Addressing Barriers for New Mainers in Understanding and Utilizing Transportation Resources to Access Medical Care and Finding Culturally Appropriate Solutions for the Barriers

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Addressing barriers for New Mainers in understanding and utilizing transportation resources to access medical care and finding culturally appropriate solutions for the barriers

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# Table of Contents

List of Tables & Figures. ................................................................. 3

Executive Summary. ................................................................. 4

Introduction. ................................................................. 5

Methods. ................................................................. 6

Key Findings. ................................................................. 8

Discussion. ................................................................. 9

Recommendations. ................................................................. 13

References. ................................................................. 14

Appendix. ................................................................. 15

  Appendix I: Venn Diagrams & Results. ........................................... 15
  Appendix II: Contact Sheet. ....................................................... 23
  Appendix III: Survey Questions. .................................................... 24
  Appendix IV: Personal Stories, Anecdotes, and Quotes. ............... 25
List of Tables and Figures

1. Figure 1: Categories used to inductively code interview and survey data
2. Figure 2: Identifying Infrastructural Barriers
3. Figure 3: Categorizing Infrastructural Barriers
4. Figure 4: Identifying Community-Healthcare Relationship as a Barrier
5. Figure 5: Categorizing Community Healthcare Relationship Barriers
6. Figure 6: Identifying Money as a Barrier
7. Figure 7: Categorizing Money Barriers
8. Figure 8: Identifying Cultural Barriers
9. Figure 9: Categorizing Cultural Barriers
Executive Summary

Lewiston, Maine has become home to a growing population of refugees and asylum seekers. Known as New Mainers, the majority of these newcomers are from Somalia, but many are originally from other countries in Africa as well. Recently, a community forum indicated that New Mainers face a significant barrier in accessing healthcare due to being unaware of or lacking knowledge about the existing transportation options and resources available to them. This results in missed appointments and increases in emergency room visits. In turn this presents a public health problem and an increase in healthcare costs, which extend beyond the New Mainer community to affect Lewiston as a whole. Healthy Androscoggin, a public health oriented Non-Profit made up of a coalition of community members and partner organizations, received a Common Good Grant to further explore and address this issue. We assisted Healthy Androscoggin’s efforts by exploring the barriers and trying to identify their root causes and potential solutions. The reality surrounding barriers New Mainers face while trying to access healthcare extends beyond lack of knowledge and awareness about the existing transportation infrastructure and resources.

Our project assessed barriers to New Mainers accessing healthcare through a three-pronged approach. We completed a review of relevant literature, conducted interviews, and sent out a survey. The relevant literature included scholarly articles, research about cities dealing with similar issues, and reports and documents from organizations in Lewiston. Our interviews focused on transportation providers, healthcare providers, and members of the New Mainer community. To expand our outreach to New Mainers, we utilized local community organizations. Finally, the survey was sent out to transportation and healthcare providers through our key contacts at transportation and healthcare organizations. We received 46 total survey responses.

Our research identified several barriers in addition to lack of knowledge. We inductively coded the barriers into the broad categories of infrastructure, community-healthcare relationship, cultural, and money. Our data and results can be seen in Appendix I. Overwhelmingly, the issues came down to ineffective and inefficient transportation infrastructure. For New Mainers eligible for MaineCare, the out-of-state for-profit vendor contracted by the state, Logisticare, presented several barriers. Problems included but were not limited to:

- Inclimate weather cancellations
- 48-hour advance notice required to schedule a ride
- Racist drivers
- Inability to accommodate cultural needs, such as preference to travel with children

For New Mainers without cars and ineligible for Logisticare, the public transportation system also presented several barriers. Problems included but were not limited to:

- Limited options
- Limited times
- Limited routes
- Unreliable schedules
- Cost
- Inability to accommodate cultural needs, such as preference to travel with children
Furthermore, neither logisticare nor public transportation take into consideration people who struggle with mental illness, are traumatized, and/or feel vulnerable while waiting in public for rides.

The analysis of our results showed that amongst the relevant community focus groups, healthcare providers, transportation providers, and New Mainers, there was a lot of overlap in identified barriers. There were also barriers that lacked overlap as not all community focus groups identified them. What is clear is that the relevant community groups are not all on the same page about what the barriers are, what the barriers mean, and how the barriers impact New Mainers. There must be a coming together of representatives from all parties to create shared understanding of the issues and address them from there. It is particularly important that New Mainers play a central role in this process. We have provided a contact sheet of people and organizations we believe have a role to play in addressing this issue going forward. The contact sheet can be found in Appendix II.

**Introduction**

There are a multitude of barriers that prevent New Mainers from getting to their healthcare appointments. Missed healthcare appointments is detrimental to the health of the New Mainer community, as well as to the healthcare providers as they lose revenue and simultaneously see an increase in emergency room visits. While healthcare providers, transportation providers, and representatives from the New Mainer community generally agree on the prevalence and importance of this issue, they all understand the issue from different viewpoints. Understanding the differing perspectives is important because they pose another barrier to trying solve this problem. New Mainers, healthcare providers, and transportation providers have all tried to find remedies to the barriers at hand. However, lack of cooperation and comprehensive understanding have prevented previous initiatives from fully addressing the problem.

