On the Road: Documenting the Status of Mobile Cancer Screening Units in Appalachia

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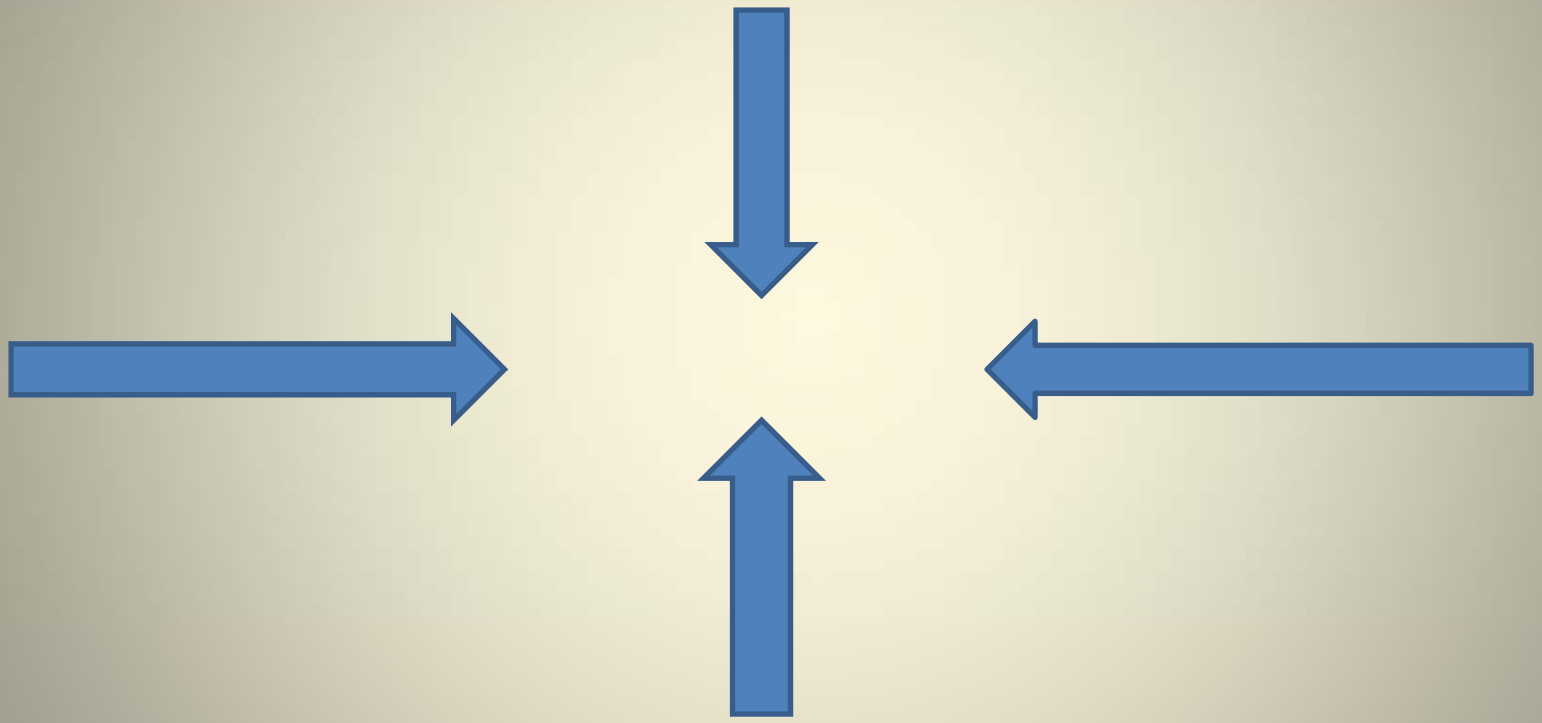
Reducing Health Disparities in Appalachia Requires a Multi-Systems Approach



Mobile Cancer Screening Units Are Only One Piece to the Puzzle

Over 2000 mobile health clinics in the US provide care to hundreds of thousands of patients across the country every year.

