Chapter 8 - Mobile Health Screenings

8.1. How to Use This Chapter

This chapter describes how to assure quality BCCHP services when they are provided in an off-site mobile setting.

Holding a mobile screening clinic means that a clinic, with its systems of medical care and follow-up, is being conducted in another location. Strong teamwork is the hallmark of successful mobile screening clinics. This teamwork involves the staff, agencies, partners, and volunteers working together to plan a screening. Mobile screenings require advance planning and coordination.

First-time coordinators must observe, assist, and work with an agency that already has experience conducting a mobile screening clinic. Make arrangements with a mobile screening coordinator. Call the BCCHP office for contact information.

Pay close attention to quality assurance standards, to be sure services meet BCCHP guidelines. When a client enrolls in BCCHP at a mobile screening clinic, we must:

1. Correctly enroll the client so that BCCHP pays for the client's services
2. Provide quality care:
   - The client should have a Women's Health Exam prior to the mammogram. This includes pelvic exam, Pap test (if indicated), and clinical breast exam (CBE).
   - At a minimum, the client should have a clinical breast exam before the mammogram. A BCCHP-contracted, licensed physician or nurse practitioner must provide the CBE.
   - Healthcare providers must have a current Washington license and their malpractice insurance must cover services provided outside the clinic setting. Note: most community clinics DO NOT cover off-site clinical services.
   - Inform the client of all test results
   - Assure follow-up on any abnormal findings
3. Encourage the client to establish care with a BCCHP-contracted primary care provider

This chapter includes tools to help the health care team provide the highest quality service when conducting a mobile screening clinic.

1. Overview of mobile health screenings
2. Helpful Resources List
3. Checklists: This is a detailed planning tool made up of 4 sections:
   - General List of forms and supplies
   - Space Requirements
   - Planning Timeline
   - Description of Roles and Responsibilities for Staff and Volunteers
4. Steps to a More Culturally Competent Practice
8.2. Mobile Health Screenings - Overview

Mobile health screenings bring cancer screening services into the community. They can help clients access health services and get connected with a community-based clinic for ongoing health care. Mobile health screenings provide quality care in a culturally safe and geographically convenient location.

Mobile health screenings should not be a substitute for establishing a health care home with a regular provider.

Bringing services to a community can help when working with groups where barriers have previously prevented women from receiving regular health care. This includes people who have never accessed preventive health services. Mobile events can be held in both urban and rural areas, in community or business settings, including shopping malls, religious settings, and health clinics. Many of the events are for a specific population, such as for women who are recent immigrants, women of color, non-English speaking women, or lesbians.

There are three kinds of mobile health screening models.

1. Remote-Site Mobile Health Screenings

A mammogram mobile coach can serve clients in remote areas or stand-alone settings. This type of screening can take place in a city, smaller communities, or rural areas. A BCCHP-contracted nurse practitioner or physician performs the women's health exam. The exam includes a CBE, pelvic exam, and Pap. The mammography technologist performs the mammogram. All of these procedures take place on the coach. The coordinator for the screening refers the patients to a BCCHP-contracted clinic for continuity of care. Up to 26 patients can be screened in one day.

2. Onsite Community Mobile Health Screenings

This type of screening is usually held with an identified group, such as a religious or community group, or at a health fair. A community facility provides rooms for intake, exams, and the portable mammogram unit. A BCCHP-contracted nurse practitioner or physician performs the women's health exam. The mammography technologist performs the mammogram. The screening coordinator for the event refers the client to a BCCHP-contracted clinic to encourage continuity of care. Up to 26 patients can be screened in one day.

3. Clinic Mobile Mammogram Day

For these mobiles, the clinic schedules the mobile mammogram unit or the mobile coach to come to the clinic and perform onsite mammograms. Clients enroll in BCCHP prior to getting scheduled for the mammogram day. Clients should have the CBE and, if possible, the pelvic exam and Pap testing, if indicated, before the event. This type of clinic day allows clients to have a mammogram in a comfortable and familiar setting. Up to 26 patients can be screened in one day. These clinic mammogram days are often ongoing and planned for the same day each month.
Symptomatic Clients
Clients with breast symptoms or who are following-up on a previous finding should not receive a mobile screening. Examples of previous findings include: “Assessment Incomplete” or suspicious findings on a prior mammogram or clinical breast exam (CBE).

- Schedule all symptomatic clients ages 40 - 64 with a BCCHP-contracted clinic for a CBE. If the CBE is suspicious, the provider should refer the client to a diagnostic facility.

