency of Transportation-Related Cancellations for Older Adults

Thirty-five percent of the respondents stated that they encounter transportation-related cancellations about once per week, while approximately 40% said it occurs once per month.

Transportation Availability and Missed Appointments: MaineCare vs. Private-Pay Patients

Over half of the interviewees indicated that they saw no difference in the availability of transportation for MaineCare and private-pay patients. Of the respondents who observed a difference, 25% stated that MaineCare patients had easier access and availability to

transportation services, and 45% stated that private-pay patients could afford the out-of-pocket expenses associated with transportation. With regard to missed appointments, the majority of the interviewees observed no difference between the two groups.

Major Obstacles of Older Patient Transportation

The schedulers/social workers felt that the top transportation obstacles of their older patients were not enough services available (38%) and coordinating scheduling around a relative's or transportation provider's schedule of availability.

Scheduling

Schedulers/social workers were asked: ***Do you think your office has time to promote transportation options to older patients by scheduling rides or providing information about rides?*** 48.3% (n = 14) stated that they could both promote transportation options and provide information about rides. 20.7% (n = 6) stated that they did not have time to do either, and 31 % (n = 9) answered “no” to scheduling rides, but “yes” to providing information. They indicated that two of the obstacles to making transportation part of the scheduling routine in their office were: not having enough personnel or time and not having the right information to give. Business cards, pamphlets, flyers, and literacy-sensitive information were the kind of information that the schedulers/social workers indicated that they would like to help address these obstacles.

X. Community Case Study Results

Approximately 95 phone interviews were conducted with stakeholders from each of the nine communities studied: Bangor, Bar Harbor, Bucksport, Ellsworth, Millinocket, Machias, Calais, Lincoln and Eastport. Community case study results are presented below broken down by town and themes reported to each question. Common responses are indicated by the number of responses in parentheses ().

Community Case Study: Bangor

1. What do you see as critical issues for older adults who need transportation to chronic care medical services in Bangor?
 - ☐ Wheelchair lift van—need one; cost prohibitive to access wheelchair-accessible van; lack of accessible public transportation
 - ☐ It's hard on families to help
 - ☐ People would rather have a consistent volunteer driver than public transport—it's confusing not to know who is providing the ride
 - ☐ Lynx and taxi services seen as providing for some: timeliness/missed appointments/ride back from appointments is a problem
 - ☐ Income limited transportation
 - ☐ Bus doesn't provide door-to-door service, bus stops inaccessible, time of schedule inconvenient
2. How are these transportation issues unique to Bangor?
 - ☐ People on the outskirts of town can't get in to town
 - ☐ Public transportation not seen as accessible for people with disabilities
 - ☐ Assistance with packages not currently provided on what is available
3. How do these transportation issues affect you or your job?
 - ☐ Providing transportation affects agency overhead/costs
 - ☐ Transportation affects client treatment outcomes
4. Do you know of anything Bangor has done to address these transportation issues for the older persons you serve or know?
 - ☐ BAT , Lynx, Penquis, EAA, Project Ride, churches (2 responses)
5. Is there anything you think should be done about these transportation issues in Bangor?
 - ☐ Expansion of hours of operation (particularly BAT)
 - ☐ Coordinate with taxi services
 - ☐ Reduce income qualification barriers to transportation programs

Additional recommendations:

- ☐ What is available is not seen as accessible—work to change this perception
- ☐ Educate about options available
- ☐ Outreach to nontraditional providers, churches, etc.

Community Case Study: Bar Harbor/MDI

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Bar Harbor/MDI?
 - ☐ There is a difference in summer/winter availability (harder for lower-income people in the winter)
 - ☐ There is a difference in availability for higher/lower income people
 - ☐ Scheduling is a problem in arranging both the medical visit and the transportation
 - ☐ Getting to services on island is easier than accessing services off island
2. How are these transportation issues unique to Bar Harbor/MDI?
 - ☐ Summer vs. winter problems
 - ☐ Maine is rural, old, and big
 - ☐ Weather is a problem
3. How do these transportation issues affect you or your job?
 - ☐ Availability of transportation (*particularly in terms of times*) limit service provision
 - ☐ Scheduling is a problem
4. Do you know of anything Bar Harbor/MDI has done to address these transportation issues for the older persons you serve or know?
 - ☐ Island Connection (3 responses), The Bus, The Explorer (2 responses), University did needs-assessment process
 - ☐ Senior task force
5. Is there anything you think should be done about these transportation issues in Bar Harbor/MDI?
 - ☐ More volunteers
 - ☐ More funding
 - ☐ More reliable, affordable, consistent, accessible service

Additional recommendations:

- ☐ Off-island services
- ☐ Increase in winter services

Community Case Study: Bucksport

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Bucksport?
 - ☐ We do have some resources, but using them takes time (*waiting*).
Logistics/flexibility of available transportation is limited
 - ☐ Need more volunteer drivers
 - ☐ Cost is an issue when driving or taking taxi
2. How are these transportation issues unique to Bucksport?

- ☐ Maine is rural, big, old
 - ☐ Services are more accessible in the compact area
 - ☐ Services have improved through the work of the seniors council and transport committee
3. How do these transportation issues affect you or your job?
- ☐ Senior Companion program provides many rides (which is not necessarily within their scope)
 - ☐ Making referrals to providers is a problem
 - ☐ Faith organizations are getting involved
 - ☐ Some services have been changed to provide access at time of bus
4. Do you know of anything Bucksport has done to address these transportation issues for the older persons you serve or know?
- ☐ Transportation Committee is organizing volunteer database/clearinghouse
 - ☐ Wednesday Bus/ Terry's Taxi
 - ☐ Senior Companions seen as providing rides (in fact, Bucksport Community Concerns is reimbursing Senior Companions for mileage expenses)
 - ☐ Town provides reimbursement for volunteer drivers—through a special fund
 - ☐ Senior Council
5. Is there anything you think should be done about these transportation issues in Bucksport?
- ☐ Bus could run more often
 - ☐ More volunteers needed
 - ☐ Lifting restrictions on volunteer programs (more would volunteer as Senior Companions)
 - ☐ More funding

Additional Recommendations:

- ☐ Senior Companions seen as huge resource—coordinate with that program
- ☐ Create volunteer data base

Community Case Study: Calais

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Calais?
- ☐ There is no service available
 - ☐ Weather is a problem
 - ☐ Everyone must depend on family and friends
2. How are these transportation issues unique to Calais?
- ☐ More people need the transportation
 - ☐ Distance to medical services
 - ☐ There is no service that provides escorts/help with packages/help in and out of vehicle

3. How do these transportation issues affect you or your job?
 - ☐ Hard to coordinate transportation services
 - ☐ Medical services are not provided in Calais — must go to Bangor
4. Do you know of anything Calais has done to address these transportation issues for the older persons you serve or know?
 - ☐ There is nothing (5 responses)
 - ☐ There is one bus that goes from Machias to Calais
5. Is there anything you think should be done about these transportation issues in Calais?
 - ☐ A bus service that is accessible and inexpensive to both medical and non-medical appointments
 - ☐ Secure more funding

Additional recommendations:

- ☐ Increase community knowledge of available resources
- ☐ Educate family and friends
- ☐ Bring more services to eastern Maine

Community Case Study: Eastport

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Eastport?
 - ☐ Distance, particularly in terms of cost to drive; time required is exhausting; destination often not a one-day trip
 - ☐ People are relying on family/friends but that's not working so well; others drive themselves (even when not safe)
 - ☐ Need more medical services in Eastport (example: hospice medications not kept in stock in Eastport)
2. How are these transportation issues unique to Eastport?
 - ☐ Rural, older population
 - ☐ Gas costs more
 - ☐ People drive themselves even as they get older and unsafe—there is a limited knowledge of resources
3. How do these transportation issues affect you or your job?
 - ☐ There is no money to provide transportation, coordination is a problem
 - ☐ Service providers report they often provide transportation in private vehicles
4. Do you know of anything Eastport has done to address these transportation issues for the older persons you serve or know?
 - ☐ Was looked at in past (survey process and group met) but this faltered
 - ☐ Dialysis center
 - ☐ Meals for Me/food bank delivers/ Senior Companions/WHCA

5. Is there anything you think should be done about these transportation issues in Eastport?

- ☐ Recruit more volunteers & provide a “WHCA-like bus”
- ☐ Neighbors helping neighbors
- ☐ Open up area facility vans to nonresidents
- ☐ Get funding for more medical facilities in Eastport

Additional Recommendations:

- ☐ Educate older drivers about safety
- ☐ Encourage community coalition regrouping
- ☐ Bring more services to eastern Maine

Community Case Study: Ellsworth

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Ellsworth?
 - ☐ Availability of transportation to and from outlying areas
 - ☐ Available ride services accept MaineCare funding only
 - ☐ Escorts needed to help with packages and assist into appointments
2. How are these transportation issues unique to Ellsworth?
 - ☐ Distance, rural, lower income
 - ☐ Do have some resources: WHCA, Island Connections, NeighborCare, Faith in Action
3. How do these transportation issues affect you or your job?
 - ☐ No-shows affect job and patient care
 - ☐ Transportation coordination is hard
4. Do you know of anything Ellsworth has done to address these transportation issues for the older persons you serve or know?
 - ☐ Faith in Action is mentioned most frequently; WHCA; NeighborCare; The Bus, Island Care
5. Is there anything you think should be done about these transportation issues in Ellsworth?
 - ☐ Expand faith & action (along with other services); involve more community organizations
 - ☐ Recruit more volunteer drivers
 - ☐ provide more non-health care/ non-MaineCare rides

Additional recommendations:

- ☐ Expand efforts already in place

Community Case Study: Lincoln

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Lincoln?

- ☐ Available transportation is income-limited (MaineCare)
 - ☐ Coordination is difficult, time available short, distance great
 - ☐ Families are relied on heavily
2. How are these transportation issues unique to Lincoln?
 - ☐ Rural, limited services, distance to Bangor
 - ☐ Lack of available staff to provide transportation through health care organizations
 3. How do these transportation issues affect you or your job?
 - ☐ Coordination is extremely difficult: rural, limited services, and the need to get to Bangor themes
 4. Do you know of anything Lincoln has done to address these transportation issues for the older persons you serve or know?
 - ☐ nothing (3 responses)
 - ☐ informal group meeting
 5. Is there anything you think should be done about these transportation issues in Lincoln?
 - ☐ Provide transportation for persons not using MaineCare
 - ☐ More services through community (no preference expressed)

Additional recommendations:

- ☐ Northern Maine region community discussions (Lincoln, Millinocket, Howland, Island Falls)
- ☐ Educate older drivers about safety
- ☐ Encourage community coalition

Community Case Study: Machias

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Machias?
 - ☐ Need services that can serve more non-MaineCare clients
 - ☐ What is available is expensive (taxi); volunteer drivers system not reliable
2. How are these transportation issues unique to Machias?
 - ☐ Rural, really far to everything
 - ☐ Limited services
 - ☐ When a disabled person needs a ride, local ambulance does not have accessible transport; one must come from neighboring town and can only bill while client is *in* vehicle. Expensive
3. How do these transportation issues affect you or your job?
 - ☐ Clients suffer when transportation is lacking
 - ☐ Ambulance gets called out unnecessarily to provide a ride

4. Do you know of anything Machias has done to address these transportation issues for the older persons you serve or know?
 - ☐ WHCA
 - ☐ Penquis/CHCS partnership
5. Is there anything you think should be done about these transportation issues in Machias?
 - ☐ Provide rides for all income levels
 - ☐ Coordinate more with the local community and with other agencies
 - ☐ Have one central phone number and one person to provide transportation information

Additional recommendations:

- ☐ Educate older drivers about safety
- ☐ Encourage community coalition regrouping
- ☐ Bring more services to eastern Maine

Community Case Study: Millinocket

1. What do you see as critical issues for older adults who need transportation to chronic-care medical services in Millinocket?
 - ☐ Some call the ambulance unnecessarily
 - ☐ Getting out of Millinocket even to next town is hard
 - ☐ Lynx and Katahdin area support group provide transport
2. How are these transportation issues unique to Millinocket?
 - ☐ Lack of services in Millinocket—have to go Bangor
 - ☐ Mill closing, families moving, older people staying; town is older in general; even volunteer drivers are older and starting not to be able to drive
 - ☐ Isolation; three little communities separated by distance
3. How do these transportation issues affect you or your job?
 - ☐ Medical appointment outside of town is a scheduling issue
4. Do you know of anything Millinocket has done to address these transportation issues for the older persons you serve or know?
 - ☐ Worked with Penquis CAP and Lynx
 - ☐ Support group provides rides
 - ☐ Families are relied on
5. Is there anything you think should be done about these transportation issues in Millinocket?
 - ☐ Town should provide a service, even locally.
 - ☐ We need to investigate the problem more

Additional recommendations:

- ☐ Creating a Northern Maine Coalition
- ☐ Education for families, caregivers, and others who provide rides