A Quick Snapshot of Mobile Units Operating in Appalachia

Focus on Units Operating in West Virginia, Kentucky, Ohio

10 interviews with mobile unit directors/managers (7 were mammo units and 3 general health units

10 interviews with community organizations

4 interviews with CCC directors/managers

Overview of Today's Presentation

- **Why are mobile units that provide cancer care services so popular in Appalachia? What community perceived needs do mobile services address?**
- **What active roles do local cancer interests – including CCCs – play in enabling the units in Appalachia?**
- **What different models are used for ownership and partnership of mobile units**
- **What differing approaches are used to assure follow-up care?**
- **Other points of interest**

Why are mobile units that provide cancer care services so popular in Appalachia? What community perceived needs do mobile services address?

It's Not Rocket Surgery!!!!!

It’s all about access!!!!!

- **No vehicle in family**
- **No vehicle reliable enough to drive out of the community**
- **Can’t pay for gas**
- **Can’t pay for other transportation-related expenses**
- **Fear of leaving the community**
- **No need to miss work**

“Overcoming transportation barriers is one of the primary issues that our patients face…..even if you have transportation……our patients are intimidated to drive to Charleston , park in a building, and find their way to the doctor’s office……they just won’t get screened.”

Bluefield Health Center

“It’s not the pretty van or the fancy décor inside the unit…….our patients want to save time and money and receive services from someone who cares about them.”

Belington Health Clinic

Important to note……..

- Transportation barriers are not eliminated by mobile units!!!!

Personal Attributes of the Mobile Unit Staff

- Warmth
- Friendliness
- Non-judgmental
- Dependable
- Compassionate
- Non-threatening
- Motivated

“These women do not want to be judged because of the type of clothes they wear, how they talk, or whether they can read”

Carter County Health Department

“Friendliness is important……if the staff is not personable, if they don’t show an interest and a caring spirit about them…….the women will not come back.” - Bluestone Health Center

Other Reasons Provided by the Community Organizations

- Mobile units offer the ability to access multiple services at one time
- Often offer access for the uninsured via cooperative partnerships with BCCSP and others
- Units are promoted by trusted community organizations
- Perceived as a unique approach

Other Success Factors Identified

Unit Directors

- Quality staff
- Administrative support
- Sound business plan
- Partnerships with community
- Quality of service
- Dependability
- Affiliation with a teaching hospital
- Reputation
- Ability to access BCCSP and other financial support programs

Community Organizations

- Friendliness of staff
- Convenience
- State-of-the art equipment
- Physically attractive/clean unit
- Accuracy of tests
- Handicapped accessibility
- Timeliness of results
- Staffed by females (mammo units)
- Ease of scheduling
- Consistent follow-up procedures
- Flexible hours

Services of General Health Units

FOBT colorectal screening
Lung cancer screening
Cancer prevention education
Pap smears
PSAs and DRE
Smoking cessation
Medication and pharmacy services
Patient navigation services
Health education for parents of pre-school children
Teaching home care providers about child care
Cholesterol checks
General health screenings
Hearing screening
General women's health services
EKG
Perinatal services
Diet modification education
Blood pressure screening
Glucose testing

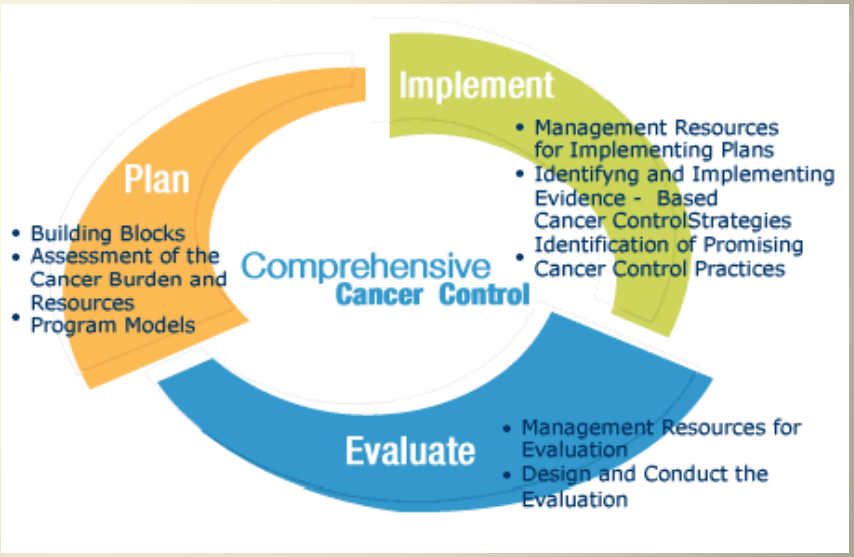
What active roles do local cancer interests – including Comprehensive Cancer Coalitions – play in enabling the units in Appalachia?

