

Health Care for the Homeless

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Bibliography #13

Mobile Health Units

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Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054
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Mobile Health Units

Section: 2005

Order #: 14519

Authors: Altice, F.L., Bruce, R.D., Walton, M.R., Buitrago, M.I.

Title: **Adherence to Hepatitis B Virus Vaccination at Syringe Exchange Sites.**

Source: Journal of Urban Health : Bulletin of the New York Academy of Medicine 82(1): 151-161, 2005. (Journal Article: 11 Pages)

Abstract: This article looks at injection drug users (IDUs), who are at high risk for hepatitis B virus (HBV), yet often do not receive preventive vaccinations. IDUs who use mobile health care services linked to a syringe exchange program in New Haven were routinely screened for HBV, hepatitis C virus, and syphilis. Individuals without prior exposure to HBV were offered three-part vaccination series. Of the 212 IDUs screened for HBV infection, 134 were eligible (negative for HBV surface and core anti-bodies) for vaccination and 10 had evidence of chronic HBV infection. Compared to those with previous exposure to HBV, vaccine-eligible patients were significantly more likely to be younger and use heroin and less likely to be black, home-less, daily injectors, and cocaine users. Of the 134 vaccine-eligible subjects, 103 and 89 completed two and three vaccinations, respectively. Correlates of completing all three vaccinations included older age, injecting daily, and being homeless. These results suggest that IDUs remain at high risk for acquiring HBV infection. Programs that link health care to a syringe exchange program are effective ways to provide preventive health care services to IDUs, particularly HBV vaccination. Trust engendered by and mutual respect afforded by such programs result in repeated encounters by active IDUs over time (authors).

Order #: 15043

Authors: Buck, D.S., Rochon, D., Turley, J.P.

Title: **Taking It to the Streets: Recording Medical Outreach Data on Personal Digital Assistants.**

Source: Computers, Informatics, Nursing 23(5): 250-255, 2005. (Journal Article: 6 Pages)

Abstract: This article talks about how carrying hundreds of patient files in a suitcase makes medical street outreach to the homeless clumsy and difficult. Healthcare for the Homeless- Houston (HHH) began a case study under the assumption that tracking patient information with a personal digital assistant (PDA) would greatly simplify the process. Equipping clinicians with custom-designed software loaded onto Palm V Handheld Computers (palmOne, Inc, Milpitas, CA), Healthcare for the Homeless- Houston assessed how this type of technology augmented medical care during street outreach to the homeless in a major metropolitan area. Preliminary evidence suggests that personal digital assistants free clinicians to focus on building relationships instead of recreating documentation during patient encounters. However, the limits of the PDA for storing and retrieving data made it impractical long-term. This outcome precipitated a new study to test the feasibility of tablet personal computers loaded with a custom-designed software application specific to the needs of homeless street patients (authors).

Order #: 14517

Authors: Cunningham, C.O., Shapiro, S., Berg, K.M., Sacajiu, G., Paccione, G., Goulet, J.L.

Title: **An Evaluation of a Medical Outreach Program Targeting Unstably Housed HIV-Infected Individuals.**

Source: Journal of Health Care for the Poor and Underserved 16(1): 127-138, 2005. (Journal Article: 12 pages)

Abstract: This study's objective was to evaluate a medical outreach program that targets unstably housed individuals infected with human immunodeficiency virus (HIV). One hundred sixty-one cross-sectional interviews were conducted prior to and after establishing a medical outreach program in single room occupancy hotels. Participants' mean age was 42 years; 58% were men, 95% minority, and 59% active substance users. The postintervention group was more likely to have a regular health care provider, and take Pneumocystis carinii pneumonia prophylaxis and antiretroviral medication than the pre-intervention group. Quality of care was more positively perceived in the postintervention group. On multivariate analysis the postintervention group remained more likely to have a regular provider, take antiretroviral medication, and have a better perception of quality of care. A medical outreach program targeting unstably housed individuals infected with HIV was associated with increased use of regular medical care and improved perceived quality of care (authors).

Mobile Health Units

Section: 2005

Order #: 14411

Authors: Nakonezny, P.A., Ojeda, M.