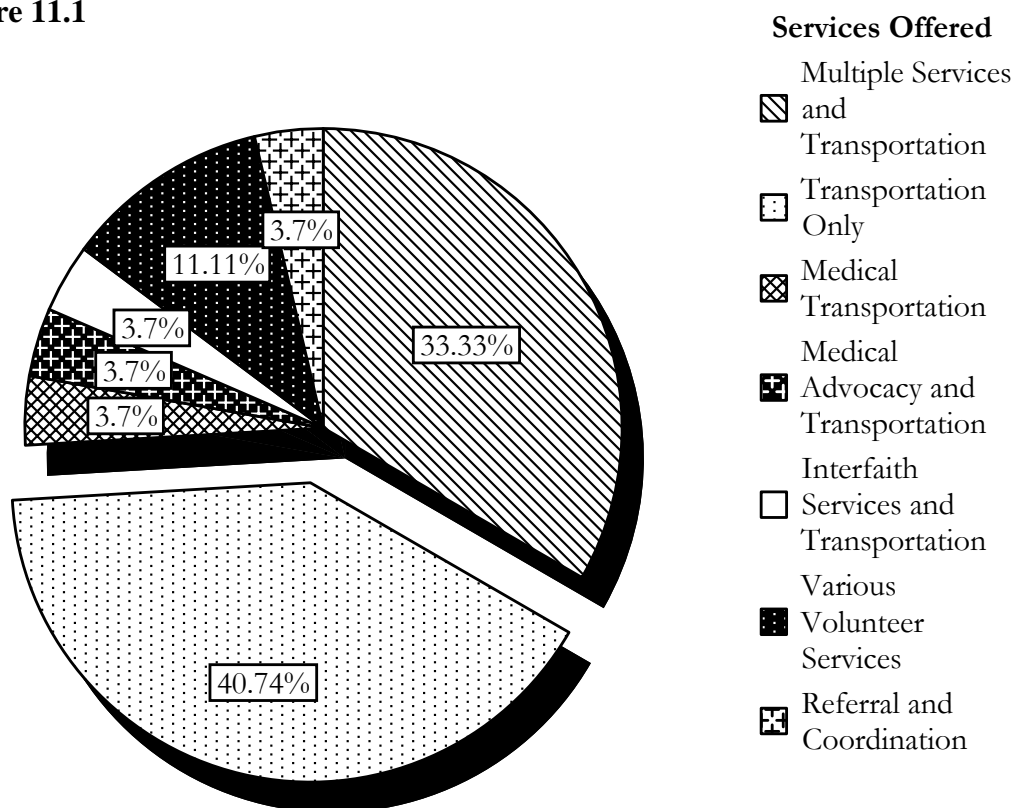
XI. Best-Practices Analysis

Summary

In total, 27 transportation models across the U.S. were analyzed for themes as they relate to best-practice in medical transportation for older adults (see Appendix A for a complete listing of models consulted). The transportation models analyzed were identified by some of the leading transportation organizations and experts in the country as being exemplary and distinctive. The best practice programs were found to have been operating for an average of 26 years and are most often nonprofit organizations. While some models provided transportation in addition to other services, most (40%) provided transportation as their sole service offered, while another 33% offered multiple services in addition to transportation (see Figure 11.1). Transportation services offered were most often available for any purpose (e.g., social events, medical appointments, shopping), were flexible with scheduling, and provided access to medical appointments with door-to-door servicing as well as escorts for passengers.

Breakdown of Services Offered by Hosting Organization Across Models

Figure 11.1



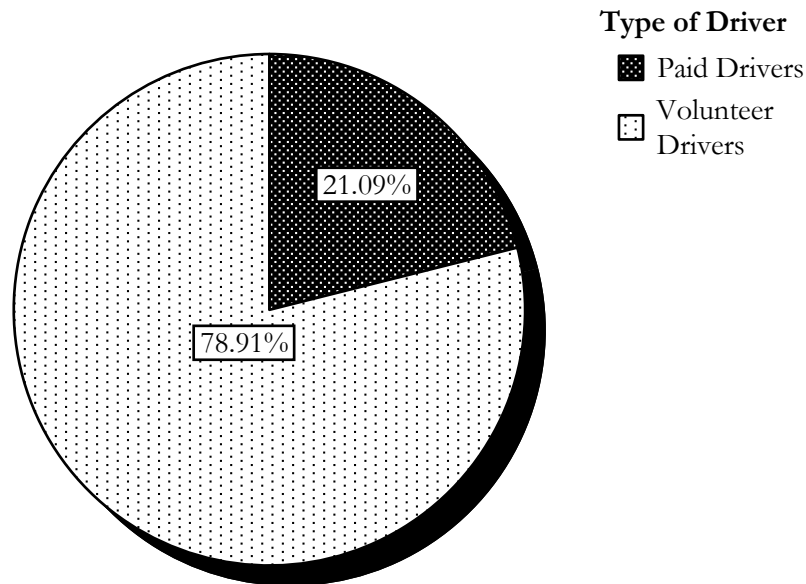
Fleets

The pool of models analyzed relied on a mix of autos, buses, vans, minivans, and volunteer autos. The average number of autos used by each model was found to be eight,

with the average number of vans and buses being five and seven respectively. Programs had available to them an average of at least one minivan and a large stock of volunteer autos averaging 80 per program. Each model's fleet can be seen as a mix of vehicles needed to serve their geographical area given the numbers of passengers served. The most striking lesson from fleet size is not the distinct number of each type of vehicle used but rather the reliance on volunteer autos and drivers. According to statistics from this group of models, 78% of all vehicles used were volunteer cars, with 79% of drivers for these programs being volunteers and 21% being paid staff (see Figure 11.2).

Figure 11.2

Drivers Providing Transportation



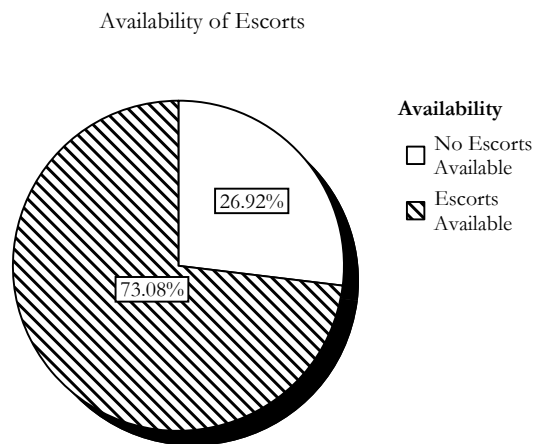
Services

Best practice models most frequently offered transportation as their only service, with escorts provided to assist riders into and out of their appointments (see Figure 11.3). The most frequently targeted rider group for this selected group of best practice models was found to be older adults and disabled individuals. Door-to-door transportation was the most frequent type of transportation provided, and most models provided this service on a same-day basis or within 24 hours of a request for transportation. Fees charged to passengers ranged from no fee to donations or vouchers accepted for services. Models relied on word of mouth, newspapers, other service providers, radio, and television to advertise their services to their target audience. However, some model providers found that advertising can be difficult in rural areas where few media outlets exist.

The Challenges of Being Flexible

In addition to the successful aspects of the best practice models, serving a population that often needs medical transportation provides some unique challenges. For example, as the need for dialysis increases so too does the need for weekend service to dialysis centers. Such weekend hours cost extra dollars for paid staff or present difficulties in finding volunteer drivers. Also, because doctor visits often run late, it is difficult to coordinate pick-up for these types of visits. Cancellations also make scheduling and coordinating transportation difficult.

Figure 11.3



Quality Makes a Difference

Many models identified their approach to customer service as a distinguishing feature for success. For many organizations, providing transportation means having flexible staff members and volunteers who are both considerate and sensitive to the needs of older adults. Successful models emphasized a strong customer-service orientation among their staff and adopted a “people helping people” philosophy. While relatively few data were available about outcomes testing, at least four models did incorporate a rider-satisfaction survey in order to monitor the quality of services provided.

Providing safe and reliable transportation is essential to serving the older adult population. Features such as offering expanded availability of services, flexible scheduling, and escorts to accompany passengers can be seen as distinguishing features that promote service use by older adults. Such features come with the challenges of recruiting and maintaining high-quality staff members and volunteers. Colder and harsher winter months in northern rural areas present challenges to finding and keeping volunteer drivers.

Models analysis also showed that organizations invested considerable time and money in screening and training drivers. Screening methods used by the best practice models included a license check, driving-record check, criminal-background check, drug and

alcohol screens, road tests, vision tests, insurance check (for volunteer drivers), medical exams as well as personal references, and, for some tribal organizations, verification of tribal membership/ancestry. Trainings given to drivers included first aid/CPR, lifting/transferring and rider assistance, review of transportation laws, driver training, alcohol and drug trainings, safety training, sensitivity training, vehicle maintenance and repair, and other trainings deemed necessary by the hosting organization.

Guiding Philosophies

Successful and exemplary models were also found to have guiding philosophies that enhance services and attract partnerships and potential riders. Connection to communities served was an essential component to best practice services. Such connections might include having a history and positive reputation within a community and fostering positive relationships with riders. In rural areas especially, many transportation programs began as grassroots movements. Two organizations identified a key to success as serving populations and geographic locations that are traditionally underserved, while another model elected to adopt an intergenerational approach to providing transportation. While unique, each guiding philosophy is most successful when focused on relationship building between the older adult rider and their community.

Stretching Dollars

High-quality service to rural older adults comes with a price tag. In fact, many providers identified serving low-income older adults as a challenge. Driving long distances on rural roads can strain vehicles and result in high cost repairs. It is can also be difficult to find funding for rural transportation to serve a low-income population. So where do such best practice models find financial support? The most frequently reported sources of money included rider fees, government funds, donations, and grant funds (see Figure 11.4). Annual budgets for these models varied considerably, ranging between \$9,000 and \$5.6 million.

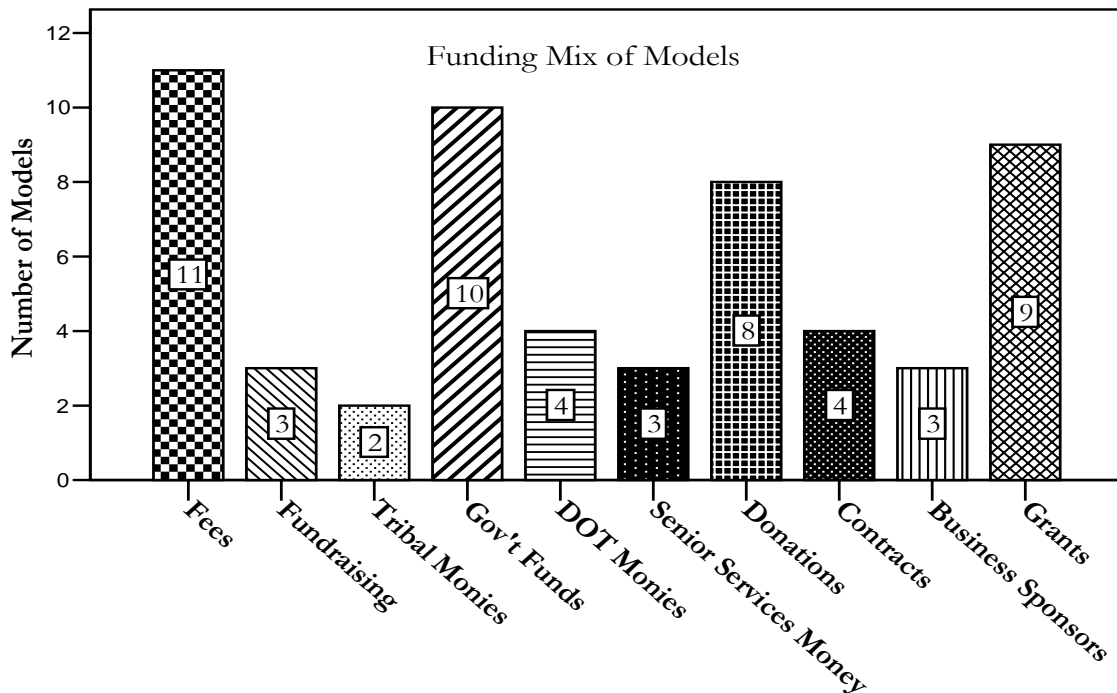
At the core, providing transportation to older adults means remaining financially solvent. Funding is always an issue, given the pervasive reality of budget constraints and diminishing public dollars. While the majority of models identified budget issues as a challenge, some indicated that the way they handled their budget needs was their key to success. Such programs utilized unique funding mixes and sought out nontraditional sources of money. Some entered into partnerships with other local agencies or businesses to provide monies for innovative services. One such partnership is a program that partnered with local businesses to offer a shuttle for older adults to get to a local shopping plaza.

Rural Partnerships

Rural partnerships can be seen as vital to survival in areas where few resources exist. But partnering also presents unique challenges to rural providers in that it requires learning a new language and adapting business procedures. At least one of the best practice models

surveyed reported difficulty in coordinating services with other providers when each organization had divergent policies and billing procedures. In rural areas, it can be difficult to gather all players at the table for many reasons. Such partnering, while encouraged and necessary, comes with many hurdles.