By using a mixture of interviews and online surveys, this report analyzes the barriers that these “focus communities” (New Mainers, healthcare providers, and transportation providers) face when attempting to solve this issue. By using inductive coding to provide clear representations of the data collected from interviews and surveys, the of results of this report serve to show healthcare providers, transportation providers, and the New Mainer the varying viewpoints of this issue. Providing a cohesive presentation of the different viewpoints of this issue helps to show the totality of the issue at hand. Understanding this totality can permit all focus communities to work towards solving the issue at hand in a way that benefits all participants.

The purpose of these findings is to help foster conversations towards providing better transportation options for New Mainers when trying to access their healthcare appointments. Bringing these three focus communities to a table together, along with any other relevant parties, will encourage change from a holistic perspective rather than from a partial one. A holistic point of view is important for solving the presented issue.
Methods

We began developing our project by creating a conceptual model that delineated the bounds of our study. Through discussions with our community partner, we were told about an expressed need to provide more adequate non-emergency medical transportation (NEMT) for New Mainers living in Lewiston. Our job was to seek transportation solutions by researching existing transportation options within Lewiston and looking to other cities that have employed effective NEMT systems that could work in Lewiston. In undertaking the project, we decided that we must engage with the affected communities and perform background academic research to effectively tackle the problem presented.

We started by delving into academic research. Each of the three group members had a particular focus: one researched transportation solutions in other states, another consulted recent local documents addressing transportation issues in Lewiston, and the third investigated the history of transportation in Lewiston and its relation to the history of immigration in the city. By combining these three knowledge sources, we were able to provide a foundation for our research.

The bulk of our research came through outreach. By speaking with healthcare providers, transportation providers, and members of the New Mainer community, we were able to ascertain the most pertinent transportation barriers from the most relevant perspectives. We began by conferring with our project partner about the most effective and succinct questions we could ask to each group. Through our conversations we developed questionnaires that effectively told us what we needed in a culturally sensitive, efficient manner. With the help of our community partner we identified key informants that helped shed light on specific issues faced by members of each respective community. Our initial conversations provided further contacts that allowed us to gradually increase our network of key informants.

We began by interviewing Heritier Nosso and Fowsia Musse. Heritier and Fowsia are leaders in the New Mainer community, and both work with Healthy Androscoggin. Their insights provided fodder for our subsequent interviews, and allowed us to develop strong interview tactics before engaging community members. Overall, we talked to 8 healthcare informants, 4 transportation informants, and upwards of 20 New Mainers in a series of interviews and focus groups. The precise number of New Mainers that we spoke to is unclear because while we interviewed some people one-on-one, most of the New Mainers were interviewed in large focus groups. To reach a broader range of respondents, we also developed an online questionnaire that could be completed remotely, and distributed the questionnaire to healthcare and transportation providers through our established interview network. We received 46 survey responses, 42 of them from healthcare providers and 4 from transportation providers. The survey questions can be found in Appendix III. Due to feasibility and language concerns, we did not develop an online questionnaire for New Mainer respondents. Instead we chose to organize focus groups at community organizations to better facilitate the conversations and navigate language barriers.

Given the nature of our study, we did not accumulate representative data to present our findings in a quantitative manner. Rathers we developed a system to present our qualitative data in a compelling and understandable format. While we did not reach enough respondents to gain a representative cross section of each community involved, the key informants that we reached provided extremely valuable anecdotal evidence. To present the data we collected, we inductively coded each of our survey responses in order to departmentalize them into five broad
categories. The five categories were infrastructure, community-healthcare relationships, money, cultural, and non-transportation barriers. Within these five categories we were able to show the ways in which each of the three communities we worked with (healthcare providers, transportation providers, and New Mainers) viewed problems associated with each category. We did not include non-transportation barriers in our results in order to stay within the scope of our project. However, we want to acknowledge that transportation barriers are a part of a systemic infrastructure problems in Lewiston. A true solution will require a holistic approach.

Within the category of infrastructure, we identified five responses that were most common amongst the key informants we spoke to. Those five subdivisions are the following: limited routes, unreliable schedules, limited times, limited options, and issues with logisticare. Unreliable schedules and limited routes, options, and times all refer to the infrastructural restraints of the current public transportation option in Lewiston, the citylink bus system. Additionally, Logisticare is listed as a subdivision of infrastructure because it is the current infrastructure in place to get MaineCare recipients to and from their non-emergency healthcare appointments. Logisticare, an Atlanta-based company, replaced a local NEMT broker several years ago after winning a bid to provide medical transportation in Androscoggin county.

Moving on to community-healthcare relationships, we identified two primary responses: lack of partnership and patient engagement. We defined lack of partnership as the failure of transportation providers and healthcare providers to jointly work on overcoming the transportation issue, and patient engagement as the relationship developed between New Mainers and the other two focus communities to encourage the building of inter-community trust.

Money was broken down into two integral parts: payment and funding. Payment refers to the difficulty that individuals face when trying to pay for their healthcare appointments and the transportation for said appointments. Funding refers to the money restraints that healthcare and transportation providers face when trying to launch initiatives to fix identified issues.

