

Process of Organizing, Quantifying Costs and Documenting Benefits of Mobile Cancer Screening Units in Rural Areas

Background

The Appalachian region extends from New York's southern tier of counties to the foothills of Mississippi. The region is characterized by rural communities isolated by geography, and with limited access to cancer control services normally available in metropolitan areas. Distance to care is a barrier that affects multiple steps in the continuum of cancer care. For example, studies have shown a decrease in screening utilization especially in underserved areas. One approach with popular support from rural Appalachian communities is the use of mobile vans and screening units. Mobile units provide a way to overcome geographic barriers for screening services in isolated communities that may not access to these services. These screening services play an important role in the detection of cancer at early stage. There are currently mobile units screening for breast, cervix, colorectal, and prostate cancers.

Characteristics of the organizational sponsorship, types of services, and different outcomes of the use of mobile screening units have been nationally reported. The prevalence of these services in Appalachia is not known, nor are the details of program models of sponsorship and financing of mobile units. In particular, we are interested in descriptive models of relationships between sponsors and local community health care service providers. Of particular interest are the arrangements are made available for follow-up patient care, a regularly-cited concern about mobile screening units.

We seek to identify a sufficient array of examples of the use of mobile screening units in Appalachia to define the role of local community cancer control interests. This includes descriptions of the internal and external partnerships required to successfully enable the use of mobile screening technology in organizational and health service collaborations. Local marketing of the screening service, financial arrangements for the logistical and clinical service costs are also of interest.

We also seek a description of quantifiable benefits of and concerns about use of mobile screening units as perceived by local Appalachian communities. How are concerns about mobile screening addressed?

Questions

1. Why are mobile units that provide cancer care services so popular in Appalachia? What community perceived needs do mobile services address?
2. What active roles do local cancer interests including cancer coalitions play in enabling use of mobile cancer screening units in rural Appalachian communities? Identify examples of how state cancer programs and coalitions provide coordination or support (information, data, identify funding sources) of mobile cancer screening units in rural Appalachian communities.
3. What different models are used for ownership and partnership of mobile units to supplement cancer control services in Appalachia? What differing approaches are used to assure follow-up care?
4. Do best practice guidelines for use of mobile screening units in cancer control exist? If not, what recommendations should be made based upon Appalachian experiences?

Action point

Profile multiple models of how mobile cancer screening services and follow-up care are organized in the Appalachian region of at least two states. Discuss perspectives of the use and success factors from the perspectives of both the organizers and community representatives.