Who are the Comprehensive Cancer Coalitions?

Comprehensive cancer control is a collaborative process through which a community and its partners pool resources to reduce the burden of cancer.

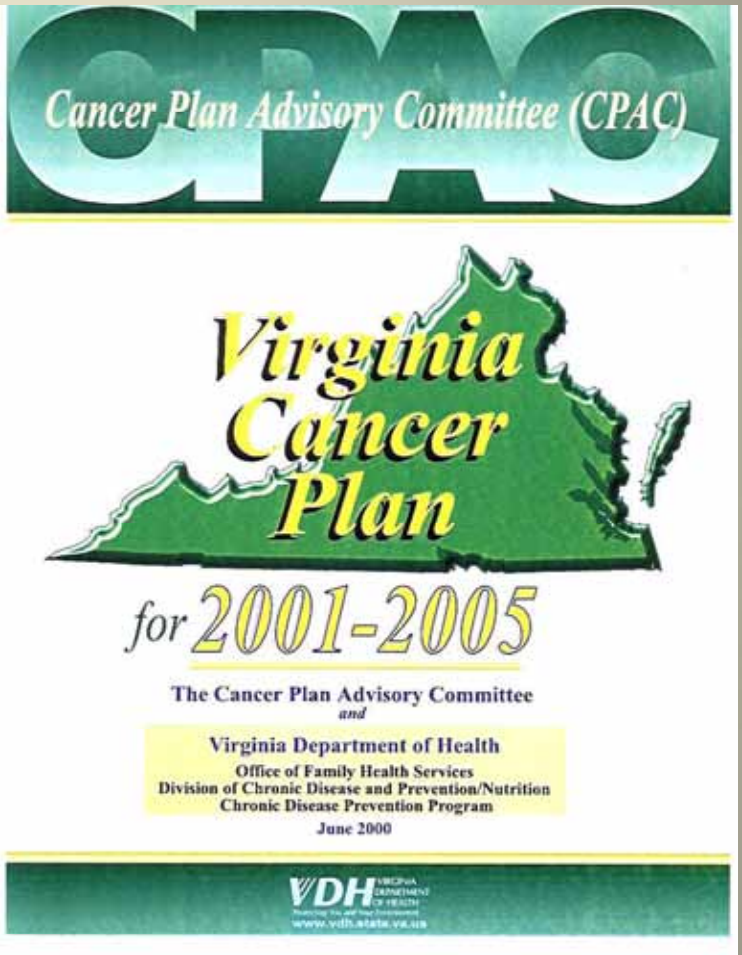
Exploring the Relationship Between CCCs and Mobile Cancer Screening Units

It all starts with the Cancer Plan!!!