Finally, cultural barriers were subdivided into the following four categories: insensitivity, racist treatment, family size, and language. Insensitivity refers to a lack of education about immigrant populations resulting in healthcare practitioners or transportation providers giving insufficient service. Racist treatment refers to the unjust behavior that members of the New Mainer community faces during their healthcare appointments and from the current transportation infrastructure. Family size refers to the fact that majority of mothers within the New Mainer community have more than one child. Language refers to the inability of healthcare and transportation providers to communicate with members of the New Mainer community due to lack in shared language.

We organized our data by categorically recording each response we received. In doing so we ensured the inclusion of important personal stories while simultaneously recording our data efficiently. After our interview and survey process, we were able to depict the results of our study visually through the use of Venn diagrams, showing the places that responses overlapped or diverged between the three focus communities. By pointing out the discrepancies in perspectives between the three communities, we were able to identify the problem areas that must be resolved in order to overcome the transportation barrier. Figure 1 displays our categorization mechanism visually.
Our findings were supplemented by personal stories that allowed us to gain intimate insight into the transportation issue. We have outlined some of these stories and anecdotes in our results section along with the composite data we collected. Finally, we developed our key findings and recommendations for future work based on the responses we received and the gaps in service that we identified. We developed a presentation and delivered it at Community Concepts on December 11th, 2018 to an audience composed of informants that we interviewed and local representatives of relevant community, transportation, and healthcare organizations seeking to resolve the transportation issue.

**Key Findings**

**Infrastructure**

Based off of the responses from our interviews and distributed surveys, we found that all three focus communities agreed that the current transportation infrastructure in Lewiston is a barrier preventing New Mainers from getting to their healthcare appointments (Figure 2). Although all focus communities recognized infrastructure as a barrier, there was difference in how infrastructure was refined depending on the focus community (Figure 3). All three focus communities categorized unreliable schedules, limited times, and limited options as infrastructural barriers caused by the current public transportation system. Additionally, from our interviews and surveys we found that only healthcare providers and representatives from the New Mainer community reported citylink’s limited routes and Logisticare as infrastructural barriers. When talking about Logisticare, many New Mainer representatives reported it as...
providing insufficient service. Insufficient service was described as failing to show up during pick up times and cancelling service despite non-inclement weather.

Community Healthcare Relationship

Based off of the responses from our interviews and distributed surveys, we found that only a small amount of healthcare and transportation providers recognized the community healthcare relationship as a barrier preventing New Mainers from getting to their healthcare appointments. On the other hand, no representatives from the New Mainer community recognized the community healthcare relationship as a barrier preventing them from getting to their healthcare appointments (Figure 4). Although both focus groups recognized the community healthcare relationship has a barrier, there was difference depending on the focus community (Figure 5). Both healthcare and transportation providers identified lack of partnership between healthcare and transportation providers as a barrier. Additionally, only healthcare providers identified patient engagement as a barrier preventing New Mainers from getting to their healthcare appointments.

Money

Based off of responses from our interviews and distributed surveys, all three focus communities recognized money restraint as a barrier preventing New Mainers from getting to their healthcare appointments (Figure 6). Although all focus communities recognized money restraint as a barrier, there was difference in how money restraints were defined depending on the reporting focus community (Figure 7). All three focus communities identified payment has a barrier. When entering the country, refugee and asylum seekers are required to attend a series of healthcare appointments for immigration purposes. The accumulation of these healthcare appointments and the transportation to get to and from these appointments becomes very costly. Additionally, only healthcare and transportation providers identified funding as a barrier.

Cultural

Based off of our interviews and distributed surveys, all three focus communities recognized that cultural barriers prevent New Mainers from getting to their healthcare appointments (Figure 8). Although all focus communities recognized cultural barriers, there were differences in how this barrier was categorized (Figure 9). All three focus communities identified language and family size as cultural barriers. However, only healthcare providers and representatives from the New Mainer community recognized insensitivity and racist treatment as cultural barriers. Representatives from the New Mainer community disclosed that many mothers receive racist treatment from public bus and logisticare drivers. The New Mainer community also reported that many mothers also don’t feel comfortable waiting at bus stops with all of their children.

Discussion

Encountering transportation barriers to medical appointments is not a problem unique to Lewiston. Each year, despite the $5 billion dollars spent on getting Medicaid members to and
from their appointments, 3.6 million Americans miss or delay at least one appointment due to transportation barriers (Komenda 2017). Further, according to a study conducted by Health Outreach Partners, 92% of healthcare providers identified transportation as a moderate to severe barrier (Health Outreach Partners 2017). Amongst immigrant, refugees, and asylum seekers, this barrier is amplified by factors relating to accustomization to a new environment and a lack of existing immigration support. Studies such as those conducted by Thompson, Christiancho et al., Morris et al., and Wafula and Snipes confirm that transportation is a common primary barrier amongst various immigrant populations (Cristancho et al. 2008; Morris et al. 2009; Thompson 2006; Wafula and Snipes 2013).