Title: Health Services Utilization Between Older and Younger Homeless Adults.

Source: Gerontologist 45(2): 249-254, 2005. (Journal Article: 5 Pages)

Abstract: The purpose of this study was to examine the relationship between health services utilization delivered by means of the Homeless Outreach Medical Services (HOMES) program and health services utilization delivered by means of the Parkland emergency room and inpatient units among a sample of older and younger homeless adults being served by the Parkland Health and Hospital System. Older homeless individuals utilized the HOMES more than inpatient services for substance abuse and musculoskeletal conditions, but they utilized inpatient services the most for psychiatric-related conditions. This level of inpatient utilization is perhaps a result of greater severity or progression of mental illness among older homeless adults. The level of outpatient utilization is probably because the HOMES program mitigates many of the barriers that prevent homeless individuals from obtaining primary medical care (authors).

Section: 2004

Order #: 14506

Authors: De la Cruz, F., Brehm, C., Harris, J.

Title: Transformation in Family Nurse Practitioner Students' Attitudes Toward Homeless Individuals After Participation in a Homeless Outreach Clinic.

Source: Journal of the American Academy of Nurse Practitioners 16(12): 547-554, 2004. (Journal Article: 8 Pages)

Abstract: This study uses a retrospective pre/post self-assessment survey to determine the attitudes of family nurse practitioner (FNP) students toward homeless individuals before and after participating in a homeless outreach clinic (HOC) and to elicit, through focus groups, their perspectives on the homeless population after their HOC participation. A mixed-methods study using focus group tapes and transcripts of 15 FNP students who were divided into two separate focus groups as well as three completed survey measures: Demographic Data Form, Attitudes Toward Homelessness, and HOC Attendance Form. Overall, the FNP students revealed no stigmatizing attitudes toward homeless people prior to their HOC participation, but a significant positive change in their attitudes occurred after the experience. There were significant mean differences in 6 out of the 11 scale items and in overall total mean scores after the HOC experience. The focus groups revealed the transformation of the students' attitudes toward homeless individuals after their HOC participation, supporting and illustrating the survey findings. The study findings underscore the importance of including the care of homeless patients in FNP educational programs. Such exposure provides FNP students with an opportunity to develop the social responsibility to care for all segments of society, especially homeless people, in keeping with nursing's social contract as a helping profession (authors).

Section: 2003

Order #: 12261

Authors: Nuttbrock, L., Rosenblum, A., Magura, S., McQuiston, H.

Title: Broadening Perspectives on Mobile Medical Outreach to Homeless People.

Source: Journal of Health Care for the Poor and Underserved 14(1): 5-16, 2003. (Journal Article: 11 pages)

Abstract: This paper discusses a tension between an emergency medicine model of outreach and that of primary care. In the former model, clinicians evaluate clients on the basis of presenting complaints and refer them for treatment. The latter is a broader model of comprehensive outreach and/or treatment, where clinicians screen clients and assess them for various conditions offering ongoing evaluation and treatment on site. The authors suggest that while the model of outreach is applicable for some homeless clients, the prevalence and overlap of physical complaints, infectious diseases, substance abuse, and psychiatric symptoms among homeless people in New York City has resulted in an evolution toward broader approaches to outreach in this population. The article states that improvements in diagnostic testing and increasingly portable medical technology may make the mobile delivery of medical care to homeless persons increasingly feasible (authors).

Mobile Health Units

Section: 2002

Order #: 14462

Authors: Belt, D.

Title: Access to Care: Identifying Need, Mobilizing Resources, and Finding Solutions.

Source: Journal of the California Dental Association 30(1): 33-35, 38-45, 2002. (Journal Article: 11 Pages)

Abstract:

Order #: 14463

Authors: Meyer, R.D., Eikenberg, S.

Title: Portable Dentistry in an Austere Environment.

Source: General Dentistry 50(5): 416-419, 2002. (Journal Article: 4 pages)

Abstract: This article discusses some of the requirements, features, and considerations in the selection and use of portable dental equipment in an austere environment. The availability and versatility of portable dental equipment can support the delivery of dental treatment in a wide variety of nontraditional settings. There is an ever-increasing demand for portable dental equipment that is lightweight, dependable, highly transportable, and easy to use and maintain (authors).