- Clients ages 35-39 may enroll in BCCHP only if they are symptomatic. They should never get scheduled for a mobile health screening. Enroll these clients and schedule them for a CBE at a BCCHP-contracted clinic. If the CBE is suspicious, the provider should refer the client to a diagnostic facility.

- Refer clients who need further tests after their screening exam for an appointment at a diagnostic facility. This appointment is the best approach for the client because she can also receive further diagnostic procedures at that same visit. This also helps to resolve clients’ abnormal findings within the 60-day timeframe that CDC and BCCHP require.

- Refer clients who have an abnormal finding at the mobile health screening to a radiology facility and connect the client with a BCCHP-contracted clinic for follow-up care. The clinical provider and the screening coordinator are responsible for following-up on this referral.

8.3. Mobile Health Screenings - Helpful Resources

Scheduling a Mobile Mammography Unit:
- Assured Imaging - (206) 467-1949
- Evergreen – (425) 899-3251
- Swedish Medical Center - (206) 861-6279
- Seattle Cancer Care Alliance - (206) 288-7800

Mobile health lead screening agency: YWCA 206-436-8671

Scheduling a clinician: Call BCCHP for a list of clinicians.

BCCHP forms: View our website at www.kingcounty.gov/health/cancer

Federal Poverty Level Guidelines: see section 2.2

Brochures, Health Education Materials, and Websites:

- BCCHP health educator - (206) 263-8200 for materials and incentives or view the web site:
  - www.kingcounty.gov/health/cancer

- Susan G. Komen for the Cure - Puget Sound Affiliate - www.pskomen.org
  Komen also has limited small grant funding for costs associated with mobile screening set-up. Apply for funds to cover incidental costs, i.e. food, gift bags, interpreters, etc.
- Ethnomed - [www.ethnomed.org](http://www.ethnomed.org) - provides information on cultural beliefs and resources to support health care for immigrants new to the United States.

**Other health screenings to consider:**
- Cholesterol/glucose screening
- Blood pressure
- Height
- BMI
- Hope Heart Institute: Provides screenings and education to help meet a heart healthy lifestyle. Call Meagan Jepson at (425) 456-8717 for more information about their program.
- Tobacco Quit Line - (1-800-Quit-Now) The Quit Line has a program for uninsured or under insured clients, which includes self-help material and medication support.

8.4. **Mobile Health Screenings - Promotion**

Remember to give a schedule and screening promotional flyers to the BCCHP Health Educator to promote the activity with the BCCHP partners’ group.

Suggestions for where to advertise your mobile health screening:

- Community newspapers
- Clinic waiting areas and newsletters
- Event location newsletter and common area
- e-mail distribution lists
- Community centers
- Local or language specific radio stations
- School and business related newsletters
- Neighborhood Service Centers
- Libraries
- Other community related programs
- Laundromats
- Coffee Houses
- Church newsletters
- Hair Salons
8.5. Check List – General

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<th>Community Mobile Health Screenings</th>
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<td>Templates and Lists: see Helpful Resources in this chapter</td>
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<tr>
<td>☐ Scheduled appointments template</td>
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<td>☐ Client Sign-In List</td>
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<td>☐ BCCHP Contracted Providers List</td>
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<tr>
<td>☐ BCCHP and Komen Income Eligibility Guidelines: See our website</td>
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<td>☐ Staff and Volunteer Role Description (1 copy for each staff member and volunteer)</td>
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<tr>
<th>Forms: available on our website at <a href="http://www.kingcounty.gov/health/cancer">www.kingcounty.gov/health/cancer</a></th>
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<td>☐ BCCHP Forms: English and appropriate translated versions</td>
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<td>Consent Enrollment Radiology Women’s Health Exam BCCHP Enrollment Card</td>
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<td>☐ Radiology Provider Forms: Check with facility – may include:</td>
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<td>Consent ☐ Patient Information ☐ Prior Mammogram and Health History</td>
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<th>Education Materials: In English and appropriate languages and reading levels (See Helpful Resources in this chapter)</th>
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<td>☐ BCCHP program brochures</td>
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<td>☐ BCCHP health education materials, examples include brochures such as “What is HPV?”, “What is a Pap test?”, Colon Cancer materials</td>
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<td>☐ Breast Models in various skin colors and sizes</td>
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<td>☐ Cervical Health Model</td>
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<td>☐ Colon Cancer polyp model</td>
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<td>☐ Extension Cords</td>
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<td>☐ Office supplies, as needed: ☐ File Folders ☐ Large Paper Clips</td>
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<td>☐ Mailing Folders (for confidential client information)</td>
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<td>☐ Stapler ☐ Masking Tape ☐ Pens ☐ ☐ ☐ ☐</td>
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<th>Incentives:</th>
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<td>Incentive items are nice to have at screening. Exact items may depend on availability.</td>
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<tr>
<td>Providing gift bags to clients who attend the mobile screening clinic is a nice gesture, if within your budget. The more we can make this a pleasant experience and reinforce that we care about their getting screened, the better. Refer to “Helpful Resources” above or contact the BCCHP Outreach Coordinator for more information and ideas.</td>
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</table>
Screening Tools
- Blood Pressure Cuff (with other sizes)
- Stethoscope
- Wipes
- BP Record Cards ~35 copies
- FOBT or FIT kit.