Most of the transportation budget apportioned by Medicaid goes to non-emergency medical transportation brokers such as Logisticare, yet these brokers are consistently reported to encounter logistical problems that prevent their patients from getting to their appointments (Health Outreach Partners 2017). This theme is consistent with our findings in Lewiston, where we heard from New Mainers and healthcare representatives that Logisticare consistently misses pickups and fails to fulfill their role as a non-emergency medical transportation provider. In certain areas, effective non-emergency medical transportation has proven to be effective, and these cities can be used as models by which areas such as Lewiston could look to learn from. In Southern Illinois, the Rural Medical Transportation Network has established a system that works to connect EMS providers, the public transportation system, and health care providers in partnership with the Southern Illinois University School of Medicine. Though the program is still in a pilot stage, the system has proven to be effective in reducing emergency room visits and missed patient appointments, which is mutually beneficial for community members and healthcare providers alike (Southern Illinois University 2018). In South-Central Missouri, the HealthTran program has taken a similar tack. A non-profit, HealthTran works to connect transportation providers and healthcare providers to decrease the rates of missed appointments and, as a result, the amount of emergency room visits that could have been avoided with preventative care (Health Outreach Partners 2017). Though systems such as this have been shown to improve healthcare access through pilot programs, they rely on non-governmental funding sources that can be difficult to come by. A cost-benefit analysis may be an effective way to attract funding and stakeholders. By showing that missed appointments incur cost upon healthcare providers, the development of more efficient transportation systems may be incentivized.

Many of our respondents indicated that medical centers must play a more prominent role in providing transportation for their patients. Several hospitals across the country have undertaken initiatives that seek to reduce costs incurred due to missed appointments and ensure that their patients are receiving the care they need. Denver Health Medical Center has partnered with Lyft to provide rides to patients, CalvertHealth Medical Center has employed a Mobile Health Center that provides preventative care to patients with transportation barriers, and the Taylor Regional Hospital employs a van service that keeps two vans in rotation throughout the day to provide transportation to patients in need (Health Research and Educational Trust 2017). Though each of these mechanisms requires funding from health centers, the extra spending is outweighed by the cost of missed appointments. According to the Health Outreach Partners study, each missed appointment costs medical centers approximately $175, which results in total losses to our healthcare system of $150 billion each year (Cronk 2016; Health Outreach Partners 2017). The 2017 report conducted by Frank O’Hara entitled “Summary Findings from the
Conference on Healthcare Transportation Solutions in the Tri-County Area” found that a given hospital in Lewiston loses up to $350,000 per year due to appointments missed for transportation reasons (O’Hara 2017).

Through our work, personal stories and anecdotes repeatedly referenced several facets of the transportation system in Lewiston that helped us to understand the dynamics of NEMT transportation. The foremost insights and interpretations are provided below, which several other pertinent anecdotes and quotes from our work can be found in Appendix IV.

Logisticare

Logisticare, an Atlanta-based company, replaced a local NEMT broker several years ago after winning a bid to provide medical transportation in Androscoggin county. According to our respondents, this switch has been detrimental to the efficacy of the medical transportation system in Lewiston. As the bid for providing service is carried out through a block grant, there is no economic incentive for Logisticare to provide more rides, as each ride takes a chunk out of the funding that Logisticare is already guaranteed on a monthly basis. New Mainer respondents reported missed pick-ups, rude or racist treatment by drivers, and ineffective bidirectional communication that resulted in missed or delayed appointments. Further, there were several reports of Logisticare missing pick-ups and failing to communicate this to New Mainer patients, which resulted in the patient waiting for hours rather than seeking an alternative means to travel to their appointment. A local healthcare provider informed us that their center had to stop working with Logisticare due to persistent issues with service. Logisticare requires 48-hour notice for service, and have been known to cancel trips abruptly due to projected weather conditions. Further, it is evident that Logisticare drivers have not received adequate cultural sensitivity training, which can be attributed to the fact that they are a remote company without an intimate understanding of Lewiston’s cultural dynamics. The center that stopped working with Logisticare has had to rely on translators or taxi services to ensure that their patients are receiving timely and adequate treatment, both of which are suboptimal alternatives. Taxis are expensive for the healthcare center, and translators are not supposed to provide transportation for their clients under OSHA regulations. The fact that both of these alternatives are ultimately more effective than Logisticare’s service is a testament to the ineffectiveness of the NEMT system in Lewiston. Further, Logisticare is only available to those who qualify for MaineCare in the first place, which disqualifies new asylum seekers and some refugees who have not yet been covered. With Androscoggin County’s NEMT contract out to bid now, serious consideration should be made to ensure that the next NEMT broker will be responsive to the needs of the Lewiston New Mainer community.

Bus System

Infrastructural issues with the bus system was identified frequently as a barrier amongst all focus communities. In speaking with local transportation providers, it became evident that Lewiston’s public transportation system is lacking. A few years ago, the Auburn City Council voted to reduce the transportation budget in Lewiston-Auburn, taking a bus out of citylink rotation, which ultimately caused a loss of 10+ service hours per day. Further, as of this last August, the free shuttle that provides transportation to several local destinations began charging
fares due to funding restrictions. Even amongst the public transportation options that still exist, logistical problems have cropped up. Buses only run between the hours of 8:00 AM and 5:15 PM, which restricts the ability of Lewiston residents to access appointments before or after work hours. Bus routes are also not regular enough to ensure that riders will be able to access appointments at any given time in the day, and we heard from a transportation informant that certain routes take far too long to be feasible. For example, the return trip from an Auburn dentistry center takes up to 90 minutes to reach downtown Lewiston. Despite the existence of these objective barriers, we found that each of our focus communities held different perspectives regarding infrastructural barriers to accessing healthcare appointments.