Figure 11.4



Principles of Best Practice in Providing Transportation to Older Adults

The following principles result from the analysis of data from the 27 models for themes related to best practice in transportation for older adults:

- There is no cookie-cutter approach to providing the best service. Each model has its own distinct mix of resources and challenges, and it was the way in which each model responded to these challenges and utilized resources that made it a best practice model.
- Flexible and accessible service is a must. Flexibility can be provided by giving riders increased options for scheduling. Accessibility means providing vehicles that older adults feel safe in, training drivers in the appropriate lifting and transferring methods where applicable, and providing escort assistance into appointments when possible.

- Drivers are an important component in providing safe and reliable transportation. As such, drivers should be appropriately screened and trained in a way that emphasizes safety as well as sensitivity to the needs of older adults.
- Services are best approached as a response to community-based needs. Each organization should assess and be aware of its relationship to community members as well as its public image. Developing a positive relationship with riders, community members, and potential partners is an essential step in carrying out best practice service.
- Volunteers are a vital part of the country's transportation for older adults. Volunteers provide the key link between neighborly service and meeting the demands of strapped budgets, yet volunteers are consistently identified as a scarce resource, difficult to recruit and maintain, especially in winter months. Maine in particular continues to face this challenge given our long winters and lack of transportation dollars needed to serve older adults' medical transportation needs.
- The best programs make a commitment to going beyond transportation services, narrowly defined. They make neighborly connections with those served and whenever possible provide individual or personal service to older adults.
- Successful models partner and evolve financially, looking beyond traditional sources of funding. This challenges transportation providers to step out of standard modes of operating to seek out new ways to raise funds.
- Partnering and collaborating with other organizations is a strong best practice principle in rural areas. In order to promote collaboration and partnership, organizations and providers need to overcome and adjust to the new demands that sharing resources brings, such as learning to meld policies and practices so that each partner can benefit.

Best Practices Analysis Data Snapshot

Total number of models: 27

Average years in operation: 26

Hosting organization (most frequent response): nonprofit

Services provided (most frequent response): transportation only

Fleet (averaged across all models)

Average number of autos: 8

Average number of vans: 5

Average number of buses: 7

Average number of minivans: 1

Average number of volunteer autos: 80

Drivers: 79% volunteer, 21% paid staff

Screens required of drivers: license check, driving record, criminal check, drug/alcohol check, insurance check, driving test

Required trainings: lifting/transferring, driving, sensitivity training

Services

- Most provide escorts
- Most offer services for any transportation need
- Most services are available anytime
- Most models provide door-to-door service
- Most models provide services either for no fee or for a donation, or they accept vouchers

Target groups: older adults, disabled individuals

Funding sources: fees, government monies, donations, grants

Advertising methods: word of mouth, newspaper, other service providers, radio/TV

Notice required: Same day, or 24 hours

XII. Recommendations and Project Sustainability

After careful consideration of the project findings, the UMCoA, with input from the Eastern Maine Transportation Collaborative, has drafted the following recommendations. Such recommendations represent opportunities to impact the barriers that older adults in the tri-county region face in accessing chronic-care medical services.

Eastern Maine Transportation Collaborative Recommendations to Address Transportation Needs in the Tri-County Area

- Educate community members about the services that are available to them. This should be an ongoing process, wide reaching, accessible, and comprehensive.
- Educate older drivers about safe-driving practices as well as ways to take care of their car so that they will have it as long as they need it. Expand existing programs (Penquis CAP/AARP) and collaborate to reach underserved areas.
- Expand the Matter of Balance and Bone Builder programs in order to enable older people to travel safely in the winter.
- Maintain existing services to uphold name recognition, level of trust, and expectations for the service of current programs.
- Create Eastern Maine Transportation Collaborative branding/seal of approval.
- Distribute information about new services and changes to services to the public to ensure that they are receiving accurate information while also maintaining a link to available services.
 - Utilize all media channels: mail, print media, free newspapers, cable access, television, email, internet, Maine AIRS/IRIS network, flyers at grocery stores/pharmacies.
 - Challenge corporate media entities to increase PSA coverage
- Develop a communications system in all counties to increase awareness of service availability. Tie this into the Aging and Disability Resource Center (ADRC) and 2-1-1 information projects as “single point of entry” options.
- Distribute information about transportation services as part of older patients’ discharge paperwork to take home with them. Also make transportation information available during patient registration.
- Advocate for increasing volunteer and family member reimbursement rates for MaineCare clients.
- Survey older adults to see what kind of transportation system they would utilize. A new system would most likely need to have a paid-driver system due to the

steady decline in the number of volunteers. If volunteer-based, the system will have to pay more for mileage in order to cover the rising cost of gasoline. In developing this system, consider encouraging consumer donations for transportation services. Such donations allow older adults to contribute to their transportation rather than accept “a handout.”

- Establish a system of “senior escorts” to be placed on city buses to assist seniors getting on and off the bus. This service would allow seniors to feel more secure and therefore utilize the bus system more. It would also provide an opportunity for older volunteers to educate and orient their peers to the bus system.
- Establish a central planning mechanism in service center communities to coordinate transportation and utilization of local medical services. EMTC members can serve as conveners and technical advisors for such transportation planning groups.
- Provide transportation assistance to caregivers, such as resource link-up, ridesharing, support groups, and respite options.
- Tie in the ride-share concept to current volunteer-bank initiatives.
- Encourage Bangor area providers to assist clients in calling the BAT and ask if they qualify for “paratransit” to become eligible for CAP services.
- Agencies can encourage clients to bring helpers with them on their rides (like Faith in Action).
- Promote ways to reach “in-between” clients, those who are not MaineCare eligible but also do not have enough money to pay for transportation.
 - EAAA is currently working on this issue through a transportation initiative funded by private endowment.
 - Possibilities exist for expanding EAAA’s model
- Link collaborative members to “United We Ride” program.
 - This federal mandate’s overall goal is to consolidate transportation and related funding.
 - Volunteer driver organizations can work through the regional transportation provider for MaineCare reimbursement (Washington-Hancock Community Agency, Penobscot-Penquis CAP).
 - “United We Ride” provides federal dollars for a consolidated state transportation *plan*, not for transportation itself.

Policy Recommendations

MaineCare (Medicaid)

- Apply base rate and mileage for taxi rides to agencies that are equal to reimbursement for agency vehicle, volunteer driver, or friend/family transportation reimbursement rates.
- Negotiate full and partial reimbursement for “no shows.”
- Increase the base rate reimbursement for multiple day transports.

Pending Legislation

- Support emergency legislation pending in state regarding the increase of volunteer driver mileage reimbursement

Project Sustainability

It is the goal of this planning project that permanent alterations will be realized in the manner in which transportation services in the region interface with each other, with chronic care health providers, and with older patients. Four explicit strategies for insuring sustainability have been the focus of the EMTC’s work over the proceeding 12 months: (1) Adopting evidence-based best practices in scheduling and coordinating rural health transportation that have been designed and implemented successfully in other regions of the nation; (2) providing customized best practices forums for health and transportation professionals (sponsored by the United Way of Eastern Maine and the UMaine Center on Aging) throughout the community to raise knowledge and awareness of the issues and of preferred health transportation models; (3) tying into existing comprehensive, user-friendly internet databases, such as the recently implemented 2-1-1 system of health transportation service information, that can be accessed by providers and consumers alike; and (4) engaging the Eastern Maine Transportation Collaborative members in fund raising/grant writing activities that will fuel initiatives associated with further strengthening of the rural health transportation network.

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Appendix A: Research Tools

Appendix A: Patient Survey

Are you 65 or older? We'd like to hear from you! Please fill out this survey.

Office #:

1. Gender (please circle): Male Female

2. Age _____

3. Town of residence: _____

4. What service(s) are you here for today? Please circle all that apply

a. Diabetes care b. Cancer care c. Occupational therapy (OT)

d. Dialysis e. Physical therapy (PT) f. Cardiac rehabilitation

g. Other (please specify) _____ h. Not here for my own health care

5. What type of insurance do you have? Please circle all that apply

Medicare MaineCare (Medicaid) Other insurance No insurance

6. How many miles did you travel to get here today **one-way**? _____

7. How did you get here today? Please circle one

a. drove myself b. ride with spouse c. rode with family member d. rode with friend/neighbor e. taxi f. volunteer driver g. walk

h. religious group i. bus or van. (write in name of bus or van): _____ j. other (please write in) _____

8. What kinds of transportation are available to you? Circle all that apply

a. drive myself b. ride with spouse c. ride with family member d. ride with friend/neighbor e. taxi f. volunteer driver g. walk

h. religious group i. bus or van (write in name of bus or van): _____ j. other (please write in) _____

9. How often do you need help with transportation to: Circle one choice per question.

Routine doctor visits?	daily	weekly	monthly	rarely
Diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?	daily	weekly	monthly	rarely
Emergency room visits?	daily	weekly	monthly	rarely

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Personal errands?

(like shopping, church, or visiting friends) daily weekly monthly rarely

Pick up medications? daily weekly monthly rarely

Other? Please write in: _____ daily weekly monthly rarely

10. What time of day do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?

Morning

Afternoon

Evening

11. What days of the week do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab? Circle all that apply

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

12. Have you ever cancelled a medical visit in the past 6 months because you did not have transportation? YES NO

13. Do you feel your health has suffered because of problems with transportation to medical visits? YES NO

14. Do you know of any places in your community you can call if you need help with transportation to medical visits? YES NO

a. Please list places: _____

15. How difficult or easy is it to find transportation to: Circle one choice per question

Routine doctor visits?	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult
Diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult
Emergency room visits?	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult
Personal errands? (like shopping, church, or visiting friends)	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult
Pick up medications?	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult
Other? please write in: _____	Don't need	Easy	Somewhat easy	Neither	Somewhat difficult	Difficult

16. Who helps you find transportation to medical visits? Please circle all that apply.

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- a. don't need help b. spouse c. adult child d. other family member e. transportation agency
 f. doctor's office g. living facility h. hospital i. religious group j. other: _____

17. If you needed a ride and had to pay, how much would you be willing to pay for a **one-way** ride to medical visits? (Please circle only one)

\$1-\$2 \$3-\$5 \$6-10 \$11 or more \$0

18. If needed, how **important** would these things be in a ride service to medical visits? (Please circle very, somewhat, or not important for each item)

Low cost	very	somewhat	not	Curbside pick up	very	somewhat	not
Unpaid, volunteer driver	very	somewhat	not	Help getting into vehicle	very	somewhat	not
Driver background checks	very	somewhat	not	Help with packages	very	somewhat	not
Same day scheduling	very	somewhat	not	Driver safety training	very	somewhat	not
Wheelchair/disability access	very	somewhat	not	Door-to-door pickup	very	somewhat	not
Paid driver	very	somewhat	not	24-hour service	very	somewhat	not

19. If a ride service to medical visits were available where you live, would you use it?
Why or why not?

Appendix A: Escort Survey

Office #:

Did you give someone a ride today? We'd like to hear from you!
Please fill out this survey and return to the collection box.

1. Your gender: Male Female 2. Your age: _____
3. Are you here today to give someone over 65 a ride? Yes No
4. Please circle your relationship to the person you gave a ride:
a. spouse b. family member c. friend/neighbor d. living facility staff
e. volunteer from transportation agency f. volunteer from religious group
g. hired by patient h. other _____
5. How often do you provide rides to health care appointments for this person?
1= almost daily 2= about once a week 3= about once or twice a month
4=only a few times a year 5 = almost never 6=unsure
6. How many miles did you travel **one-way** to get here today? _____
7. Please circle how easy or difficult it was for you to provide transportation today.
a. Very easy b. Easy c. Not easy or difficult d. Difficult Very difficult

Appendix A: Informed Consent for Chronic Care Patients and Escorts

What are we asking you to do?

You are being asked to complete a short survey about transportation to and from your medical visits. The purpose of this survey is to better understand the transportation needs of older adults. This survey will be completely anonymous. It will take you about 10 minutes to complete the survey.

This survey was created by the University of Maine Center on Aging as part of the Eastern Maine Transportation Collaborative.

Confidentiality

This study is anonymous. Please do not write your name on the survey. There will be no records linking you to your answers.

Information gathered from this survey will be available by law to the members of the Eastern Maine Transportation Collaborative, the Eastern Maine Medical Center Human Rights Committee, the University of Maine's Institutional Review Board, and the Maine Health Access Foundation.

Risks

The risks involved in this study are few. The study is voluntary. You do not need to complete this survey in order to see your doctor today. You are free to stop answering questions at any time. If at any time you feel uncomfortable answering any question, you may either skip the question or stop.

It is possible that there may be some psychological stress from being in a study. If you are experiencing any psychological stress related to this study, please let the Center on Aging know. You should contact the Center on Aging for possible referral should you experience any psychological stress. You would be responsible for any additional cost of care.

Benefits

There are no direct benefits to you for taking this survey. Some people may enjoy telling us about their needs and thoughts about transportation.

Contact information

If you have any questions about your rights as a study participant, please contact Gayle Anderson, University of Maine Protection of Human Subjects Review Board at (207) 581-1498 (or e-mail gayle.anderson@umit.maine.edu) or Eastern Maine Medical Center Human Rights Committee at (207) 973-7906.

