Disparities in Health Care Access in Maine

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Maine is a state that is faced with unique healthcare challenges. There is a dramatic split between the rural and urban areas of the state, as well as between poor and more wealthy parts of the state, and this split causes disparities in health outcomes for many different groups of patients. This paper will examine how these disparities affect two particularly vulnerable populations: pregnant women -- as well as infants and mothers -- and those who suffer from cardiovascular disease, which is the leading cause of death here in the United States. It will also explore how other vulnerable populations have been provided with better access to health services, and the effects of increasing access on health outcomes.

The first population to be examined is pregnant women, and newly born infants and their mothers. It is well established that poverty increases the rate of health and pregnancy complications, especially in rural parts of the country. This is compounded by the fact that many complications related to prenatal health -- both for the mother and the baby -- are rooted in the first several weeks of pregnancy: often before the mother is even aware that she is pregnant. This situation presents challenges in the best of situations, and research has established that being in an impoverished rural community is far from the best of situations (Morton, Withers, Konrad, Buterbaugh, & Spence, 2015).

There are many factors that put impoverished individuals in rural communities at a disadvantage, and many of these factors are interrelated, which increases the challenges posed by the situation. These factors range from poor interpersonal skills which weaken community ties and increase risk, to a lack of specialized training and education in healthcare providers in these areas. Ultimately, these factors can be divided into individual, familial, community related, and

societal issues, and the effect of each of these factors weigh-in differently depending on location. In Washington County, Maine, for example -- which happens to be one of the most impoverished counties in the country -- access to quality healthcare is sparse, which is a societal factor. Thankfully, this is offset slightly by the tight-knit communities who have shared knowledge of local health, economic, and educational resources which may be enlisted to help improve patient outcomes (Morton et al., 2015).

Many of the challenges that face pregnant women, as well as infants and new mothers in these communities are mirrored in other areas of healthcare in these same communities. One particular case of this has to do with cardiovascular disease, which is the leading killer nationally. In this case, lower socioeconomic status in Maine predicts a higher rate of hospitalization for heart failure and myocardial infarction, which is consistent with other studies' findings in other parts of the country (Harris, Aboueissa, & Hartley, 2008).

Interestingly, although hospitalization for heart failure and myocardial infarction is correlated with lower socioeconomic status, hospitalization for these conditions is negatively correlated with the distance to a hospital. In other words, the farther it is to get to a hospital, the less individuals are hospitalized for these deadly conditions. This probably does not mean that these areas -- which are farther from hospitals -- have less individuals who suffer from these conditions, but more likely means that more people go untreated in these areas. This likely lack of treatment poses other challenges to these areas which probably have to do with lack of education, accessibility of urgent care facilities, as well as patient ability to transport themselves to facilities to receive care (Harris et al. 2008).

In areas where poverty is an issue, but population is concentrated, as seen in urban environments, addressing health disparities seems to be slightly easier. Maine Medical Center introduced a program called the Preble Street Learning Collaborative (PSLC) in 2017 to address the homeless population in Portland, Maine -- which constituted about half of the homeless population in the state at the time -- and the health disparities experienced by this community. These disparities are significant: “homelessness contributes to a 7.9–11.9-fold increase in all-cause mortality”, which makes initiatives such as this extremely important (Hemphill, Normandin, & Rothenberg, 2020).

The PSLC provides low barrier healthcare to those in need, and has resulted in reduced hospital utilization by those engaged in the program. This reduction in utilization likely means better health outcomes for those involved in PSLC due to prophylactic treatment, or treatment before situations become emergent, as well as better healthcare resource allocation due to reduced loads on local emergency rooms. PSLC has also been shown to increase health care visits by those who did not utilize health care resources at all, which is a huge win for efforts to improve access (Hemphill et al., 2020).

All told, assessing health care disparities in Maine is a daunting task, as different communities are faced with unique problems that probably would be best solved by individualized attention. Unfortunately, this kind of attention is not likely in an already overburdened system. Efforts to improve care must be guided by research, and must be focused on specific problems, which is exactly the focus of the articles referenced in this paper. Without a specific process guided by research, addressing health care disparities is like shooting blind. Ultimately, correcting these disparities is likely not possible, but efforts to do so are no less

important because of this. Those in health care must always work to improve the quality and equality of the care that they give, and this certainly applies to continued commitment to serving the underserved. Programs such as PSLC exemplify this type of commitment, and should serve as frameworks for improving care here in Maine.

References:

Harris, D., Aboueissa A., & Hartley, D. (2008, June 26). Myocardial infarction and heart failure hospitalization rates in Maine, USA - variability along the urban-rural continuum. Retrieved February 27, 2020, from https://www.rrh.org.au/journal/article/980

Hemphill, B. A., Normandin, M. D., & Rothenberg, M. D. (2020). Changes in hospital utilization by individuals experiencing homelessness after engaging with interdisciplinary, low-barrier healthcare services in Portland, Maine. *Journal of Maine Medical Center*, *2*(1), 5.

Morton, J., Withers, M., Konrad, S. C., Buterbaugh, C., & Spence, R. (2015). Bridging the gaps: an early integrated support collaborative for at risk mothers in rural Maine. *Work*, *50*(3), 413-423.