New Mainer Adaptations

The New Mainer focus groups at the Root Cellar and the Immigrant Resource Center of Maine provided valuable insights into the transportation barriers and the solutions they’ve developed. Many, including several new mothers, chose to walk for the majority of their transportation needs, citing ineffective bus services, family size, and language barriers as the primary reasons for not utilizing local transportation options. One mother with a two-month old child continues to walk despite adverse weather conditions because she has found that other forms of transportation are less efficient and less conducive to her schedule. Another reported that wait times for buses was far too long, especially given frequent inclement weather conditions and a lack of shelter at bus stations. One man noted that buses did not take him where he wanted to go, which indicates inconsistency in bus routes and ineffective communication between riders and providers. Finally, respondents reported that the most frequently used form of transportation occurred through social networks- finding family members or friends with a vehicle that can provide transportation to medical appointments. Such a dependence is clearly unsustainable, as patient’s availability becomes dependent upon the schedule of another individual.

Community-Healthcare Relationship

In speaking with Community Concepts, we found that there had been attempts to create joint transportation projects with local healthcare centers, but these attempts had fallen through due to funding issues and lack of commitment on behalf of the healthcare providers. Specifically, a partnership had been established between Community Concepts and an Auburn dentistry center that fell through at the last moment due to funding issues, and as such, a pilot program has never been established in Lewiston to test the potential benefits of a partnership between local community organizations and healthcare centers. Community Concepts has been vocal about their efforts to establish a more effective NEMT system, but the failure to partner with healthcare centers has deterred any substantial progress. Community organizations and healthcare providers alike have acknowledged that transportation to appointments is a huge barrier, but there must be a push to establish a partnership on the basis of mutual benefit for community members and healthcare providers.
**Recommendations**

The results of our research make it abundantly clear that healthcare providers, transportation providers, and New Mainers are not on the same page. While there is frequent overlap with regards to identification of barriers faced by New Mainers, each group has their own perceptions and understandings of the barriers. Furthermore, there are cases where there is little-to-no overlap in identification of a barrier. In other words, some parties are unaware of the presence of that barrier. Due to lack of communication and cooperation, healthcare and transportation providers are not on the same page, and are simultaneously out of touch with what New Mainers have to say. As a result, any proposed or attempted solutions are not fully informed or comprehensive and are unlikely to be successful.

It is crucial that representatives from all parties come together to discuss the issues and come to a collective understanding of what the barriers and their root causes are. We would like to stress that it is imperative for New Mainers to have a prominent seat at the table. So far discussion has largely excluded them, and this has proven to be ineffective. New Mainers understand the barriers they face better than anyone. Excluding or ignoring their voice only further perpetuates the problem and creates more barriers. Similarly, efforts must be made to include New Mainers in the transportation process. For example, New Mainer should have the opportunity to become volunteer or paid drivers themselves. For non-New Mainer drivers, cultural competency training is essential. Furthermore, it is in the best interests of healthcare providers to take a larger role in the process of eliminating barriers and improving transportation. Finding solutions will not only improve their patients’ health and overall quality of life, but it will also benefit healthcare providers financially. There is great financial cost to them in missed appointments and overuse of the emergency department. To help facilitate this meeting we have provided a contact sheet that can be found in Appendix II. Following the 2018 midterm elections, the time is particularly ripe to implement change. Previous administrations have been less receptive or cooperative, but there is hope that the new administration presents a fresh opportunity to create change. All parties must act now while there is impetus.

Finally, it is clear that a contracted, out-of-state, for-profit vendor is an inefficient and unfair way to provide NEMT. MaineCare should return to utilizing local vendors who have intimate knowledge of the state’s physical layout, as well as its natural and social climate. It is unacceptable to pass in-state challenges off to a company in Georgia. Not only are they unable to handle Maine’s natural climate, but they are either ill equipped or unwilling to accomodate the needs of New Mainers.


Appendix

I. Venn Diagrams & Results

Infrastructure:

*Figure 2: Identifying Infrastructural Barriers*

This figure shows that all three focus communities agree that the current transportation infrastructure within Lewiston is a barrier preventing New Mainers from getting to their healthcare appointments.

*Figure 3: Categorizing Infrastructural Barriers*

This figure shows that all three focus communities agree that unreliable schedules, limited times, and limited options are infrastructural barriers. However, just healthcare providers and New Mainers identified Logisticare and limited routes as barriers.
Data breakdown (only survey & interviews):

- **Unreliable schedules:**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by a young New Mainer mothers during an interview.
  - Healthcare providers: Identified by six of eight health care providers.
  - Transportation providers: Identified by three of four transportation providers.

- **Limited times:**
  - New Mainers: Identified in separate focus groups at two community organizations.
  - Healthcare providers: Identified by five of eight health care providers.
  - Transportation providers: Identified by two of four transportation providers.

- **Limited options:**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by two young New Mainer mothers during interviews.
  - Healthcare providers: Identified by seven of eight health care providers.
  - Transportation providers: Identified by four of four transportation providers.