If you have any questions about this study please contact Lenard W. Kaye at the Center on Aging at (207) 581-3444. Please keep this for your records.

THANK YOU FOR YOUR HELP

Appendix A: Medical Office Survey Poster

Concerned About Transportation?

Got a few minutes? Help us make a difference in your community.

Are you 65 or older?

Please tell us your experiences and ideas about transportation to doctor's visits. Your input will tell us what older adults want and need.

Please fill out this survey so we can learn about your community. The information from this survey can help your community. You can make a difference! Please fill out this survey only once and put in the box.

2 If you would like more information about the project, please contact the UMaine Center on Aging at 581-3444.

Office # 219

Are you 65 or older? We'd like to hear from you! Please fill out this survey.

1. Gender (please circle): ☐ Male ☐ Female

2. Age _____

3. Town of residence: _____

4. What service(s) are you here for today? Please circle **all** that apply

a. Diabetes care b. Cancer Care c. Occupational Therapy (OT)
d. Dialysis e. Physical Therapy (PT) f. Cardiac Rehabilitation
g. Other (please specify) _____ h. Not here for my own healthcare

5. What type of insurance do you have? Please circle **all** that apply

Medicare MaineCare (Medicaid) Other insurance No insurance

6. How many miles did you travel to get here today **one-way**? _____

7. How did you get here today? Please circle **one**

a. drove myself b. ride with spouse c. rode with family member d. rode with friend/neighbor e. taxi f. volunteer driver g. walk

h. religious group i. bus or van (write in name of bus or van) j. other (please write in)

8. What kinds of transportation are available to you? Circle **all** that apply

a. drive myself b. ride with spouse c. ride with family member d. ride with friend/neighbor e. taxi f. volunteer driver g. walk

h. religious group i. bus or van (write in name of bus or van) j. other (please write in)

9. How often do you need help with transportation to: Circle **one** choice per question

Routine doctor visits? ☐ daily ☐ weekly ☐ monthly ☐ rarely
Diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab? ☐ daily ☐ weekly ☐ monthly ☐ rarely
Emergency room visits? ☐ daily ☐ weekly ☐ monthly ☐ rarely
Personal errands? (like shopping, church, or visiting friends) ☐ daily ☐ weekly ☐ monthly ☐ rarely
Pick up medications? ☐ daily ☐ weekly ☐ monthly ☐ rarely
Other? Please write in: _____

10. What time of day do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab?

Morning Afternoon Evening

11. What days of the week do you most often need transportation to diabetes care, cancer care, OT, PT, dialysis, or cardiac rehab? Circle **all** that apply

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Did you give someone a ride today?

Are you a family member, friend, neighbor, volunteer or staff? We want to know what your experience has been like helping people get to their doctor's visits.

Please fill out this survey so we can learn about your community. The information from this survey can help your community. You can make a difference! Please fill out this survey only once and put in the box.

1 If you would like more information about the project, please contact the UMaine Center on Aging at 581-3444.

THE UNIVERSITY OF MAINE

Sponsored by the Eastern Maine Transportation Collaborative and The University of Maine Center on Aging

Posters designed by the UMaine Center on Aging were used to distribute surveys to chronic care patients and their escorts while in chronic care office waiting rooms. Patient and escort surveys were attached to the posters and could easily be detached and completed in the waiting room.

Appendix A: Community Case Study Interview Protocol

Great! Let's begin. For transcription purposes, I'm going to state my name, date, time on the tape. This is _____, today is _____, and the time is _____ (am/pm). Can you please state your first name and organization (*or town/anonymous as preferred*)?

The first question is....

1. What do you see as critical issues for older adults who need transportation to chronic care medical services in _____(name of community)?
2. How are these transportation issues unique to _____(name of community)?
3. How do these transportation issues affect you or your job?
4. Do you know of anything _____(name of community) has done to address these transportation issues for the older persons you serve or know?
5. Is there anything you think should be done about these transportation issues in _____(name of community)?
6. Who else could you suggest we talk to about transportation in _____(name of community)?
7. Does your organization provide any type of transportation—provide a taxi service, have a van for clients, staff who give rides, or have volunteers that may give rides?

If YES:

1. Name of service:
2. Location of service:
3. Geographic area served
4. Public service or specific clientele only:
5. Fee: Flat rate, per mile, or other?
6. Method of payment accepted
7. Do you take vouchers of any kind? Which?
8. How long have you been operating?
9. What types of vehicles do you have?
10. What percentage of your vehicles can accommodate a person with a disability?
11. Do you provide assistance with packages, or escort to doorway, or escort into/from home, or escort into/from doctor's office? (Which?)
12. What is your approximate total percentage of older adult (65 and over) riders per year?
13. Of those total older adult riders, approximately what percentage of those rides are for medical appointments?

Thank you very much for your time. We appreciate your input. If you have any questions about the project, please don't hesitate to call the project director, Leah Ruffin, at 581-2249.

Eastern Maine Transportation Collaborative Health Services Initiative

Members of the collaborative include: Alpha One, Bangor Area Comprehensive Transportation System, Blue Hill Memorial Hospital, Bucksport Bay Healthy Communities, CancerCare of Maine, Community Connections, Downeast Transportation, Eastern Agency on Aging, Eastern Maine Development Corporation, Eastern Maine Charities, Eastern Maine Healthcare Systems, Eastern Maine Medical Center (EMMC) Dialysis Center, EMMC Family Practice Center, Island Connections, Maine Coast Memorial Hospital, Maine DOT, Maine Health Alliance, MDI Hospital, Millinocket Regional Hospital, My Friends Place, Penobscot Community Health Center, Penobscot Valley Hospital, Penquis CAP, St. Joseph Healthcare, United Way of Eastern Maine, University of Maine Center on Aging, University of Maine Cooperative Extension Senior Companions Program, and the Washington Hancock Community Agency.

Appendix A: Health Care/Transportation Provider Informed Consent

What are we asking you to do?

We are asking you to complete a telephone interview about older adults and transportation to medical appointments. The purpose of this survey is to better understand the transportation needs of older adults in our community. This interview should take about one half hour. You will be mailed a copy of the interview tool to follow along with at the time of interview.

This survey was created by the University of Maine Center on Aging as part of the Eastern Maine Transportation Collaborative.

Confidentiality

This study is confidential. The interview responses will be coded and any connection between names and codes will be destroyed after the interview, thus assuring confidentiality. De-identified information will be kept indefinitely, in the Center on Aging's locked file room. The interview will be recorded for transcribing purposes. Tapes of interviews will be erased after the information is transcribed. De-identified information will be kept electronically at the University of Maine Center on Aging indefinitely.

Information gathered from this survey will be available by law to the members of the Eastern Maine Transportation Collaborative, the EMMC Human Rights Committee, the University of Maine's Institutional Review Board, and the Maine Health Access Foundation.

Risks

The risks involved in this study are minimal. The study is voluntary. You are free to stop answering questions at any time. If at any time you feel uncomfortable answering any question, you may either skip the question or stop completely.

It is possible that there may be some psychological stress from being in a study. If you are experiencing any psychological stress related to this study, please let the Center on Aging know. You should contact the Center on Aging for possible referral should you experience any psychological stress. You would be responsible for any additional cost of care.

Benefits

There are no direct benefits to you for participating in the survey. Some people may enjoy telling us about their needs and thoughts about transportation. You will be mailed a copy of the final report if desired.

Contact information

If you have any questions about your rights as a study participant, please contact Gayle Anderson, University of Maine Protection of Human Subjects Review Board at (207) 581-1498 (or e-mail gayle.anderson@umit.maine.edu) or call EMMC Human Rights

Eastern Maine Transportation Collaborative Health Services Initiative

Committee at (207) 973-7906. If you have any questions about this study please contact Lenard W. Kaye at the Center on Aging at (207) 581-3444. Please keep a copy of this for your records.

THANK YOU FOR YOUR HELP

Appendix A: Transportation Provider Survey Questions

Thank you for agreeing to be interviewed. Your input today will help us to determine the severity of transportation problems facing adults 65 and over accessing chronic care medical services.

Code #:

Service Information

1. Name of service:
2. Location of service:
3. Geographic area served?
4. What sources of funding do you draw upon to provide transportation?
5. Fee for rides, if any?
6. Flat rate or mileage fee?
7. Method of payment accepted:
8. How many total trips do you provide to all riders per year?
9. Is your organization for-profit or nonprofit?
10. What types of non-transportation services and programs does your organization provide, if any? Please provide a brief description of each type of program.
11. What type of transportation services does your organization offer? Please provide a brief description of each type of transportation service.
12. Is there a population group that you serve most frequently?
13. How long has your organization been providing transportation?
14. What types of clientele are eligible for or may receive a ride on your service?
15. What types of clientele are ineligible for your organization's service, if any?
16. What are the scheduling procedures at your organization?
17. How far in advance must clientele schedule a ride?
18. What types of vehicles do you have?
19. What percentage of your fleet is ADA accessible?
20. Does your organization provide door-to-door, curb-to-curb, door-through-door, and/or fixed-route transportation services? Which?
21. Do you provide paid drivers, volunteer drivers, or a mixture of the two?
22. What types of safety and background checks do you require about your drivers?
23. What types of training do you require of your drivers?
24. Do drivers provide assistance with packages or other items?
25. What does your organization do if you are unable to provide clients with transportation?
26. How do you advertise your services?
27. What types of measures do you use to evaluate the effectiveness of your program, service, or organization?
28. Is your organization going to change within the next 12 months? If so, please explain.
29. What would you describe as the most unique aspect of your transportation program?

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Older Adults (65 and older) and Health Care Services

30. Please estimate the total proportion of older adult riders per year.
31. Based on your experience, what are some barriers that your older clients (65 and over) face in obtaining transportation in general?
32. In what ways would you say your organization has been successful in providing transportation to older adults?
33. Please estimate the total percentage of yearly rides for older adults traveling to medical appointments.
34. Do you provide escorts into medical appointments?
35. Do you provide rides to the chronic care medical services of diabetes, cancer care, dialysis, PT, OT, or cardiac rehab?
36. Are there any barriers you see for older clients seeking transportation to chronic care medical services?
37. What are the challenges you experience providing transportation to older adults going to chronic care services?
38. Are there any short-term changes or recommendations you would suggest that would make a difference for older adults needing transportation to chronic care services in Penobscot, Washington, and Hancock counties?
39. Any long-term suggestions?
40. If, in the best of all worlds, given an unlimited budget, you could change anything at all about transportation services for older adults, what would that be?
41. Is there anything else you'd like to comment on that we've forgotten to ask?

Appendix A: Medical Schedulers/Social Worker Survey Questions

Thank you for agreeing to be interviewed. Based on past experience, we have found that office staff members and social workers are keenly aware of the issues that impact patients' lives. Your input today will help us to determine the severity of transportation problems facing older adult patients.

1. Which county is the office located in?
2. Which service(s) does your office provide?
a. PT b. OT c. Dialysis d. Diabetes care e. Cancer care f. Cardiac rehab
3. What days of the week is the office open and what hours?
4. Please estimate the percentage of older adults (65 and older) you serve annually.
5. Please briefly describe your daily tasks and role in office.
6. Are you aware of any transportation-related problems older adults may have accessing appointments or services? Please explain.
7. Do you know of anything the office does to accommodate the transportation needs of older patients when scheduling appointments? Please explain.
8. How often do you assist with older patient (65 and over) transportation? (Calling for a ride, providing information about transportation, or scheduling an appointment that coincides with available transportation)
1= almost daily 2= about once a week 3= about once or twice a month
4=only a few times a year 5 = almost never 6=unsure
9. Approximately what percentages of your older adult patients have problems receiving transportation to appointments?
a. 0 b. 1–25% c. 26–50% d. 51–75% e. 75–100%
10. Are you aware of any transportation resources in the area that may be able to help your older patients get to and from medical appointments?

10a. If so, please list the transportation resources you are aware of.
11. Is there anywhere your office most often refers older patients if they need help with transportation?
12. In your opinion, how does transportation impact the health of your older adult patients?

Eastern Maine Transportation Collaborative Health Services Initiative

13. Based on your experience, how often do you have an older adult who cancels his or her appointment due to lack of transportation?

1= almost daily 2= about once a week 3= about once or twice a month
4=only a few times a year 5 = almost never 6=unsure

14. In your experience, is there a difference between MaineCare patients and private pay or private insurance patients with regard to transportation availability? If so, please explain.

15. In your experience, is there a difference between MaineCare patients and private pay or private insurance patients with regard to missed appointments because of transportation problems? If so, please explain.

16. What do you see as the major obstacles of older patient transportation to your office?

17. Do you think your office has time to promote transportation options to older patients by scheduling rides or providing information about rides?

18. What might some of the challenges or obstacles be to making transportation a part of the scheduling process in your office?

19. Is there any kind of information, training, assistance, or device that would help the office address those challenges?