Order #: 11613

Authors: Nuttbrock L.A., Rosenblum A.

Title: Psychotic Ideation and Receipt of Government Entitlements Among Homeless Persons in New York City.

Source: Psychiatric Services 53(6): 719-723, 2002. (Journal Article: 5 pages)

Abstract: This study compared changes in receipt of government entitlements by people who are homeless with and without psychotic ideation in New York City between January 1997 and July 1998, a period characterized by changing state government policies and greater bureaucratic monitoring of eligibility. In conjunction with an experimental study of the efficacy of social work services provided to people who are homeless in Manhattan by a mobile medical van, 25 persons who were assessed as having experienced psychotic ideation in the previous year and 134 nonpsychotic persons were followed up after four months to identify changes in their receipt of Medicaid benefits, Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI), food stamps, and home relief (state welfare for single persons). The social work intervention was designed to help eligible clients gain access to entitlements and substance abuse treatment. The proportion of clients with psychotic ideation who received Medicaid, food stamps, or home relief decreased during the study period, while the proportion of nonpsychotic clients who received these entitlements increased. Little change was observed in receipt of SSI or SSDI by either group. Psychotic ideation among people who are homeless may be a significant factor in access to and maintenance of government entitlements. In the context of an increasingly restrictive and bureaucratic welfare system, providing assistance to homeless persons who have severe psychopathology presents new challenges to service providers (authors).

Order #: 14464

Authors: O'Malley, A.S., Lawrence, W., Liang, W., Yabroff, R., Lynn, J., Kerner, J., Mandelblatt, J.

Title: Feasibility of Mobile Cancer Screening and Prevention.

Source: Journal of Health Care for the Poor and Underserved 13(3): 298-319, 2002. (Journal Article: 22 Pages)

Abstract: This study describes the feasibility (acceptability and costs) of an urban multiphasic (multiple cancers) screening van. Feasibility was evaluated by literature review and informant interviews. Costs were estimated by resource use from urban mobile screening units; decision analysis estimated the costs per cancer detected for breast, cervix, colorectal, and prostate cancer screening. Acceptability of a multiphasic van varied by the informant's perspective. Feasibility and costs were most sensitive to four parameters: age, prior screening history, risk factors, and volume of simultaneous examinations. Subsidized mobile screening facilities may have the potential to reduce cancer morbidity and mortality if they target hard-to-reach underscreened groups, maintain high volume, coordinate with primary care providers, and build on an infrastructure that provides diagnostic and treatment services regardless of ability to pay. It is unclear whether the investment required will translate into a reasonable cost per year of life saved (authors).

Mobile Health Units

Section: 2002

Order #: 11802

Authors: Rosenblum, A., Nuttbrock, L., McQuiston, H., Magura, S., Joseph, H.

Title: **Medical Outreach to Homeless Substance Users in New York City: Preliminary Results.**

Source: Substance Use & Misuse 37(8-10): 1269-1273, 2002. (Journal Article: 5 pages)

Abstract: The purpose of this study was to conduct a medical, drug user treatment and social needs assessment survey of homeless visitors to the medical van. The authors also conduct a process and outcome evaluation of the mobile medical outreach clinic with the addition of intensive case management (ICM) as an experimental enhancement. The article suggests that the incorporation of ICM provided an added benefit of engaging highly impaired individuals and helping them to acquire and maintain public assistance benefits. The authors assert that the mobile medical outreach appears to provide a good opportunity for identifying serious communicable diseases, HIV counseling, and primary care treatment (authors).

Order #: 12457

Authors: Santandrea, L.

Title: **On the Road: In New Jersey, an Agency Reaches Out to Those in Need.**

Source: American Journal of Nursing 102(11): 111, 2002. (Journal Article: 1 pages)

Abstract: This article discusses the Mobile Outreach Clinic Program of the Visiting Nurse Association of Central New Jersey (VNACJ). The author looks at the participants and staff involved in this program, as well as the outcomes achieved. The article examines the health care provided to the homeless by the nursing staff of VNACJ, and explains their perspectives on the work they do.