- **Limited routes:**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by a young New Mainer mother during an interview.
  - Healthcare providers: Identified by five of eight healthcare providers.
  - Transportation providers: Identified by one of four transportation providers.

- **Logisticare:**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by a young New Mainer mother during an interview.
  - Healthcare providers: Identified by seven of eight healthcare providers.
  - Transportation providers: Not identified by any transportation providers.
Community-Healthcare Relationship

*Figure 4: Identifying Community-Healthcare Relationship Barriers*

This figure shows that healthcare and transportation providers partially agree that the community-healthcare relationship is a barrier. New Mainers do not recognize this as a barrier.

*Figure 5: Categorizing Community Healthcare Relationship as a Barrier*

This figure shows that both healthcare and transportation providers agree that lack of partnership between healthcare and transportation providers is a barrier. Only healthcare providers recognize patient engagement as a barrier. New Mainers did not identify either of these barriers.
Data breakdown (only survey & interviews):

- **Lack of partnership:**
  - New Mainers: Not identified by any New Mainers.
  - Healthcare Provider: Identified by one of eight healthcare providers.
  - Transportation Provider: Identified by two of four transportation providers.

- **Patient engagement:**
  - New Mainers: Not identified by any New Mainers.
  - Healthcare Provider: Identified by one of eight healthcare providers.
  - Transportation Provider: Not identified by any transportation providers.
Money

*Figure 6: Identifying Money as a Barrier*

This figure shows that all three focus communities agree that money is a barrier preventing New Mainers from getting to their healthcare appointments.

*Figure 7: Categorizing Money Barriers*

This figure shows that all three focus communities agree that payment is a barrier. Only healthcare and transportation providers recognize funding as a barrier.
Data breakdown (only survey & interviews):

- **Funding**
  - New Mainers: Not identified by any New Mainers.
  - Healthcare Provider: Identified by seven of eight healthcare providers.
  - Transportation Provider: Identified by four of four healthcare providers.

- **Payment**
  - New Mainers: Identified in separate focus groups at three community organizations. Also identified by two young New Mainer mothers during interviews.
  - Healthcare Provider: Identified by five of eight healthcare providers.
  - Transportation Provider: Identified by one of four transportation providers.
Cultural barriers

Figure 8: Identifying Cultural Barriers

This figure shows that all three focus communities agree that there are cultural barriers.

Figure 9: Categorizing Cultural Barriers

This figure shows that all three focus communities agree that family size and language are barriers. Only healthcare providers and New Mainers identify insensitivity and racist treatment as barriers.
Data breakdown (only survey & interviews):

- **Insensitivity**
  - New Mainers: Identified in one focus group at a community organization. Also identified by a young New Mainer mother during an interview.
  - Healthcare Providers: Identified by six of eight healthcare providers.
  - Transportation Providers: Identified by one of four transportation providers.

- **Language**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by a young New Mainer mother during an interview.
  - Healthcare Providers: Identified by three of eight healthcare providers.
  - Transportation Providers: Identified by one of four transportation providers.

- **Family Size**
  - New Mainers: Identified in separate focus groups at two community organizations. Also identified by a young New Mainer mother during an interview.
  - Healthcare Providers: Identified by one of eight healthcare providers.
  - Transportation Providers: Identified by one of eight transportation providers.

- **Racism**
  - New Mainers: Identified by separate focus groups at three community organizations.
  - Healthcare Providers: Identified by two of eight healthcare providers.
  - Transportation Providers: Not identified by any transportation providers, with the exception of Community Concepts.
II. Contact Sheet

1. **Healthy Androscoggin**
   - **Holly Leavens**
     - Healthy Equity Manager
   - **Herbert Nago**
     - Health Equity Coordinator

2. **Immigrant Resources Center of Maine**
   - IRCM works to assist immigrant and refugee women and children.
   - 265 Lisbon Street, Suite 2 (Second Floor)
     Lewiston, Maine, 04240
     Phone: 207-753-0641

3. **Central Maine Medical Center & St. Mary’s**
   - CMCC and St. Mary’s are the two major healthcare providers in Lewiston, Maine.
   - Contact Information:
     * jessica.mullen@cmcm.org
     * dan.ellis@cmcm.org
     * telephone: 207-513-3977

4. **Tri-County Mental Health Services**
   - Michael Parks
     - Director of Operations
   - Catherine Roder, LCSW
     - Executive Director

5. **Community Concepts**
   - Shawn Yerkes
     - CEO
   - Community Concepts currently provides a volunteer network for healthcare transportation, but this program operates on too small a scale for the problem at hand.

6. **United Ambulance**
   - United Ambulance is one of the largest medical transportation services provided in Androscoggin County. It’s also the only nationally accredited ambulance service offered in Maine.
   - Contact Information:
     * unitedambulancemaine.net

7. **United Ambulance**
   - Daphne Roux
     - Community Paramedic Coordinator

8. **Benefits of Working Together**
   - In doing this project we consulted and reviewed multiple insurance plans on the issue.
   - From our interviews, we found that it was most appropriate to contact regional health organizations to get one.
   - In fact, it is difficult for any one organization to identify all the people who use the primary care system and the primary players in solving this issue.
   - Through working across service providers and community organizations, it mutually beneficial system can arise.
III. Survey Questions

“Questionnaire for Service and Transportation Providers”

1. Are you a:
   a. Transportation provider?
   b. Healthcare provider?

2. Do you provide patients, in particular New Mainers, with information/resources for or about transportation for medical appointments? If yes, in what ways do you think they could be improved or changed?