Food and Beverage (local vendors may donate)
- Hot Beverages: Coffee, Hot Water, Tea
- Cold Beverages: Juice, Bottled Water
- Food: Examples: Fresh Fruit, Dried Fruit, Nuts, Pretzels
- Lunch for Staff / Volunteers

Food and Beverage Supplies
- Cups (hot and cold)
- Napkins
- Paper Towels
- Utensils
- Tablecloths
- Serving Utensils
- Paper Plates
- Plastic Bowls
- Baskets
- Trays

Miscellaneous
- Cell Phones
- "Exam in Progress" Signs (3 copies)

Budget (things to consider)
- Facility rental
- Mammogram unit (set-up charge varies)
- Refreshments
- Clinicians
- Interpreters
- Materials

8.6. Check List – Space Requirements

Community Mobile Health Screenings
Mobile Mammography machine – check resource list to confirm with appropriate contractor
- Private space for mammography and square footage requirement of 6 x 10 feet
- Sink; preferably in the room with the mammogram machine
- Wheel-chair accessible doorway ≥ 32 inches
- Electrical outlet
- Elevator capacity of 400 lbs.
- Space for film developing cart (can fit in a hallway or can use an exam table)

Mobile Coach - check resource list to confirm with appropriate contractor
- Relatively flat space to park the coach which can be up to 65 feet long
- Height requirement: the coaches can be up to 13 feet tall. Note that electrical lines may interfere with the coach’s access on some streets.
Passenger side of coach must be next to a sidewalk or a walkway.
There is no need for electrical access - the coaches function by a generator.
Close access to restrooms
Separate space for intake, education and other screenings (e.g. blood pressure)

**Women’s Health Exam and Pap test**
- Private room or space made with portable walls
- Sink in room or nearby: Bathroom nearby

**Intake, Resources and Education**
- Semi-private space for intake conversations
- Space for resources and educational materials
- Space for health screenings (blood pressure, nutrition) if applicable
- Photocopy machine available
- Snack area for clients

## 5.7. Check List – Planning Timeline

### Community Mobile Health Screenings

**6 - 12 Months Prior to Clinic**
- Schedule screening dates with: □ Mammography contractor □ Clinician
  Clarify with the mammography facility if there is a fee to use their unit.
  Schedule early for screening dates in April, May, or October.
The clinician (physician or nurse practitioner) must have a BCCHP contract, be licensed,
and have malpractice insurance that allows services provided outside a clinic facility.
For the clinician and mammography unit, ask about the minimum and maximum number
of clients they can see in one day.

**3 - 4 Months Prior to Clinic**
- Determine the site. Check with the radiology provider about site suitability.
- Letter of agreement and proof of liability (per location requirements).
- Secure host site screening dates.
- Determine the timeframe. For events with a coach, there could be a required time
minimum that would also allow for set-up and breakdown. Check with the mammography
contractor about these time requirements.
At the site visit, assess the suitability of the location:
  - Space and facility requirements (See: Space Requirements)
  - Access for people with disabilities; some coaches are wheelchair accessible and
some are not
  - Parking
At the site visit, determine the type of clinic that is the most appropriate for the group and
location, based on the:
  - Services to be provided
  - Number of appointments needed to conduct the event
  - Number of providers and volunteers available
  - Need for interpreters. Note that there may be a fee
- Confirm event date and location with: □ Mammography contractor
  □ BCCHP clinical provider
  □ Staff and volunteers.
1. **Conduct a meeting with staff and volunteers.**

   - Distribute Role Description List and discuss the roles
   - Designate duties and sign-up for work shifts
   - Review Check Lists
   - Designate a scheduler to make and track appointments
   - Determine contact phone number for appointment scheduling
   - Plan media strategy and flyer distribution
   - Consider writing a small grant or donation request for incidentals such as food, beverages or gift bag items. See “Helpful Resources” on page 3 of this chapter.