Section: 2001

Order #: 8946

Authors: Amarasingham, A., Spalding, S., Anderson, R.

Title: **Disease Conditions Most Frequently Evaluated Among the Homeless in Dallas.**

Source: Journal of Health Care for the Poor and Underserved 12(2): 163-177, 2001. (Journal Article: 16 pages)

Abstract: This article addresses the large cost the medical needs of people who are homeless has on the health care system in the United States. To provide effectively for such vulnerable populations, health care systems require creative and efficient strategies of service organization tailored to the specific needs of people who are homeless. However, such needs often vary by geographic region due to the inherent diversity of the population. Currently, no published medical evaluation of the urban homeless in Texas exists. Therefore, this study examines 93,074 diagnoses given to 20,331 homeless patients seen in a seven-year period in a primary care mobile and fixed clinic system. The most frequent disease conditions evaluated in this cohort of patients are reported. These findings may be useful to clinical site managers and health care planners contemplating an outreach program for the homeless (authors).

Order #: 14465

Authors: American Health Consultants.

Title: **NC Testing Projects Get to the Heart of the Problem. Nurses, Health Vans go to Those Most at Risk.**

Source: AIDS Alert 16(12): 161-163, 2001. (Journal Article: 3 Pages)

Abstract:

Mobile Health Units

Section: 2001

Order #: 10064

Authors: Guo, S., Beigel, D.E., Johnsen, J.A., Dyches, H.

Title: **Assessing the Impact of Community-based Mobile Crisis Services on Preventing Hospitalization.**

Source: Psychiatric Services (Special Issue) 52(2): 223-228, 2001. (Journal Article: 6 pages)

Abstract: Evaluated the impact of a community-based mobile crisis intervention program (CIP) on the rate and timing of psychiatric hospitalization and explored major consumer characteristics related to the likelihood of hospitalization. A CIP cohort was matched with a hospital-based cohort on 7 variables: gender, race, age, and at the time of crisis service (mean 35.7 yrs), primary diagnosis, recency of prior services use, substance abuse, and severe mental disability certification status. The matching process resulted in treatment and comparison groups, each consisting of 1,100 Ss. Differences in hospitalization rate and timing between the two groups were assessed with a Cox proportional hazards model. CIP reduced the hospitalization rate by 8%. Ss using a hospital-based intervention were 51% more likely than Ss using a CIP to be hospitalized within the 30 days. After the crisis. Treating a greater proportion of clients in the community rather than hospitalizing them did not increase the risk of subsequent hospitalization. Ss most likely to be hospitalized were young, homeless, and experienced acute problems; they were referred by psychiatric hospitals, the legal system, or other treatment facilities; they showed signs of substance abuse, had no income, and were severely mentally disabled.

Order #: 14075

Authors: Morris, D.W., Warnock, J.K.

Title: **Effectiveness of a Mobile Outreach and Crisis Services Unit in Reducing Psychiatric Symptoms in a Population of Homeless Persons with Severe Mental Illness.**

Source: Journal of the Oklahoma State Medical Association 94(8): 343-346, 2001. (Journal Article: 3 pages)

Abstract: The purpose of this study was to use a time-lag design to evaluate the effectiveness of a Mobile Outreach and Crisis Services unit in remitting psychiatric symptomatology, improving global functioning, and decreasing homelessness in a population of homeless, severely mentally ill residing in a mid-sized urban center. Using a time-lag study design, two groups of subjects (25 individuals before receiving services making up the control group and 25 individuals after receiving services making up the experimental group) were contrasted across outcome measures. The results indicate that a MOCS unit utilizing a Program for Assertive Community Treatment mode was effective in significantly decreasing psychiatric symptomatology, reducing homelessness, and increasing global functioning. If carefully implemented and interpreted, a time-lag design may be a means of providing valuable feedback and information in a timely manner (authors).

Order #: 14274

Authors: Zabos, G.P., Trinh, C.