20. Are there any other thoughts or comments you wish to add?

Appendix A: Models Used in Best Practices Analysis

Sources

- Community Transportation Association
- The Beverly Foundation
- External review panel members
- Discussions with transportation agency directors and staff around the country
- Eastern Maine Transportation Collaborative members

Inventory of Models to Date (27 total)

- | Model Name/ Host Organization Name (Location) | Source of Information on the Model |
|--|--|
| 1. Campbell-Stone North Apartments, Inc. (Atlanta, Georgia) | The Beverly Foundation & AAA Foundation for Traffic Safety (2004).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |
| 2. Community Health Representative Program of Muscogee Creek (Okmulgee, Oklahoma) | The Beverly Foundation & AAA Foundation for Traffic Safety (2004).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |
| 3. Lac du Flambeau Senior and Disabilities Services (Lac du Flambeau, Florida) | The Beverly Foundation & AAA Foundation for Traffic Safety (2004).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |
| 4. Gadabout Transportation Services (Ithaca, New York) | The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |
| 5. Gold Country Telecare, Inc. (Grass Valley, California) | The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |
| 6. Ride Connection, Inc. (Portland, Oregon) | The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
<i>Supplemental transportation programs for seniors: A report on STPs in America.</i>
Pasadena, CA: The Beverly Foundation. |

- 7. Jefferson County Service Organization (Oskaloosa, Kansas)**
The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.
- 8. San Felipe Elderly Transportation Program (San Felipe, New Mexico)**
The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.
- 9. Independent Transportation Network, Inc. (Westbrook, Maine)**
The Beverly Foundation & AAA foundation for Traffic Safety (2001).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.
- 10. Area IV Agency on Aging Senior Transportation Program (Twin Falls, Idaho)**
The Beverly Foundation & AAA Foundation for Traffic Safety (2001).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.
- 11. Call-n-Ride and Evergreen Senior Resource Transportation (Evergreen, Colorado)**
Community Transportation Association. (n.d.). *Senior transportation: Best practices.* Retrieved October 1, 2004, from <http://www.ctaa.org>.
Jane Weinberger, Evergreen Senior Resource Center, personal communication, October 15, 2004.
- 12. Evergreen Senior Resource Center Transportation (Evergreen, Colorado)**
Jane Weinberger, Evergreen Senior Resource Center, personal communication, October 15, 2004.
- 13. Medical Ridesharing, Western Community Action (Marshall, Minnesota)**
Community Transportation Association. (n.d.). *Senior transportation: Best practices.* Retrieved October 1, 2004 from <http://www.ctaa.org>.
- 14. Wheels of Wellness (Philadelphia, Pennsylvania)**
Community Transportation Association. (n.d.). *Senior transportation: Best practices.* Retrieved October 1, 2004, from <http://www.ctaa.org>.
- 15. Connect-a-ride Medical Motor Services (Rochester, New York)**
Community Transportation Association. (n.d.). *Senior Transportation: Best Practices.* Retrieved October 1, 2004, from <http://www.ctaa.org>.
- 16. Shopping Shuttle through Medical Motor Services (Rochester, New York)**

Community Transportation Association. (n.d.). *Senior transportation: Best practices*. Retrieved October 1, 2004, from <http://www.ctaa.org>.

17. Elder Services of Merrimack Valley, Inc. (Lawrence, Massachusetts)

Rosanne DiStefano, Elder Services of Merrimack Valley, personal communication, October 26, 2004.

18. JCA Connect-a-Ride (Fairfax and Arlington Counties, Virginia)

Harriet Shapiro, JCA, personal communication, October 26, 2004.

19. Transportation Reimbursement and Information Program (TRIP)

(Riverside, California)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

20. Shepherd's Center Escort Transport (Kalamazoo, Michigan)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

21. Project Dana (Honolulu, Hawaii)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

22. Rensselaer County (Troy, New York)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

23. Shepherd's Center of the Northland (Kansas City, Missouri)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

24. Shepherd's Center Escort Transport (Kalamazoo, Michigan)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation..

25. Lauderhill Transportation Program (Lauderhill, Florida)

Beverly Foundation & AAA Foundation for Traffic Safety. (2001). *Supplemental transportation programs for seniors: A report on STPs in America*. Pasadena, CA: The Beverly Foundation.

26. West Austin Caregivers (Austin, Texas)

Beverly Foundation & AAA Foundation for Traffic Safety. (2001).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.

27. Wesley Community Services (Cincinnati, Ohio)

Beverly Foundation & AAA Foundation for Traffic Safety. (2004).
Supplemental transportation programs for seniors: A report on STPs in America.
Pasadena, CA: The Beverly Foundation.

Information Gathered about These Models*

- Name
- Date started
- Type of organization (government, volunteer, etc.)
- Nonprofit or for-profit
- Services provided
- Vehicles used
- Number of drivers
- Riders targeted
- Purpose of transportation (medical, social, etc.)
- Number of rides
- Number of riders
- Reservation/dispatch procedure
- Availability of service
- Type of service (door-to-door, door-through-door, etc.)
- Fees charged
- Availability of escorts
- Annual budget
- Funding sources
- Driver screening and training
- Advertising
- Major challenges
- Key to success
- Outcomes testing (if applicable)

*As outlined by the Beverly Foundation in: The Beverly Foundation & AAA Foundation for Traffic Safety. (2001). *Supplemental transportation programs for seniors: A report on STPs in America.* Pasadena, CA: The Beverly Foundation

Appendix B: Dissemination, Press Coverage, and Policy Changes

Appendix B: Rule-Change Impacting Volunteer Driver Reimbursement

AGENCY: 10-144 - Department of Health and Human Services, Office of MaineCare Services

CHAPTER NUMBER AND TITLE: Emergency Rule – **Ch. 101**, MaineCare Benefits Manual: **Ch. III Section 113**, Transportation Services

ADOPTED RULE NUMBER: 2005-405

CONCISE SUMMARY: Pursuant to 5 MRSA §8054, the Department has determined that immediate adoption of this rule is necessary to avoid an immediate threat to public health, safety or general welfare. This public health, safety or general welfare emergency arises from the current energy crisis and rising fuel costs for family and volunteer transportation services. The Department's findings with regard to the existence of an emergency if the Department does not immediately enact this rule is as follows: With the rising cost of fuel, family and volunteer drivers are discontinuing transportation to medically necessary services. The reduction of individuals providing these crucial services has resulted in the inability of transportation agencies to enlist adequate alternative transportation for these members. Some transportation agencies are also in immediate jeopardy of being forced to discontinue their business operations. This in turn, places MaineCare members at risk of not being able to obtain transportation to medically necessary covered services. The Department has increased the mileage rate for family and volunteer transportation services to alleviate this situation from \$0.15 to \$0.22 cents per mile for family vehicles and from the State's set rate to \$0.44 cents per mile for volunteer vehicles.

This emergency rule will remain in effect for ninety (90) days while the Department promulgates rules through the Administrative Procedure Act process.

See: http://www.maine.gov/bms/rules/gen_mcare_benefit.htm for rules and related rulemaking documents.

EFFECTIVE DATE: October 4, 2005 - January 1, 2006

AGENCY CONTACT PERSON: Janie Turner, Comprehensive Health Planner

AGENCY NAME: Division of Policy and Provider Services

ADDRESS: 442 Civic Center Drive, 11 State House Station, Augusta, Maine 04333-0011

TELEPHONE: (207) 287-9361

FAX: (207) 287-9369

TTY: 1 (800) 423-4331 or (207) 287-1828 (Deaf/Hard of Hearing)

Appendix B: EMTC Community Forum Press Release

Bangor Daily News Weekend Edition Cover Story

Travel problems afflict elders' health

Saturday, October 15, 2005 - *Bangor Daily News*

BANGOR - Elderly patients living in rural areas often cancel their medical appointments – or simply don't show up – because they don't have reliable transportation. On Friday, members of a diverse eastern Maine collaboration met to review a recent study that indicates the extent of the problem and makes general recommendations for resolving it.

The yearlong study presented by Lenard Kaye, director of the Maine Center on Aging at the University of Maine, is focused on the transportation needs of elderly Mainers with chronic illnesses who live in Hancock, Penobscot and Washington counties.

Within this tri-county region, 16 percent of the population is 65 or older, compared to 12 percent nationally. Many have been diagnosed with three or more chronic conditions – such as diabetes, heart disease, lung disease and certain kinds of cancer – which require frequent medical care to treat and control. As economic conditions cause more young Mainers to leave rural communities, the percentage of ailing elderly is increasing.

Speaking to about a dozen members of the Eastern Maine Transportation Collaborative, Kaye said the majority of older patients, family members, volunteer drivers, medical office schedulers and social workers interviewed for the study identified lack of transportation as a significant obstacle to maintaining or improving rural elders' health status.

The burden falls most heavily on the many rural seniors who do not qualify for free or low-cost services through Medicaid but still cannot afford to pay taxi fare for a monthly routine physical, much less for weekly or daily appointments for cardiac rehabilitation, dialysis, radiation, chemotherapy or other treatments.

"They depend on family, friends and neighbors, who will always be a crucial part of the transportation network," Kaye said. "But our survey found that these escorts range in age from 20 to 87 years, with an average age of 57 years. They're beginning to be vulnerable to the complications of aging themselves. Many are working and have other responsibilities."

In addition, the increasing price of gasoline is affecting volunteers' willingness and ability to provide transportation. Those who give rides to low-income patients may be reimbursed by the state, but in most cases it's not enough to offset gas costs and wear and tear on their vehicles.

Kaye emphasized that for the growing number of seniors who don't have family

Eastern Maine Transportation Collaborative Health Services Initiative

available through government programs and private nonprofits, churches, businesses and other organizations. Many seniors are unaware of the services available to them or may hesitate to take advantage of them.

Public bus services such as Bangor's BAT should consider placing "senior escorts" on daytime buses to assist elderly riders, Kaye said. Media outlets and other corporations should be encouraged to pay for public service announcements and advertising that alert elders and their family members to the availability of transportation assistance. Doctors' offices, municipal offices, grocery stores and other sites should make transportation information easily available.

Perhaps most importantly, Kaye said, seniors should be encouraged to take part in mental and physical fitness programs and periodic driving courses to keep them independent and on the road themselves for as long as possible.

The Eastern Maine Transportation Collaborative was established about a year ago to improve communication among transportation providers, health care groups, government agencies, municipal officials, social service groups and others concerned with the welfare of Maine seniors. The group is coordinated by the United Way of Eastern Maine, which recently restructured its guidelines to require nonprofit agencies to work together in such fashion in order to receive funding.

United Way director Eric Buch said Friday that the change was needed to make the most of his agency's resources.

"We can't spread ourselves a mile wide and an inch deep and still make meaningful change," he said.

Funding for the transportation study was provided by a grant from the Maine Health Access Foundation.

Source: <http://www.bangordailynews.com>



Eastern Maine Transportation Collaborative:
Health Services Initiative

Research Findings and Recommendations

Presented by the
UMaine Center on Aging
Dr. Lenard W. Kaye, Director



Eastern Maine Transportation Collaborative Members

Alpha One, Bangor Area Comprehensive Transportation System, Blue Hill Memorial Hospital, Bucksport Bay Healthy Communities, CancerCare of Maine, Downeast Transportation, Eastern Agency on Aging, Eastern Maine Charities, Eastern Maine Development Corporation, Eastern Maine Healthcare Systems, EMMC Family Practice Center, EMMC Dialysis Center, Faith in Action Community Connections, Island Connections, Maine Coast Memorial Hospital, Maine DOT, Maine Health Alliance, MDI Hospital, Millinocket Regional Hospital, My Friends Place, Penobscot Community Health Center, Penobscot Valley Hospital, Penquis CAP, St. Joseph Healthcare, United Way of Eastern Maine, University of Maine Center on Aging, University of Maine Cooperative Extension Senior Companions Program, Washington Hancock Community Agency, State of Maine Bureau of Elder and Adult Services, and Representative Mike Michaud's office.



Research Scope

- Study focused on the elderly population of Hancock, Penobscot and Washington counties.
- 33,000 people in the tri-county region are 65 years old or older; this is 16% of the population (BEAS,2003).
- The citizens most in need of transportation are those facing multiple disabling chronic diseases.



The Need is Urgent!

- Just under 1 in 3 adults in Washington County were diagnosed with 3 or more chronic diseases, while in Hancock County and the Bangor region it was 1 in 5 adults (PHRG, 2002).
- The prevalence of individuals with 3 or more chronic diseases increases amongst the elderly, for example in Washington County and Bangor 50-60% of elders have these diagnoses (PHRG, 2002).
- Preliminary research conducted by EMTC emphasized that there is a population of elderly patients seeking services for renal dialysis, chemotherapy, radiation therapy and rehabilitation therapy in need of transportation.
- This population is chronically ill, requires ongoing appointments, and is increasing in size.





Research Methodology

- The goal of this one year study was to learn about the transportation experiences, challenges, and needs of chronically ill patients 65 years and older in the 3-county region.
- The research was conducted in 16 hospital sites and 34 affiliated chronic care offices located throughout the tri-county region.



Methodology (con't)

- Patients and their Escorts
 - Surveys were completed at chronic care offices by:
 - 70 chronic care consumers
 - 40 of their escorts
- Medical Schedulers and Social Workers
 - Approximately 30 surveys were completed by medical schedulers and social workers



Methodology (con't)

- Intensive case studies of 9 communities in the studied area resulted in 95 separate interviews of key informants.
 - Bangor, Bar Harbor, Bucksport, Calais, Eastport, Ellsworth, Lincoln, Machias and Millinocket
- The Center on Aging also analyzed nearly 30 rural transportation providers throughout the U.S. to pinpoint best practices when providing transportation services.