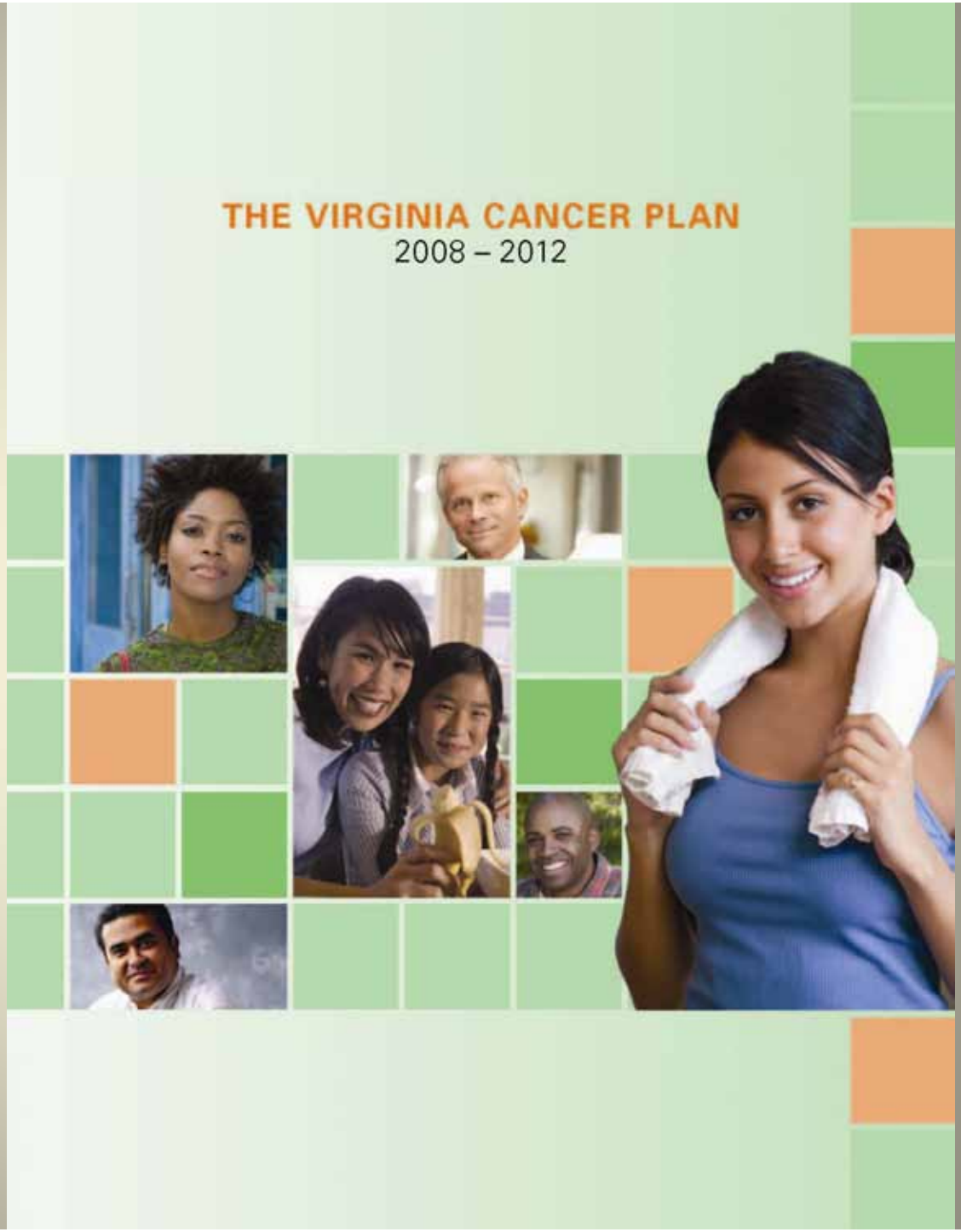


Recommendation I.2: Identify and pursue non-traditional avenue for delivery of primary care, such as church and other faith organizations, mobile care units, etc. - c. Explore the feasibility of using mobile care units to reach populations whose access to cancer care is limited.

Recommendation II.2.a: Coordinate for the provision of transportation when necessary to screening sites or mobile screening units.



Mobile Cancer Screening Units not Referenced



Early Detection Goal 5: Reduce the proportion of late-stage diagnosis and mortality from breast cancer through screening and early detection.

Strategies utilizing advocacy

- Mobilize grassroots advocates for legislative change.
- Increase the use of available financial resources for routine screening for uninsured and underinsured women.
- Encourage in-state self-insured companies and in-state branches of companies located outside Kentucky to provide screening mammography coverage in accordance with evidence-based screening guidelines.
- Ensure that age-eligible women in counties without mammography facilities have adequate access to breast cancer screening through facilities in adjoining counties and/or mobile mammography units.