3. If you do not provide information/resources, why not? What kinds of information/resources do you think should be provided to New Mainers?

4. Do you have resources to aid New Mainers with transportation to and from doctors appointments? If so, what are they? In what ways do you think they could be improved or changed?

5. If you do not have resources to aid New Mainers with transportation to and from doctors appointments, why not? What kinds of aid do you think should be provided to New Mainers?

6. What do you, as a provider, see as transportation barriers to New Mainers getting to and from appointments?

7. Please share with us any other information you believe is relevant/you want us to know.
IV. Personal Stories, Anecdotes, and Quotes

Interviews

1. Interview with a young New Mainer mother:
   On November 27, 2018 we carried out an interview with a young New Mainer mother. Heritier interpreted as she did not speak English. She shared stories about how she has to walk from the heart of the Tree Streets neighborhood to St. Mary’s Regional Medical Center. Although she qualified for Logisticare for her children’s pediatric appointments, she had too many negative experiences with them. Including one time when Logisticare did not show up. She is unable to afford other transportation options, including the $1.50 bus fare. As a result she must walk to all of her appointments. This causes her to be late to appointments frequently.

2. Second interview with a different young New Mainer mother:
   On November 29, 2018 we carried out an interview with a young New Mainer mother. This interview was over the phone, and it did not require Heritier to interpret. Here are some key quotes from the interview:
   - “Here in Maine you do not really get buses all the time. You know here the buses operate certain hours, and there is also only one bus. It is difficult, you have to ask for friends. You have to ask for help from others. You have to ask interpreters. Whoever can help you. Especially if you’re going to an appointment in Portland. Sometimes you get friends to help you. Sometimes you don’t get anyone. Sometimes you have to reschedule. There are no buses. The buses are most expensive.”
   - “Well Logisticare, you need to call them two days before. And sometimes they’re volunteers so they don’t show up, and you have to reschedule your appointment.”
   - “I’ll tell you something. When you’re an immigrant [asylum seeker] you are not entitled to MaineCare. For your treatment you do not get Logisticare. Because Logisticare only takes people who are on MaineCare. [You] Only can use Logisticare for the children because they get MaineCare, but the parents, we are not entitled to MaineCare. Unless you’re pregnant. So last year when I was pregnant I was entitled to MaineCare.”

3. Interview with Heritier and Fowsia:
   On October 9th, 2018 we conducted interviews with Heritier Nosso and Fowsia Musse, both leaders in the New Mainer community and employees of Health Androscoggin. They gave us a few key insights, with one of the more prominent ones being the differences between asylum seekers and refugees in terms of access to care. Refugees must complete several health inspections prior to arriving in the country, and their expected arrival is met with MaineCare services and General Assistance. Asylum seekers, on the other hand, often arrive in the United States as a result of exigent circumstances, and as such are required to undergo a series of appointments quickly upon arrival. However, upon applying for asylum, there is a 50 day waiting period in which asylum seekers do not have the opportunity to be employed or apply for benefits. Thus, there is a window in which asylum seekers do not have a steady source of income, yet need to attend regular medical appointments, which presents a major barrier to care.
4. Interview with healthcare provider #1:

On November 7th, 2018 we carried out an interview with a healthcare representative. Here are some key quotes from the interview:

- “The healthcare market in Maine is completely different than the healthcare market in Wisconsin. Maine is about 10 - 15 years behind the Wisconsin and Mid-Western market. In all aspects… Items such as transportation are aspects that we worked on in Wisconsin probably 10 years ago.”

- “The first barrier is always payment, it doesn’t matter how you look at it. People get nervous when we folks in healthcare talk about healthcare as a business, but healthcare is a business. We’re in business to keep people well.”

- “MaineCare does offer some transportation benefits, but they’re really limited. They’re very limited to appointments specially for medical necessity or transporting patients that can’t physically get into a car to receive services cause they’re either wheelchair bound or they have a ventilator, or they have psycho social issues that don’t allow them to interact with large public means of transportation. But, that’s a very small population. So what about those folks who just need transportation services?”

- Anything in relation to you reviewing a service, so if you’re a diabetic patient and you want to use one of your trips to go shopping, they cover that.”

- “It’s really going to take getting pairs (healthcare providers and insurers) and community constituents aligned with what do you need to affect our community members.”

- “We were much more aligned with our pairs in Wisconsin; it was very collaborative…. amongst transportation providers, community providers … We were on several committees just looking at and breaking down social economical barriers in receiving care. We worked with a lot of non for profit community agencies. The united way that we’d come together and sponsor an annual grant process to be able to specially address hot trendy items in the community whether it was transportation or daycare or whatever the case may be ... So there was a lot of community involvement cause we felt — and I’m a strong advocate of this — is in order for any market to be successful in decreasing the cost of care, it takes a village.”