Research Techniques Used

- Patient Survey
- Escort Survey
- Scheduler/Social Worker Survey
- Community Case Studies
- Best Practice Analysis



Patient Survey

- 67 responses were received from 19 different chronic health care offices
- Males (43.1%) Females (56.9%)
- Ages ranged from 52 to 96.5 years, with the average age of 75.3 years
- 37 different towns of residence were represented in the three county area
- On average, patients traveled at least 10 miles to their appointments



Patient Survey (con't)

- Transportation options most available to those surveyed were:
 - Driving themselves
 - Riding with a family member
 - Riding with a spouse
 - Riding with a friend/neighbor
- Volunteer drivers were mentioned more often than bus or van service
- Most people indicated a need for:
 - Monthly rides to routine physician's appointments
 - Weekly rides to chronic care appointments
 - Weekly rides for personal errands
 - Monthly rides to pick up medications
 - Rarely need rides to the ER



Escort Survey

- 38 responses were received from 20 different offices
- Of those responses 20 responses from 13 different offices were received that transported a person 65+
- Demographics
 - 25% Male 75% Female
 - Ages ranged from 20 to 87 years. The average age was 57 years.
- Relationship to rider
 - 25% spouse
 - 20% friend or neighbor
- Frequency of rides to health care appointments for this person
 - 35% once or twice a month
 - 35% once a week
- Distance
 - The range was from 1 mile to 45 miles. The average was 14 miles.



Medical Scheduler and Social Worker Survey

- 29 surveys received from 28 different chronic care offices
- Offices assisted older adults with transportation coordination:
 - 35% once per week
 - 28% almost daily
 - 24% once or twice per month
- Transportation cancellations encountered
 - 35% once per week
 - 40% once per month
- 80% stated that coordinating rides was a major challenge for older adults



Community Case Studies

- 9 Intensive Community Case Studies in:
 - Bangor
 - Bar Harbor
 - Bucksport
 - Calais
 - Eastport
 - Ellsworth
 - Lincoln
 - Machias
 - Millinocket
- Resulted in 95 separate interviews with community key informants



Quotable Quotes – Healthcare Workers

- "...um, unfortunately, you're trying to find family members or someone else to take these people to their needed appointments [...] if they don't have a family member – which a lot of them normally don't – to take them to Bangor, they cancel the appointments that they need..."
-Washington County
- "... It's very difficult when we look at people who need to go to Bangor for the pacemaker check clinic or something like that, um, very difficult to find people that have the time in their day to be able to take people up there that are still good drivers."
-Hancock County
- "I would say probably of the indicators that we track, cancellations from clients, sickness being number one, obviously, but transportation's right behind that."
-Penobscot County



Quotable Quotes - Residents

- "Well, I think it's similar to a lot of rural communities where we're kind of isolated from where a lot of the facilities are and just like many other rural communities, we have very little infrastructure as far as transportation goes to be able to help the older population get to and from where they need to be for appointments other than just simply volunteers..."
-Penobscot County Resident
- "... it's very difficult for an elderly person to get a ride unless they have friends ... it's difficult with gas being so high and everything like that."
-Washington County Resident
- "Well, there needs to be people who can be called to – so these people can keep their appointments. I provide transportation mostly for my friends who need transportation, uh, to doctors' offices for various problems and it seems to be a shortage of transportation for people to go to keep their appointments."
-Hancock County Resident



Best Practices Analysis

- Flexible and accessible service is a must.
- Drivers are an important component in providing safe and reliable transportation.
- Services are best in rural areas. In order to promote collaboration and partnership, approached as a response to community-based needs.
- Volunteers are a vital part of the country's transportation for older adults
- Whenever possible provide individual or personal service to older adults.
- Successful models partner collaborate with other organizations and evolve financially looking beyond typical sources of funding.





Study Recommendations

- Educate the community about the services that are available to them. This should be an ongoing process, wide reaching, accessible, and comprehensive.
- Educate older drivers about safe driving practices as well as ways to take care of their cars so that they will have them as long as they need them. Expand existing education programs (Penquis CAP/AARP) and collaborate to reach underserved areas.
- Expand the Matter of Balance and Bone Builder exercise programs in order to enable older people to travel safely and avoid falls and injuries in the winter.



Recommendations

- Maintain existing services to uphold name recognition, level of trust and expectations for the service of current programs.
- Create Eastern Maine Transportation Collaborative branding.
- Distribute information about new services and changes to services to the public to ensure that they are receiving accurate and timely information.
 - Utilize all media avenues: mail, print, free newspapers, cable access, television, email, internet, Maine AIRS/IRIS network, flyers at grocery stores/pharmacies, etc.
 - Challenge corporate media entities to increase PSA coverage.



Recommendations

- Develop a communications system in all counties to increase awareness of service availability – tie this into the ADRC and 211 projects. Emphasize “single-point-of-entry” options.
- Distribute information about transportation services as part of older patient’s hospital discharge paperwork to take home with them. Make transportation information also available during the hospital registration process.
- Advocate for increasing volunteer and family member reimbursement rates for MaineCare clients.



Recommendations

- Survey older adults to see what kind of transportation system they would use. A new system would most likely need to include paid drivers due to the steady decline in the number of volunteers. If using a volunteer-based system, will have to pay more than just mileage to cover the rising cost of gasoline.
- Explore further the financial impact on the healthcare community of “no-shows” due to lack of transportation.
- Further explore the financial impact on the transportation community of “no-shows” due to lack of planning and coordination.
- Encourage donations of consumers for volunteer ride programs.
- Establish a system of “senior escorts” to be placed on the city bus to aid older adults getting on and off the bus at stops. This service would make seniors feel more secure and therefore utilize the bus system more. It would also provide an opportunity for older volunteers to educate and orient their peers to the bus service.



Recommendations

- Establish a mechanism for transportation planning in service center communities for the purposes of coordination and promoting utilization of local medical services. EMTC members should serve as conveners and technical advisors of such transportation planning groups.
- Provide transportation assistance to caregivers, such as: resource link up, ride-sharing, support groups, respite options.
- Tie in the ride-share concept to the current volunteer bank initiatives.



Recommendations

- Encourage Bangor area providers to assist clients in calling the BAT and ask if they qualify for "para transit" to become eligible for CAP services.
- Agencies should encourage client to bring helpers with them on their rides (such as Faith in Action)
- Promote ways to reach the "in-between" clients who are not MaineCare eligible but do not have enough money to pay for transportation
 - EAAA is working on this issue through an endowment. Will be open to the 4 county area EAAA covers. An RFP will be sent out and cost share will be an element. WHCA has available a possible 50/50 match.



Recommendations

- Link collaborative members to "United We Ride" program.
 - This federal mandate's overall goal is to consolidate transportation and related funding.
 - Volunteer driver organizations can work through the regional transportation provider for MaineCare reimbursement (Washington & Hancock - WHCA, Penobscot - Penquis CAP).
 - "United We Ride" provides federal dollars for a consolidated state transportation PLAN, not for transportation itself.



Recommendations

- Policy Recommendations
 - MaineCare
 - Apply base rate and mileage for taxi rides to agencies that are equal to reimbursement for agency vehicle, volunteer driver or friend/family transportation reimbursement rates.
 - Negotiate full and partial reimbursement for "no shows".
 - Increase the base rate reimbursement for multiple day transports.
 - Recent State Rule Change
 - As of October 5th, volunteer driver reimbursement through Medicaid licensed organizations went up:
 - From \$0.15 to \$0.22 for driving self, friends or family
 - From \$0.30 to \$0.44 when driving people outside of your family