Strategies under Obj. 3:

Utilize available mobile screening services to increase access to early detection services among priority populations

West Virginia Cancer Plan

Mobile Cancer Screening Units not Referenced

Comments from the CCC Directors

“Mobile cancer screening units are definitely a very important component of a comprehensive approach to education and early detection in Appalachia”

West Virginia

“A partnership between our cancer coalition and mobile cancer screening units has not been proactively explored – the relationship has great potential”

Virginia

“Mobile units provide empowerment…….they give the message that we are here and you’re welcome to come onboard and get the screening that you need.”

Ohio

“We need to develop a master location that maps out where these mobile units are and when, who the funding source is, what the treatment follow-up procedures are.”

Kentucky

Relationship to CCCs

- CCC directors were able to identify most mobile units that serve their states
- No formal partnerships with mobile units
- One CCC has a mobile unit representative in a leadership position (steering committee)
- Mobile units have presented at two CCCs statewide meetings

Relationship to CCCs

- CCC support mostly consists of handing out brochures, articles about units in CCC newsletter, information on list serves.
- Seven of 10 units directors reported no or very limited relationship with CCCs
- Many unit directors did not know that a CCC existed in their states

Relationship to CCCs

- CCC directors and mobile unit directors recognize the potential to enhance the relationship between the two programs
- West Virginia Example

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Other Significant Relationships Identified by Unit Directors

- BCCSP
- American Cancer Society
- Local cancer coalitions
- Community health departments
- Primary care clinics
- Free medical clinics
- Churches

Models for Ownership/Partnership

- Eight of 10 are operated by a single entity – hospital or health system
- Many informal partners exist
- Most have an altruistic philosophy – meeting the needs of the underserved and cost neutrality is the goal