- “...But I don’t see that here (in Maine) yet. I don’t know if is because we’re not big enough or if it’s that the affected community doesn’t understand the value of what the proposition is and how it’ll increase local economy to get these people more aligned. As with any population, making sure that they feel supported and integrated within a community. It’s only going to make that community more prosperous over time because they’re going to feel more comfortable shopping at certain places and interacting in certain department stores because they feel the community has supported them. I think that thought process has to get here…”

- “I think it’s going to take strong community relationships. Frankly, I think it’s going to take really candid conversations with community leaders that say ‘this is an area of need, this is why the need is there and this is how other markets have shown it to really drive what this community needs.”
“I think there is a significant amount of repairing that needs to be done, especially with the Somali population. Have we really done a good job as community stakeholders in integrating their needs, from a linguistic perspective, from a culture perspective, and really understanding and vetting what could these two populations bring to this community? … Let’s engage them to be part of the solution. I think that’s probably where we haven’t done as good of a job.”

5. Interview with healthcare provider #2:
On November 26, 2018 we conducted a phone interview with three healthcare representatives from a local service provider. One of the key insights we gained from this interview was the lack of mental health consideration built into the current Lewiston infrastructure. The informants indicated that public transit systems can be overwhelming for those facing mental health problems, and particularly for those with past trauma that feel less secure entering situations in which a stranger is taking them somewhere with possible linguistic, cultural, or logistical barriers. MaineCare only assesses how able-bodied a patient is when determining what transportation is appropriate, and thus people with depression, anxiety, or a history of trauma may be forced to take the bus or taxi despite mental inhibitions.

6. Interviews with community member and healthcare provider.
On November 20, 2018 we conducted two phone interviews with a community service worker and healthcare provider who both had a histories of working with members of the New Mainer Community. One of the key insights of these interviews was that the “Lewiston Immigrant Health Priorities” report was widely available to healthcare and transportation providers, with an exception of logisticare. This report is estimable because it outlines feedback given by members of the New Mainer community about the troubles they face in receiving accessible healthcare. Additionally, these interviews gave more insight in the role that logisticare plays in preventing the affected community from getting to their healthcare appointments. Another insight provided from these interviews was that the affected community receives racist treatment on logisticare rides and other public modes of transportation. A new insight that these interviews provided is that there has been a history of interpreters performing inappropriate behavior towards members of the New Mainer community. Due to a history of racist treatment from infrastructural figures and inappropriate interpreter patient relationships, there is a lack of trust between the affected community and health and transportation providers.

Survey Responses

1. Healthcare provider, survey response #24:
   a. Response to question #2: “There could be additional options for clients who are not able to utilize the bus system. Currently if you are on the bus line, logisticare will not provide transportation, but this is not trauma-informed and doesn't take into consideration barriers to taking the bus that some individuals with trauma backgrounds might have.”
2. Healthcare provider, survey response #30:
   a. Response to question #2: “We need a more responsive and less restrictive system.”
   b. Response to question #7: “Administration of the state has been largely unresponsive to the expression of these concerns. We anticipate much more bidirectional communications and resolution of current issues under the new administration!”

3. Healthcare provider, survey response #31:
   a. Response to question #7: “There needs to be consistent, regular, and predictable sources of transportation. Regular runs between locations so people can plan their day.”

4. Healthcare provider, survey response #34:
   a. Response to question #4: “Logisticare is the most frustrating for most as you do not get consistent information or responses/expectations by all providers or personnel.”

5. Healthcare provider, survey response #36:
   a. Response to question #6: “Medicare does not cover rides. Clients must have MaineCare as a backup. Sometimes the bus route is too far for clients to walk to or from. It also does not always go as far or to certain locations some individuals would like.”

6. Healthcare provider, survey response #38:
   a. Response to question #2: “The transportation needs to be more reliable, there have been many reports of clients being left at their appointments trying to find their own way home.”

7. Healthcare provider, survey response #39:
   a. Response to question #7: “Logisticare drivers are usually late to pick patients up and are often rude from what I have been told by patients. They also only give rides with a 48 hour notice. Sick visits are very hard to get rides for.”

8. Healthcare provider, survey response #41:
   a. Response to question #2: “Yes; Medicaid transportation requires in-city patients to ride the bus; bus takes longer than walking and only allows for 2 riders; this is not helpful for immigrant families with several children. Bus stops could have shelter for bad weather, and all stops marked. A ‘door to door’ solution for many immigrant families would be a better solution, supported by Medicaid.”
   b. Response to question #6: “In addition to previous answers, many Muslim women wearing headscarves fear racial comments or worse; now that the light is low and the roads are slushy, waiting for the bus in native dress, with little ones, is a real drag. It can take 2 or more bus rides, and a long wait at one of the bus terminals to
access bus transportation. In that time, a lot of cars are going by and looking at you. What would help are shelters at bus stops to ease the wait and allow one to feel more secure, the ability to have more tokens so one can take their other children; door:door option, clear side streets so people don't have to walk in the street to get to a bus stop.”

9. Transportation provider, survey response #45:
   c. Response to question #7: “Transportation is a tremendous barrier in the state, for New Mainers and existing citizens.”