Title: **Bringing the Mountain to Mohammed: A Mobile Dental Team Serving a Community-Based Program for People With HIV/AIDS.**

Source: American Journal of Public Health 91(8): 1187-1189, 2001. (Journal Article: 3 Pages)

Abstract: This article looks at a mobile program called WE CARE, which was implemented to improve access to dental care for HIV/AIDS patients. The program was developed and collocated in community-based organizations serving HIV-infected people. WE CARE provided preventive, early intervention, and comprehensive oral health services to minorities, low-income women and children, homeless youths, gays and lesbians, transgender individuals, and victims of abuse. More efforts to collocate dental services with HIV/AIDS care at community-based organizations are urgently needed (authors).

Mobile Health Units

Section: 2000

Order #: 14466

Authors: Brito, A., Wurm, G., Delamater, A.M., Grus, C.L., Lopez-Hernandez, C., Apple, E.B., Wanner, A.

Title: School-Based Identification of Asthma in a Low-Income Population.

Source: Pediatric Pulmonology 30(4): 297-301, 2000. (Journal Article: 5 Pages)

Abstract: This article looks at the increase in prevalence, morbidity, and mortality of asthma among children over the last decade, especially among low-income minority children. Hypotheses for the increases in morbidity and mortality include limited access to primary care services and the failure to recognize the presence and severity of asthma. The University of Miami Pediatric Mobile Clinic (Mobile Clinic) Asthma Intervention Program was designed to identify underserved asthmatic children at school and offer them culturally sensitive care. Nine elementary schools with low income, predominantly Hispanic and African-American populations regularly served by the Mobile Clinic, were chosen for study participation. All 5800 students who were enrolled in kindergarten through third grade were given letters at the time of registration by their homeroom teachers about the asthma program. Caretakers who returned the questionnaire and reported that the student had asthma symptoms were invited to have the student undergo a medical evaluation in the Mobile Clinic. Over a two-year period, caretakers of 423 students expressed an interest in further evaluating their child's health. The Mobile clinic physicians identified 145 of the enrollees as having asthma. These results indicate that in elementary schools serving predominantly low-income minority populations, a large fraction of the asthmatic population can be identified by a school-based letter. Further, in a subset of asthma students (children of interested caretakers), there is good agreement between the caretaker responses and physician diagnosis of asthma. Since school attendance is mandatory, school-based methods may be an effective method for identifying low-income children with asthma (authors).

Order #: 14467

Authors: Inman, M.

Title: Mobile Contract Services: What You Need to Know.

Source: Radiology Management 22(5): 38-42, 2000. (Journal Article: 5 Pages)

Abstract: This article provides guidelines that may be helpful when contracting mobile services. With sufficient planning and ongoing attention to detail, the performance of a mobile imaging service provider can exceed expectations and requirements. The relationship can prove to be mutually agreeable and profitable for many years. But, when contracting mobile services, one cannot spend too much time on investigative research and detail. Several scenarios present outsourcing or mobile services as an acceptable alternative to purchase or lease: outdated equipment, novel or underutilized technologies, the need for incrementally added or temporary service. This being the case, one should do the following: look specifically for facilities that are comparable in size and volume to the facility; expect that larger volume facilities will rate more favorable schedules or pricing; obtain and check references; require mobile service providers to adhere to the same state and federal laws, rules and regulations that govern the facility; and receive the assurance of compliance in writing if it is not specifically addressed in the contract. JCAHO requires that contract service providers be governed by the same requirements as the accredited facility. Several other rules or licensing requirements may also pertain to mobile services. A prevailing reason for outsourcing imaging services is high equipment costs that cannot be justified with current volume projections. However, equipment quality should not be compromised; it must meet the facilities' needs and be in good repair. The mobile service provider that one chooses should be an extension of the department; quality standards must exist unilaterally. The mobile provider should also have patient education materials (authors).

Mobile Health Units

Section: 2000

Order #: 12458

Authors: Murphy, D., Klinghoffer, I., Fernandez-Wilson, J., Rosenberg, L.

Title: **Mobile Health Units: Design and Implementation Considerations.**

Source: AAOHN Journal 48(11): 526-532, 2000. (Journal Article: 7 pages)

Abstract: This article discusses the New York University College of Dentistry's (NYUCD) proposal for a mobile unit. This mobile unit would be created in response to the critical need for oral health among underserved urban and rural pediatric populations. According to the authors, the mobile dental clinic targets low income populations with a special emphasis on pediatric populations, and would provide an increased range of services, ease and timeliness of care delivery. The article also attributes overall efficiency in providing comprehensive care, which indicates that this mode of treatment to be well suited to the needs of many target populations. The planning, staffing, process, problems, and legal considerations faced by the authors are discussed (authors).