## 1 Month Prior to Clinic

- Design and distribute flyer throughout communities. See examples in Helpful Resources section of this chapter.
- Distribute media release and media packets.
- Provide materials to the scheduler. These should include:
  - Scheduled Appointments template [Check with mammography provider regarding time slots. Allow 1 hour lunch for mammography technologist]
  - BCCHP and Komen Income Eligibility Guidelines (Chapter 2, pages 1-2)
- **Bookmark not defined** of this manual
  - Cell phone
  - Records request forms to mail to client to release prior mammogram results
  - Telephone numbers of primary contact (scheduler) and address of event
  - Printed directions to the location
  - Bus schedules to the location
- Contact local vendors to request donations of food and beverages, lunch for staff, incentives.
- Obtain educational materials in the appropriate languages and reading levels.

## 1 Week Prior to Clinic

- Make reminder calls to clients with appointments
- Contact staff and volunteers with any updates and respond to their questions or concerns.
- Mobile screening clinic coordinator is available answer questions and address unexpected problems.

## Day of Event

- Review Check Lists and Scheduled Appointments List.
- Review roles with staff and volunteers.
- Set up 1 - 1.5 hours prior to event. Remember to set out Client Sign-In sheet
- If using the mobile coach, note that it needs to be in place 2 hours prior to the start of the clinic to warm up its power source.
- Make certain that the clinical provider has the Pap tests to deliver to the lab
- Attend to other details of the day at the end of the clinic
### Post Screening Follow Up

- [ ] Collect data and create follow-up Screening Results Report for distribution.
- [ ] Assure that completed BCCHP Forms are sent to BCCHP within 10 days of the mobile screening event.
- [ ] Send communication mentioning number of clients served and thank yous to:
  - host sites
  - volunteers
  - local vendors
  - _________________
- [ ] Assist with client follow-up as needed.
- [ ] Follow-up with clients to see how services went, offer reminders like referrals.
### Community Mobile Health Screenings

#### Coordinator
- Coordinate all mobile health screening components
  - effectively communicate with staff, agencies and volunteers involved
  - follow planning timeline; secure clinic location, date, and staffing
  - ensure that staff and volunteers understand roles and responsibilities
- Arrange to have exam tables at the mobile health screening location
- Assess client problems during the mobile health screening and intervene with upset, angry, or fearful clients. Assist clients with special needs.
- Communicate with mammography technologist and clinician throughout the day.
- Assist mammography technologist and clinician with logistics and special requests. This may include photo-copying, collecting forms, providing breaks for staff, and verifying the Scheduled Appointments List and Client Sign-In List throughout the event.

#### Scheduler
- Schedule appointments using the Scheduled Appointments template on page 13. Discuss the following with potential clients:
  - Eligibility (see specifics below)
  - Specifics: location, appointment time
  - Ask client about any needed special accommodations
  - Time expectations: plan to spend about an hour since there may be other types of screenings at the event
  - Mammogram needs to be scheduled a minimum of one year from the last one (a client cannot have more than one screening mammogram within a year)
- Determine Eligibility for BCCHP: (see chapter 2 of this manual)
  - Age (40 thru 64)
  - Insurance status
  - Limited or no insurance
  - Remember that Medicaid is insurance (Medical Coupons)
  - Clients lacking Medicare Part B are eligible
  - Monthly or annual income
- Use Income Eligibility Guidelines for BCCHP and Komen
- Maintain the Client Sign-In List and continue to update Appointment List throughout the event.

#### Intake
- Welcome and introduce yourself to clients
- Maintain client Sign-In List. It’s important to keep an accurate list during the event because we use it for reporting, tracking follow-up, and as a waiting list.
- Establish rapport and maintain client confidentiality
- If not already done, determine eligibility for BCCHP. See chapter 2 of this manual, using criteria above.
- Give enrolled clients a BCCHP Enrollment Card. Remind clients that enrollment is good for one year.
- Complete BCCHP Forms and give to mammography technologist and clinician
### Interpreter
- Assist clients with enrollment, consent, and history paperwork.
- Assist clients in communicating with providers.

### Educator
- Set up displays of health education materials.
- Provide Breast Self-Exam (BSE) instruction using models and displays.
- Show breast health education video to clients or small groups, if possible.
- Provide cervical health education.