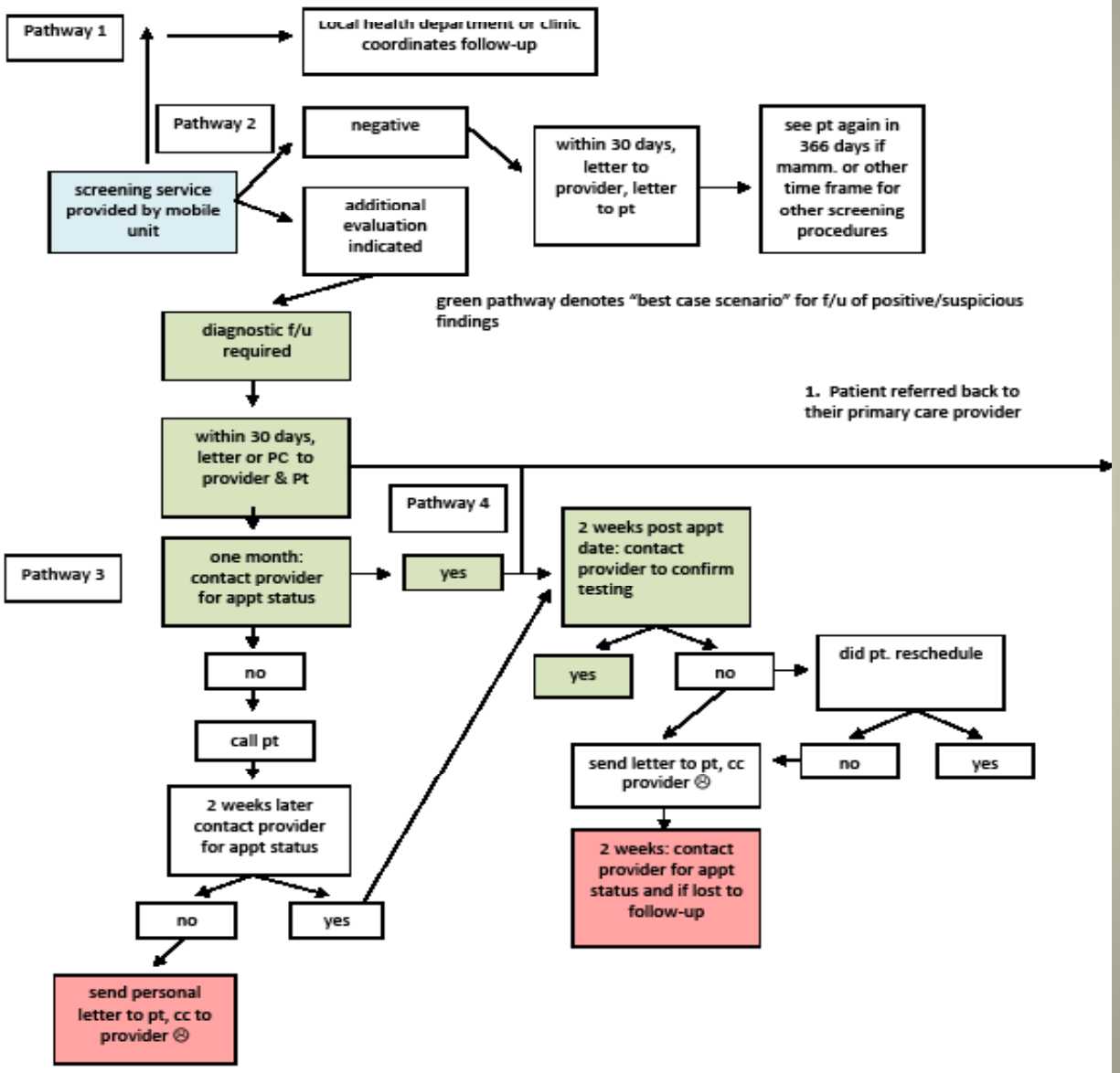
Sources for Initial Start-up Funding

- Direct investment from hospital or health system (6)
- Donation form a private donor (1)
- Line item from state legislature (1)
- Private foundation grant (1)
- HRSA (1)

What differing approaches are used to assure follow-up care?

Review 4 Pathways to Follow-up

Table 1 **Typical Mobile Unit Follow-up Schematic**



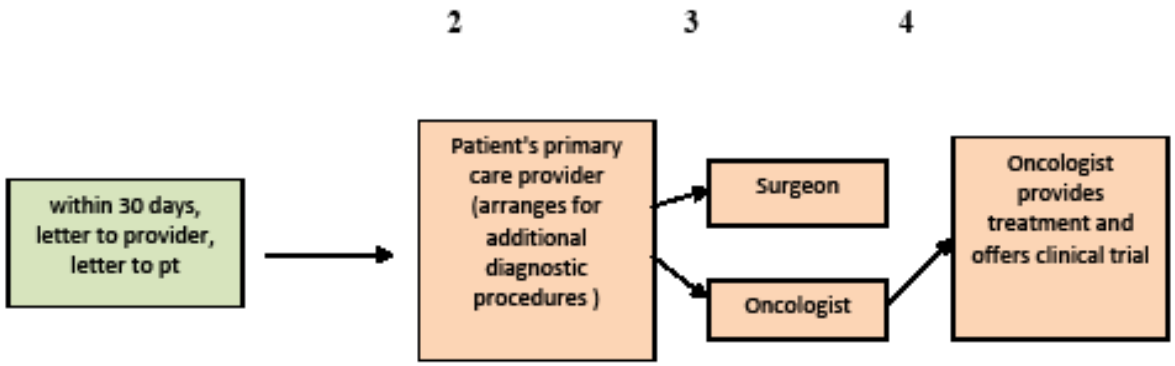


Table 2

1. All units reported that the patient is always referred back to their primary care provider when possible.
2. The primary care provider will review test results and may conduct necessary procedures to further evaluate patient.
3. If a diagnosis of cancer is confirmed and/or additional diagnostic procedures indicated, patient will be referred to a cancer physician. Choice of surgeon is made by primary care provider in collaboration with patient. If a surgeon is not available, the patient navigator or other staff will assist with appropriate referrals.
4. The medical oncologist and primary care provider provides necessary treatment to the patient and offers an appropriate clinical trial **and/or** the breast care patient navigator will assist with appropriate referrals.

Do best practice guidelines for use of mobile screening units in cancer control exist?