Section: 1999

Order #: 9492

Authors: Brocht, D.F., Abbott, P.A., Smith, C.A., Valus, K.A., Berry, S.J.

Title: **A Clinic on Wheels. A Paradigm Shift in the Provision of Care and the Challenges of Information Infrastructure.**

Source: Computers in Nursing 7(3): 109-113, 1999. (Journal Article: 5 pages)

Abstract: The implementation of nontraditional healthcare delivery increases the need for information technology innovation, not only in use of computer-based patient records, but also in enabling infrastructures to support health information exchange. This is very apparent in mobile health clinics where care is provided to vulnerable community populations at locations far removed from academic and tertiary care settings. Several challenges of designing a computerized system for the University of Maryland School of Nursing's Wellmobile are addressed in this article, along with possible solutions. It is the authors' belief that implications for further study will become apparent as these constraints and challenges are described.

Order #: 9493

Authors: Ebberwein, A.M.

Title: **Mercy Mobile Health Care.**

Source: Journal of the Medical Association of Georgia. 88(1): 34-36, 1999. (Journal Article: 3 pages)

Abstract:

Order #: 9494

Authors: Frelix, G.D., Rosenblatt, R., Solomon, M., Vikram, B.

Title: **Breast Cancer Screening in Underserved Women in the Bronx.**

Source: Journal of National Medical Associations 91(4): 195-200, 1999. (Journal Article: 6 pages)

Abstract: This article reports the results of mammography screening among socioeconomically disadvantaged women in Bronx, NY using a federally funded low-cost or no-cost cancer screening service. The New York State Department of Health provided funds for the uninsured through the Bronx Breast Health Partnership. All women greater than or equal to 40 years old underwent screening mammography using both a mobile van unit and hospital-based mammographic x-ray unit, both American College of Radiology (ACR) accredited. Return visits were coordinated by a follow-up clinic at Montefiore Medical Center using a patient navigator who acted as an advocate for patients with abnormal screening findings. The overall detection rate of 12.9 per 1000 women screened was significantly higher than the New York State detection rate of 6 per 1000 and 5.1 per 1000 nationally. Availability of a patient navigator was an essential factor in the effectiveness of the work-up of problem cases. Low-cost or no-cost breast cancer screening programs can improve the availability, accessibility, acceptability, and utilization of mammography among underserved and uninsured women who are least likely to be screened otherwise.

Mobile Health Units

Section: 1999

Order #: 9495

Authors: McGee, P., Barnard, A.M.

Title: Meeting the Needs of Homeless People: The St. John Ambulance Mobile Service.

Source: Nursing Standards 13(42): 38-40, 1999. (Journal Article: 3 pages)

Abstract: St John Ambulance has a well established history of providing services to the community. This article describes the organization's first venture in meeting the needs of homeless people, focusing on the implications for qualified nurses.

Order #: 9496

Authors: Moulavi, D., Bushy, A., Peterson, J., Stullenbarger, E.

Title: Factors to Consider When Buying a Mobile Health Unit.

Source: Journal of Nursing Administration 29(2): 34-41, 1999. (Journal Article: 8 pages)

Abstract: Purchasing a mobile unit to deliver healthcare services can be an expensive undertaking, and there is little information in the literature on planning or designing these vehicles. The authors discuss guidelines to help nurse administrators make better decisions regarding the purchase of mobile health units (MHUs). The guidelines resulted from a synthesis of the literature, correspondence with the chief executive officers of firms that manufacture MHUs, and onsite visits to agencies with an MHU.

Order #: 9497

Authors: Wilson, K.G., Seguin, N., Goodman, A.M., Greene, G., Pole, M.

Title: Rural Health Professionals' Satisfaction with a Rehabilitation Mobile Outreach Program.