### Blood Pressure Screener
- Get blood pressure measurement, education, and written client record.

### Float Person
- Arrange for and pick up any donated food and beverages from local vendors.
- Arrange for and pick up lunches from local vendors for staff and volunteers.
- Collate packets of forms for clients prior to event.
- Assist mammography technologist and clinician with logistics and special requests. This may include photo-copying, collecting forms, providing breaks for staff, and verifying the Scheduled Appointments List and Client Sign-In List throughout the event.
- Communicate with the mammography technologist and the clinician throughout the day.

### BCCHP Responsibilities
- Supply BCCHP forms
- Pay for clinical and diagnostic services for clients enrolled in BCCHP.
- Maintain and make available an up-to-date BCCHP Contracted Providers List.
- Maintain database and provide follow-up reports on patients with abnormal findings.
- Assist clients who are diagnosed with cancer while enrolled in BCCHP to transition onto the Medicaid treatment program.
- Recruit clinicians to staff mobile health screenings

### Radiology Facility Responsibilities
- Comply with professional and FDA regulations. These apply for all aspects of mammography, including professional personnel, equipment quality control, and patient care.
- Send result letters to clients and the clinician who ordered the mammogram.
- Send “unknown outcome” letters to clinicians about clients who need to return for follow-up care, such as special views, ultrasounds, biopsies, or surgical consults.
- Maintain the all client’s mammography medical records up to 10 years from the last visit.
**Clinical Provider**

**Note:** The clinician who provides services for BCCHP clients must be:
- contracted with BCCHP’s Seattle office
- licensed to practice in Washington State
- either a physician (MD, ND, DO), an advanced practice nurse practitioner (ARNP), or a physician’s assistant (PA)
- covered by malpractice insurance that allows them to provide clinical services at community settings

- [ ] Provide Women’s Health Exam for clients during the screening.
- [ ] Send completed BCCHP forms to the BCCHP office within 10 days of the screening.
- [ ] Notify clients of their Pap result within 3 weeks of the screening.
- [ ] Refer clients appropriately according to the BCCHP Breast Algorithm and the BCCHP Cervical Algorithm.
- [ ] Notify the BCCHP Clinical Coordinator and/or the BCCHP Data Manager of any clients diagnosed with cancer or pre-cancerous condition.
- [ ] Refer clients who need clinical follow-up to a BCCHP-contracted clinic.
- [ ] Mail Pap test reminder cards to clients.
- [ ] Maintain cultural competency and a non-judgmental attitude and approach throughout the mobile screening clinic and when conducting follow-up procedures. See Cultural Competency, Section 8.10 on page 15.

**Supplies – The clinician brings the following to the mobile screening clinic:**

- [ ] Pap testing kits and lab forms from a BCCHP-contracted laboratory
- [ ] Lubricant for exams
- [ ] Cotton swabs, giant
- [ ] Plastic speculums, various sizes
- [ ] Gloves, non-latex, powder-free, various sizes
- [ ] Exam table paper
- [ ] Paper gowns and drapes
- [ ] Hand sanitizer and antiseptic table wipes
- [ ] Box of tissues
- [ ] Light source of choice
### 8.9. Mobile Screening Schedule

**Date:**

**Time:** 9.00-3.00 PM

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Key: P-Pap  C-Cervical  M-Mammogram  B-BCHP  K-Komen  T-Take Charge  I-Insurance  
NC -No Cervix 

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8.10. **Cultural Competency**
Each mobile health screening will present its own unique challenges. It is important to know your audience and consider how they will view and receive the mobile health screening. The following overview of cultural competency topics can help you consider points that might apply to the group you are working with.

**Maintaining a culturally competent environment**
Many mobile health screenings are organized to reach a specific ethnic or racial group. Maintain an ongoing awareness of your own cultural background, the culture of western medicine, and the culture of your own institution. Participate in trainings to gain an understanding of cultural influences that are often subconscious to people from the mainstream culture.