Suggested Standards by Respondents

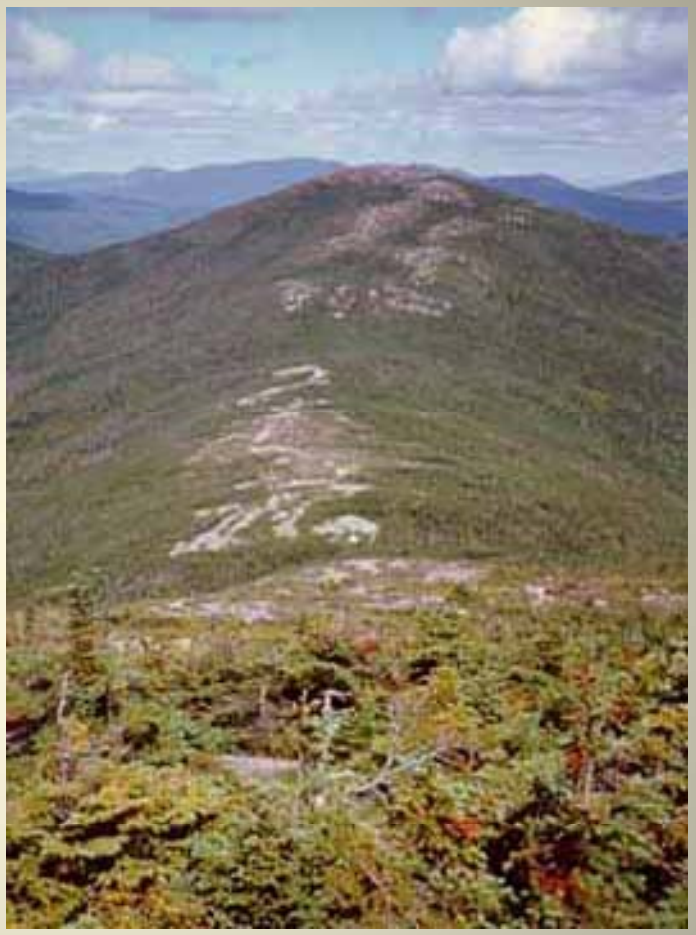
- Outline procedures for diagnostic follow-up
- Ensuring timely test results
- Qualifications for mobile unit staff
- Scheduling of clinic visits
- Productivity guidelines
- Guidelines for cultural sensitivity
- Guidelines for clear health communication in all aspects of patient contact (refers to patient literacy levels)
- Guidelines establishing and maintaining community partnerships
- Research policies
- Consenting patients

The general mobile health units reported following various state and federal regulations but reported no specific set of best practice standards.

Mobile Health Clinics Network – a national organization – is working on standards

Other Points of Interest

- Average length of service was 16 years with a range from 2-30 years
- Only one out of ten reported using social media as a significant component of marketing – all respondents have an interest in developing social marketing
- Most units do very little or no marketing
- All but one other unit returns to its home base every night
- One unit has a statewide service area
- One unit is taken off the road in the winter months



Barriers/Challenges

- Funding
- Mechanical Breakdowns
- Weather
- Attracting/retaining staff
- Competition with other health care providers
- Regulatory

Relationship to Appalachian Culture

A Sense of Place & Community

“Nothing beats word-of-mouth for educating women about the mobile unit…..this is a small community, most of us know the patients personally……we tell them the van is coming and they tell their family, neighbors, and church members.”

Cabin Creek Health Center

Independence & Maintaining a Sense of Control

Action Point – Impact on CCC

- Encourage (require) all state cancer plans to address mobile cancer screening units as a component of their early detection strategies
- Mobile Units should be invited to become engaged in state CCC activity

Action Point – Social Marketing

- Provide mobile cancer screening/health units with information and training regarding the use of social marketing strategies in Appalachia

Action Point – Create Networking Opportunities

- Bring mobile cancer screening/health units together to share success factors and address challenges to operating a successful program in Appalachia

Action Point – Encourage Development of More Mobile Units

- Create funding sources for the purchase and operation of units – Only two units reported that they are able to cover operational costs through revenue generation alone
- Many units reported that they are operating at capacity

Action Point – Men's Health

- Several units recognize that men's health issues do not receive adequate attention by mobile cancer screening programs

Questions & Discussion