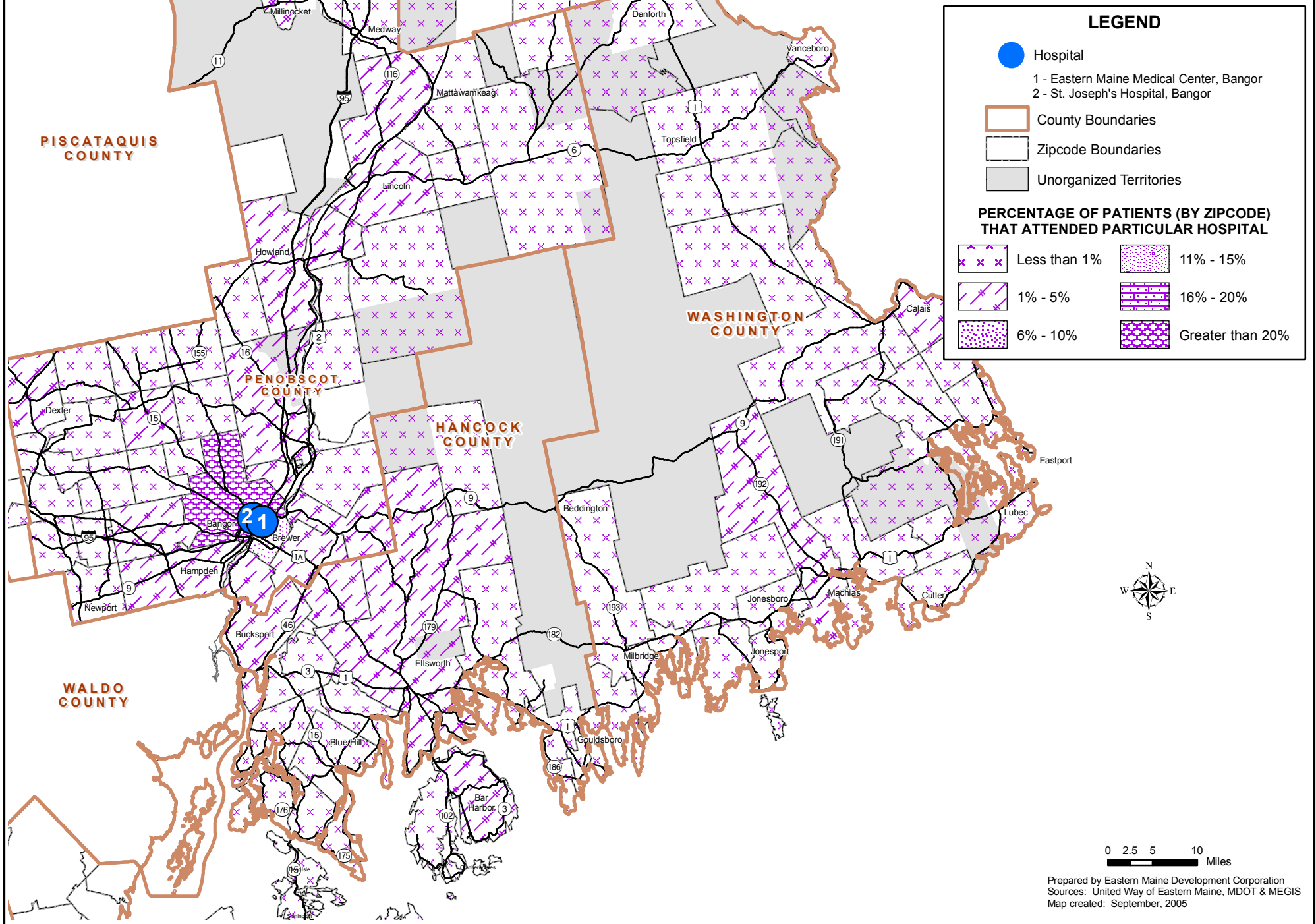


References

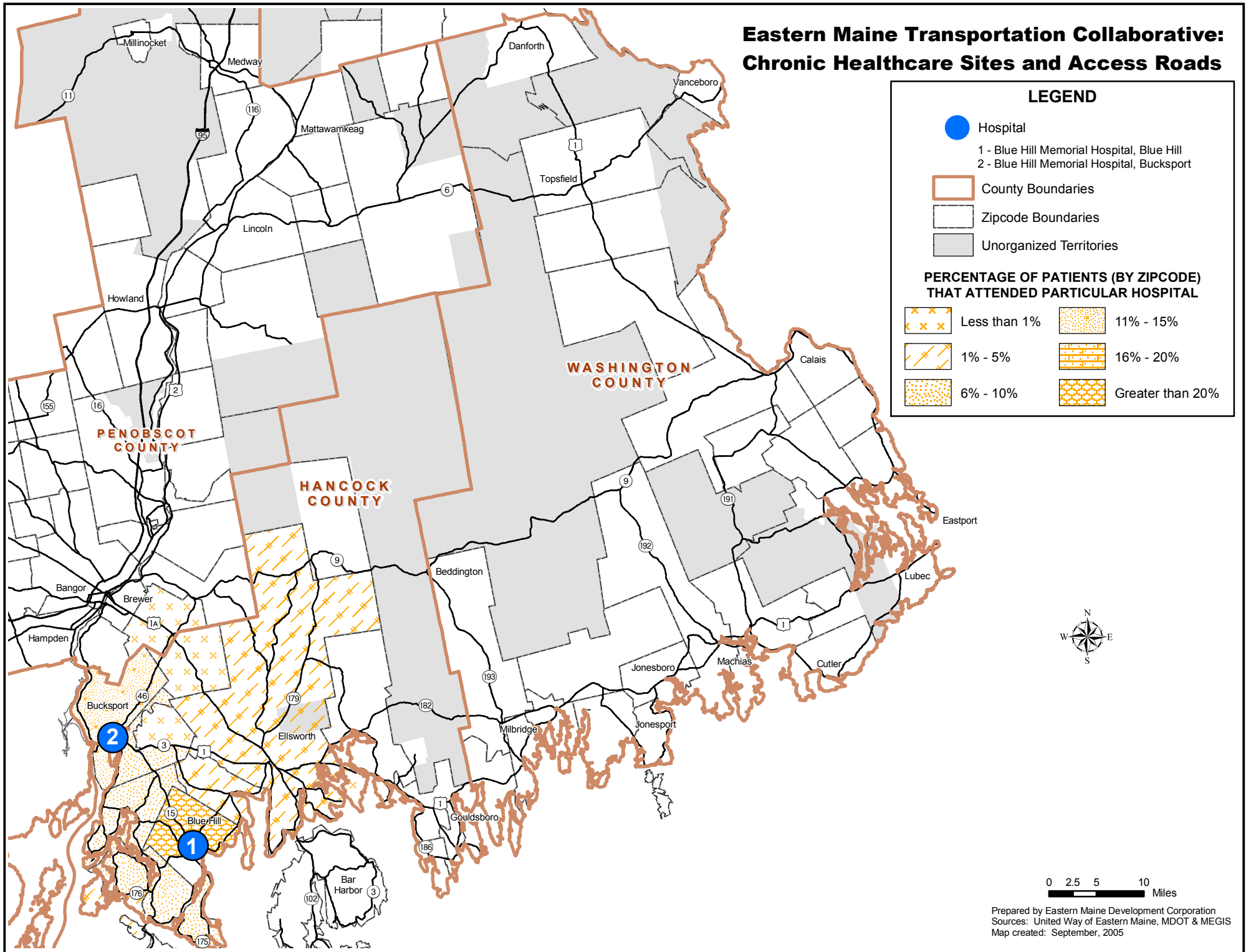
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Appendix C: Patient Cluster Maps

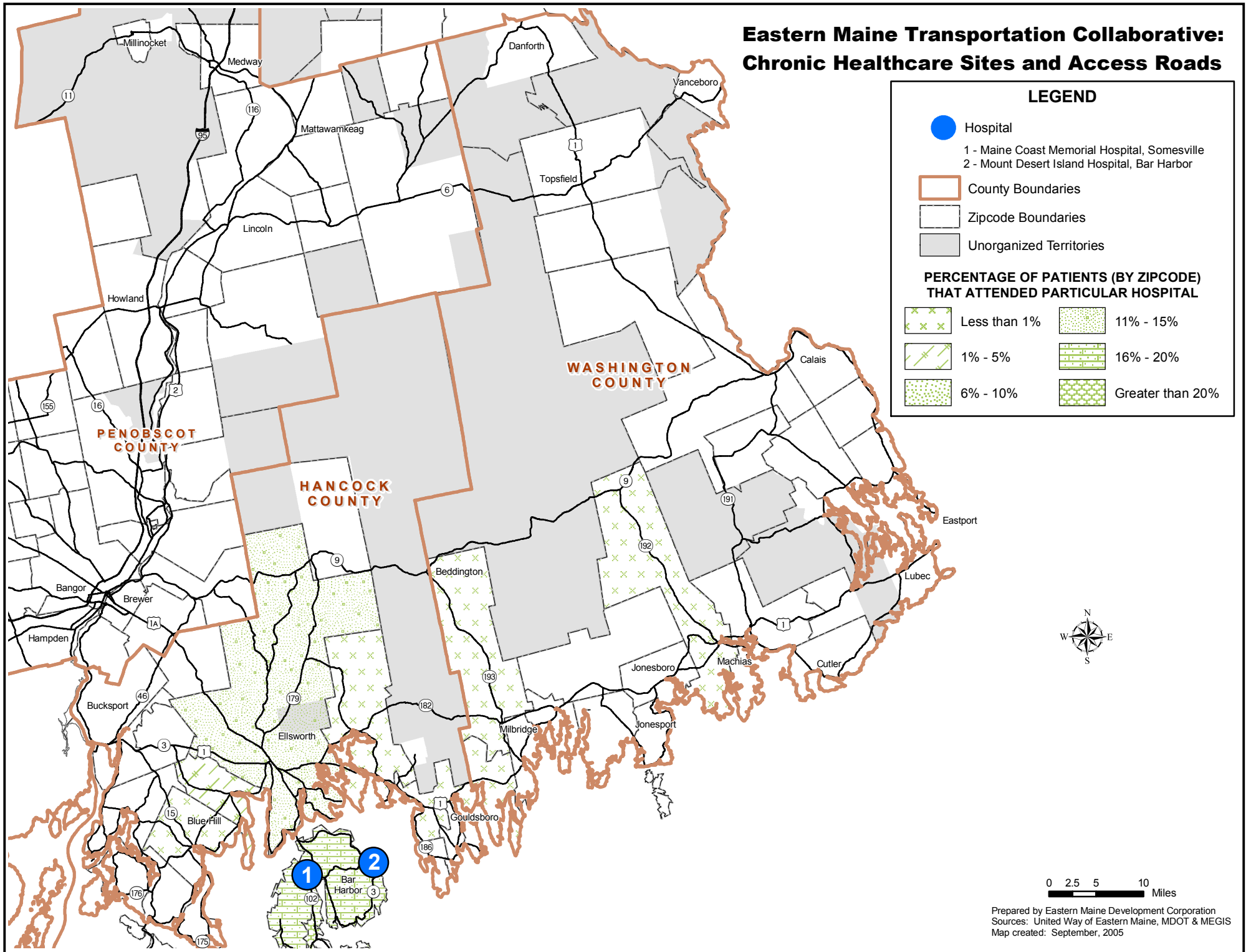
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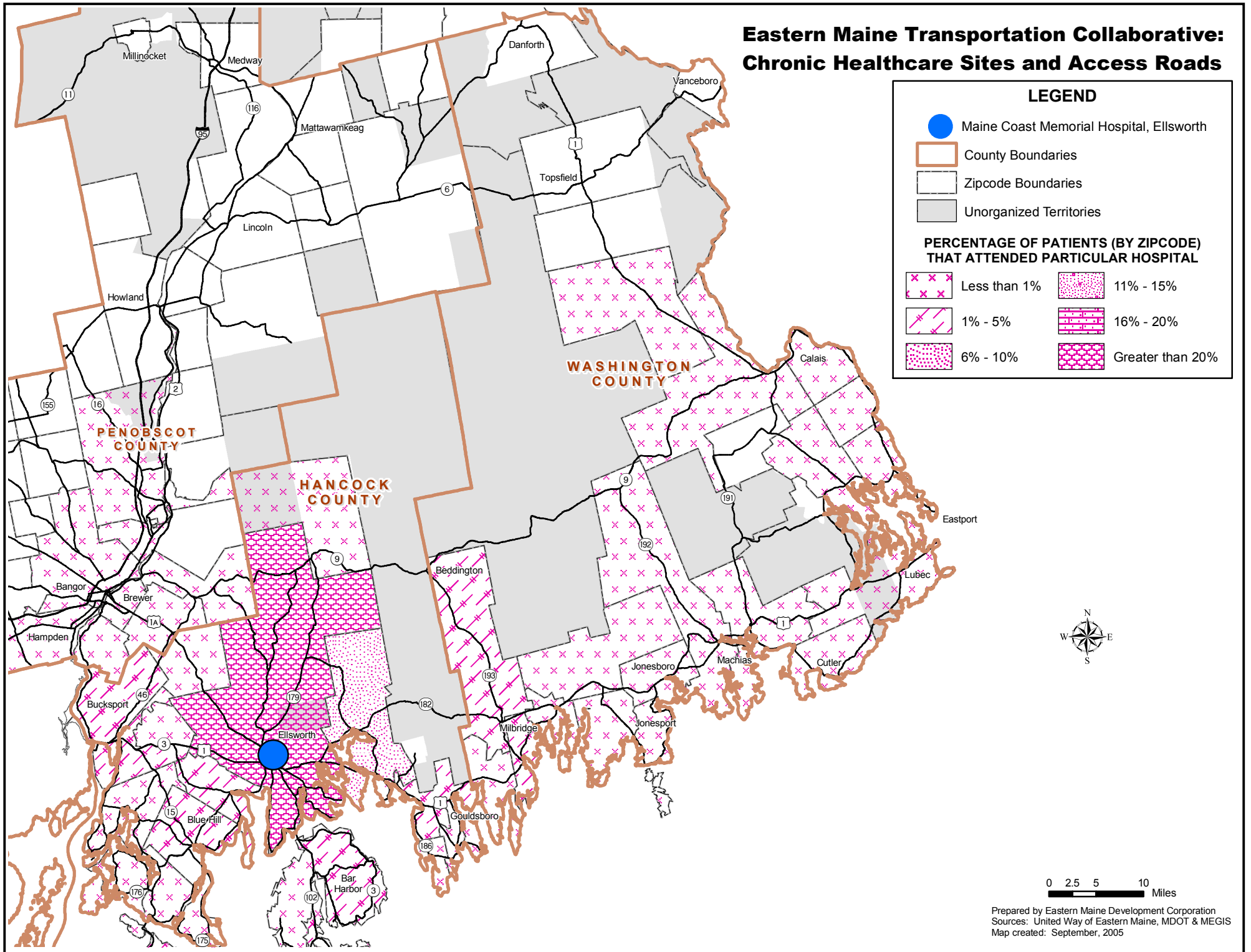
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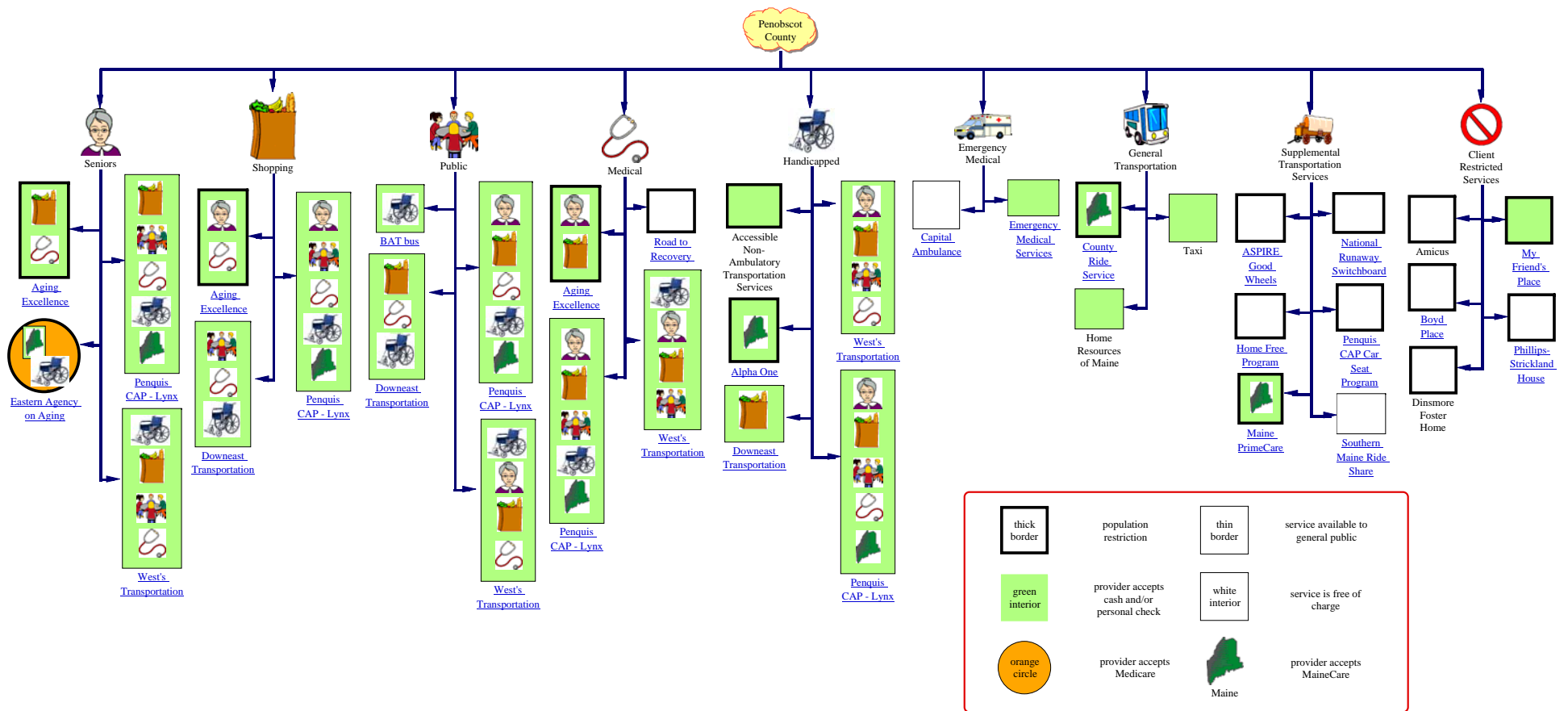
Eastern Maine Transportation Collaborative: Chronic Healthcare Sites and Access Roads