It is important to:
- Approach clients and others in a respectful manner.
- Ask clients to state their race rather than assuming yourself what race they belong to.
- Remember that many people take great pride in their country of origin, so for them, it may be important to note their homeland. It could also be a cultural mis-step if you mix up nationalities.
- Ask the client what name or title they would prefer to be called.
- Recognize that each person, including yourself and your clients, views behavior and the rest of life through a cultural lens. Being a member of a “majority” culture does not make one's views correct or superior to the views of others.
- Take the extra time to develop and implement systems that are effective in working with diverse patients. Clients may not want to be thought of as foreigners if they have had a long history of living in the United States. Staff need to adjust what they have learned about another culture for individuals with that cultural heritage, but who are now third or fourth generation Americans.
- Consider and build-in costs related to staff training, funding interpreter services, and creating a welcoming environment. Translate or locate quality translated educational materials.
- Assess a client's ability to communicate in English and determine their language of origin. Often, people take pride in their ability to communicate in English when others may not think they have a good command of the English language. It is important to know when to get an interpreter to help explain complex medical issues. The client may not want an interpreter, but it may be important for the provider to have one there to make sure that everyone understands the medical decisions discussed.
- Recognize that clients who currently work as laborers in this country may have been executives, managers, or health care professionals in their country of origin. In addition, a client’s financial status in her own country may have been quite different from her current situation.
• Commit yourself and your staff to increasing the knowledge, skills, attitudes and policies necessary to effectively serve diverse populations.

• Remember that becoming culturally competent is a lifelong process, not a one-time project.

Benefits of Increasing Cultural Competence:

• Increased capacity to effectively serve your clients.

• A proactive response to the health care needs of an increasingly diverse community.

• Successful communication about crucial information, both from your client to you and from you to your client.

• Compliance with Title VI of the Civil Rights Act of 1964 non-discrimination provisions, which are increasingly being used in credentialing and funding requirements.
  o To learn more about the Standards for Culturally and Linguistically Appropriate Services (CLAS), see the OMHCR website listed at the end of this chapter

• Improved trust and rapport between you and your clients, which can result in:
  o Increasing access to services.
  o Improving prevention/early intervention.
  o Contributing to your clients' adherence to treatment plans.
  o Increasing patient retention.
  o Increasing positive health outcomes.
  o Decreasing the number of mistakes based on miscommunication and lack of mutual understanding.
  o Increasing your and your client's satisfaction

8.11. Steps to a More Culturally Competent Practice*

Relating to Clients:

• Make sure that your intake forms and other written materials are available in the language of your clients, whenever possible. Several web sites offer brochures in various languages.

• Make sure that you have interpreters available on site if clients are not fluent in English. Do not use family members to interpret, unless the client insists they be involved. It is wise to have a trained interpreter in these situations, to assure quality and complete translation services.

• Use inclusive language in enrollment and information forms and other written materials. For example, since most clinics serve some lesbian or gay clients, add terms like "partnered" or "significant other" where the forms asks "married, widowed, single, or divorced."

• Use open-ended questions about the health care needs or symptoms of your clients. Demonstrate empathy in facial expression, posture, and tone.
• Be aware of your own bias, values, and limitations about various cultures.

• Use evidence-based clinical guidelines.

• Acknowledge when you don't know something, find the answer, and provide the information to the client.

• Avoid making assumptions about clients. Ask them about their responses or behavior rather than assuming that you know the meaning or intent behind their behavior. For example, don’t assume that they are being “noncompliant” if they feel the need to see another community member prior to having a procedure done. Learn to work “along with” differing views where possible, rather than “in opposition to” differences that surface.

**Mobile Clinic Practices and Policies:**

• Provide ongoing training to all clinic staff regarding populations seen on a regular basis.

• Provide educational materials, brochures, etc. in the languages of the clients you see. Be aware that some clients may not be able to read their own language or read English. Consider the health literacy level of your clients especially when explaining recommended treatment. Make sure that they understand and find the recommended treatment acceptable from their own point of view.

• When possible, place magazines, newspapers, posters, and art work that reflect the audience you serve and want to serve. For example, if you serve a lot of Puerto Rican and African American clients, be sure to have some art work, music, or other visual images that reflect these populations. Consider this approach when developing signage and advertising for the mobile clinic.

• Review and revise all policies, forms, and patient literature to be more inclusive and eliminate bias.

• A mobile health screening creates challenges in honoring issues of confidentiality, how to work with interpreters, and other relevant culturally and linguistically appropriate practices. Consider how you can make your clinic run smoothly in those areas.

* See "A Family Physician’s Practical Guide to Culturally Competent Care" website which offers continuing medical education (CME) credits and assists family physicians with awareness, knowledge, and skills to more effectively treat the increasingly diverse U.S. population they serve at [www.thinkculturalhealth.org](http://www.thinkculturalhealth.org)

See the "Final National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care," the basis for this training at [http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3](http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3) and choose the cultural competency tab.