Eastern Maine Transportation Collaborative: Chronic Healthcare Sites and Access Roads



Appendix D: Transportation Decision Trees



Penobscot County

I. Seniors

- A. [Aging Excellence](#)
- B. [Eastern Agency on Aging](#)
- C. [Penquis CAP - Lynx](#)
- D. [West's Transportation](#)

II. Shopping

- A. [Aging Excellence](#)
- B. [Downeast Transportation](#)
- C. [Penquis CAP - Lynx](#)

III. Public

- A. [BAT bus](#)
- B. [Downeast Transportation](#)
- C. [Penquis CAP - Lynx](#)
- D. [West's Transportation](#)

IV. Medical

- A. [Aging Excellence](#)
- B. [Penquis CAP - Lynx](#)
- C. [Road to Recovery](#)
- D. [West's Transportation](#)

V. Handicapped

- A. Accessible Non-Ambulatory
Transportation Services
- B. [Alpha One](#)

- C. [Downeast Transportation](#)

- D. [Penquis CAP - Lynx](#)

- E. [West's Transportation](#)

VI. Emergency Medical

- A. [Capital Ambulance](#)
- B. [Emergency Medical Services](#)

VII. General Transportation

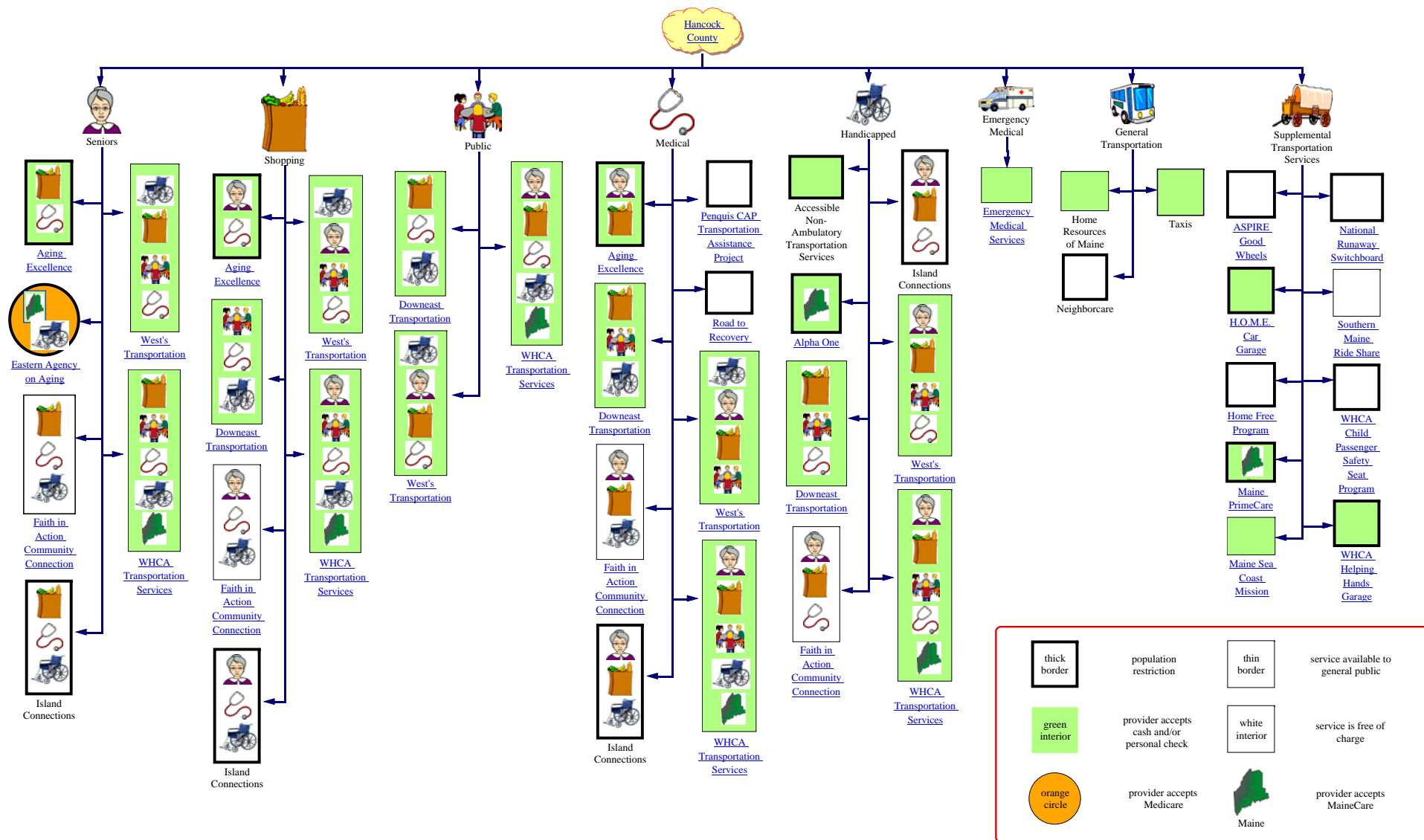
- A. [County Ride Service](#)
- B. Home Resources of Maine
- C. Taxi

VIII. Supplemental Transportation Services

- A. [ASPIRE Good Wheels](#)
- B. [Home Free Program](#)
- C. [Maine PrimeCare](#)
- D. [National Runaway Switchboard](#)
- E. [Southern Maine Ride Share](#)
- F. [Penquis CAP Car Seat Program](#)

IX. Client Restricted Services

- A. Amicus
- B. [Boyd Place](#)
- C. Dinsmore Foster Home
- D. [My Friend's Place](#)
- E. [Phillips-Strickland House](#)



Hancock County

I. Seniors

- A. [Aging Excellence](#)
- B. [Eastern Agency on Aging](#)
- C. [Faith in Action Community Connection](#)
- D. **Island Connections**
- E. [West's Transportation](#)
- F. [WHCA Transportation Services](#)

II. Shopping

- A. [Aging Excellence](#)
- B. [Downeast Transportation](#)
- C. [Faith in Action Community Connection](#)
- D. **Island Connections**
- E. [West's Transportation](#)
- F. [WHCA Transportation Services](#)

III. Public

- A. [Downeast Transportation](#)
- B. [West's Transportation](#)
- C. [WHCA Transportation Services](#)

IV. Medical

- A. [Aging Excellence](#)
- B. [Downeast Transportation](#)
- C. [Faith in Action Community Connection](#)
- D. **Island Connections**
- E. [Penquis CAP Transportation Assistance Project](#)
- F. [Road to Recovery](#)

G. [West's Transportation](#)

H. [WHCA Transportation Services](#)

V. Handicapped

- A. **Accessible Non-Ambulatory Transportation Services**
- B. [Alpha One](#)
- C. [Downeast Transportation](#)
- D. [Faith in Action Community Connection](#)
- E. **Island Connections**
- F. [West's Transportation](#)
- G. [WHCA Transportation Services](#)

VI. Emergency Medical

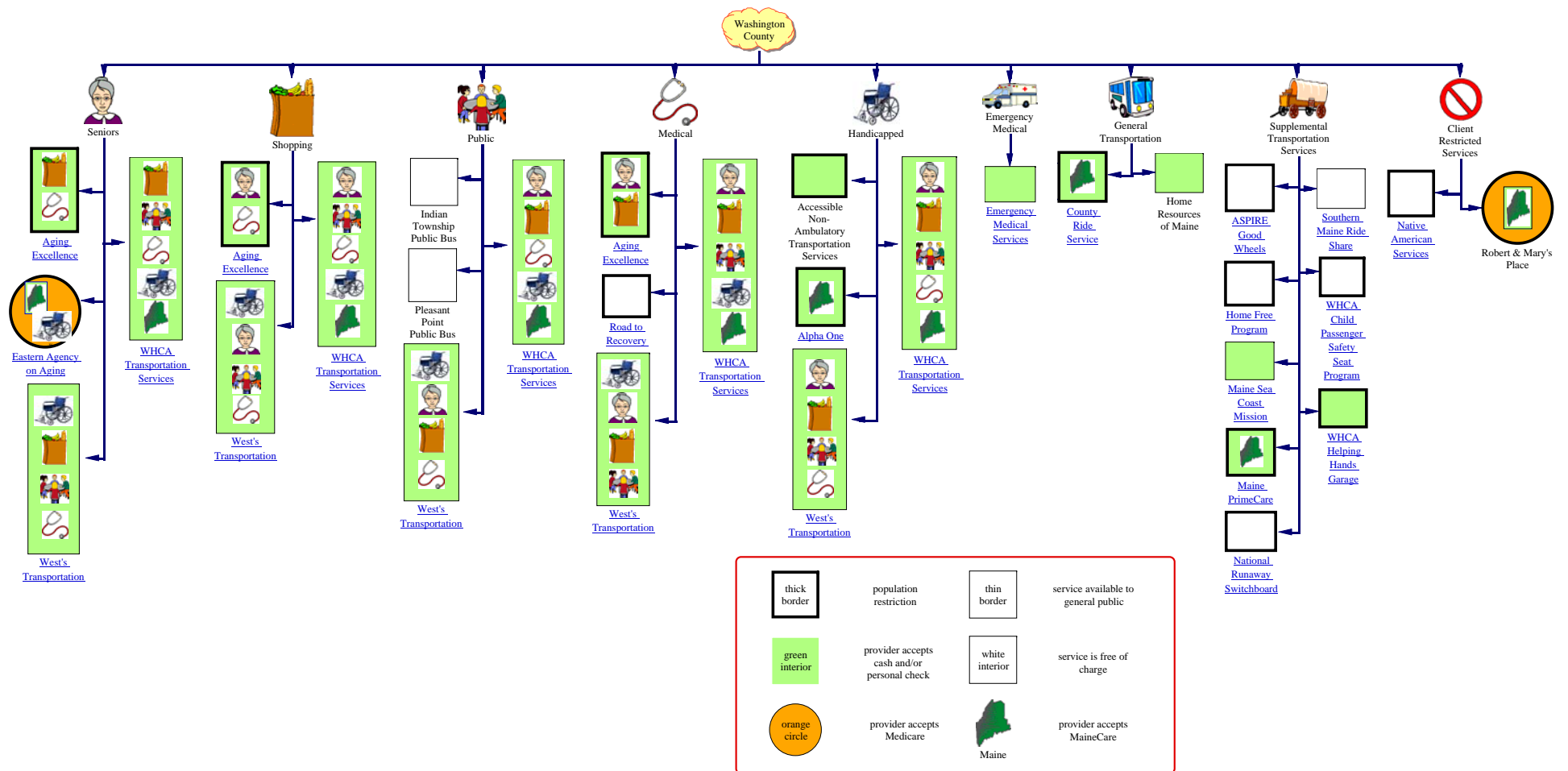
- A. [Emergency Medical Services](#)

VII. General Transportation

- A. **Home Resources of Maine**
- B. **Neighborcare**
- C. **Taxis**

VIII. Supplemental Transportation Services

- A. [ASPIRE Good Wheels](#)
- B. [H.O.M.E. Car Garage](#)
- C. [Home Free Program](#)
- D. [Maine PrimeCare](#)
- E. [Maine Sea Coast Mission](#)
- F. [National Runaway Switchboard](#)
- G. [Southern Maine Ride Share](#)
- H. [WHCA Child Passenger Safety Seat Program](#)
- I. [WHCA Helping Hands Garage](#)



Washington County

I. Seniors

- A. [Aging Excellence](#)
- B. [Eastern Agency on Aging](#)
- C. [West's Transportation](#)
- D. [WHCA Transportation Services](#)

II. Shopping

- A. [Aging Excellence](#)
- B. [West's Transportation](#)
- C. [WHCA Transportation Services](#)

III. Public

- A. Indian Township Public Bus
- B. Pleasant Point Public Bus
- C. [West's Transportation](#)
- D. [WHCA Transportation Services](#)

IV. Medical

- A. [Aging Excellence](#)
- B. [Road to Recovery](#)
- C. [West's Transportation](#)
- D. [WHCA Transportation Services](#)

V. Handicapped

- A. Accessible Non-Ambulatory
Transportation Services

B. [Alpha One](#)

C. [West's Transportation](#)

D. [WHCA Transportation Services](#)

VI. Emergency Medical

A. [Emergency Medical Services](#)

VII. General Transportation

A. [County Ride Service](#)

B. Home Resources of Maine

VIII. Supplemental Transportation

Services

A. [ASPIRE Good Wheels](#)

B. [Home Free Program](#)

C. [Maine PrimeCare](#)

D. [Maine Sea Coast Mission](#)

E. [National Runaway Switchboard](#)

F. [Southern Maine Ride Share](#)

G. [WHCA Child Passenger Safety Seat Program](#)

H. [WHCA Helping Hands Garage](#)

IX. Client Restricted Services

A. [Native American Services](#)

B. Robert & Mary's Place