Source: Archives of Physical Medical Rehabilitation 80(3): 332-338, 1999. (Journal Article: 7 pages)

Abstract: This study's objective was to assess the extent to which rural physicians and allied health professionals are satisfied with consultation services provided by an interdisciplinary rehabilitation outreach team. A descriptive survey of thirty-six rural physicians and 62 allied health professionals involved in the care of patients referred to the program was conducted among a rehabilitation outreach team that travels to 14 rural communities in eastern and northern Ontario, Canada. Most respondents indicated that they were satisfied with the interdisciplinary consultation, and with comparable rates of satisfaction reported by physicians and allied health professionals. The highest satisfaction ratings were given to items addressing the clarity of recommendations provided by team members and the quality of the team's interaction with patients. The lowest ratings were associated with the waiting time between visits. Of all the individual disciplines on the team, psychiatry was rated as most important for rural consultations. However, in open-ended comments, respondents indicated that the interdisciplinary aspect of the service was its most valued characteristic, whereas infrequent visits were the greatest drawback. The interdisciplinary outreach approach to rehabilitation consultation receives high satisfaction ratings from rural health professionals who refer patients to the outreach team, which supports this model as a way to enhance rehabilitation services in rural communities (authors).

Mobile Health Units

Section: 1999

Order #: 9498

Authors: Wray, N.P., Weiss, T.W., Christian, C.E., Menke, T., Ashton, C.M., Hollingsworth, J.C.

Title: The Health Status of Veterans Using Mobile Clinics in Rural Areas.

Source: Journal of Health Care for the Poor and Underserved 10(3): 338-348, 1999. (Journal Article: 11 pages)

Abstract: Between 1992 and 1994, the Department of Veterans Affairs (VA) experimented with mobile clinics to provide health care for rural veterans. The objective was to assess the health status of rural mobile clinics' patients and compare this with patients receiving care in VA hospital-based clinics. This study hypothesized that hospital-based clinic patients would be more ill (i.e., have a greater reduction in health status). The Medical Outcomes Study (MOS) Short Form was used to evaluate patients' health status. Most patients sought care for the management of chronic disease. Patients in both groups had similar types of diseases. Mobile clinic patients were as ill as hospital-based patients (i.e., similar health status scores). This study shows that rural veterans have a case mix and a reduction in health status similar to that of VA hospital-based patients. Planners should account for this health reduction when planning the kinds of facilities and services needed in rural areas.

Order #: 9499

Authors: Wray, N.P., Weiss, T.W., Menke, T.J., Gregor, P.J., Ashton, C.M., Christian, C.E., Hollingsworth, J.C.

Title: Evaluation of the VA Mobile Clinics Demonstration Project.

Source: Journal of Healthcare Management 44(2): 133-147, 1999. (Journal Article: 15 pages)

Abstract: In 1988 the Veterans' Benefits and Services Act attempted to solve the problem of the lack of adequate VA healthcare facilities in rural areas by establishing a demonstration program using mobile clinics. Six clinics operated in areas that were at least 100 miles from a VA healthcare facility during the time period between October 1, 1992 and May 28, 1994. This article evaluated the effect of the mobile clinics' structural limitations on clinical care, the increased number of sites on VA usage, and cost. Limited space for storage of medical records and the unavailability of laboratory, electrocardiographic, or radiographic facilities significantly affected clinical practice. However, even with these space limitations, veterans' use of healthcare in the areas served by the mobile clinics increased significantly in comparison to reference areas. The direct costs per visit averaged more than three times what the VA would have reimbursed the private sector.

Section: 1998

Order #: 7363

Authors: Alexy, B., Elnitsky, C.

Title: Rural Mobile Health Unit: Outcomes.

Source: Public Health Nursing 15(1): 3-11, 1998. (Journal Article: 9 pages)

Abstract: The Mobile Health Unit was implemented to increase access to nursing services, to improve and/or maintain functional status and health status, and to increase health promotion behaviors of rural elderly residents experiencing difficulty obtaining health care due to illness, transportation problems, or financial factors. For 222 project participants, 1,773 encounters were completed, with a mean number of visits per individual of 7.9. Participants in the project demonstrated increased breast and cervical cancer screening, increased immunization rates for influenza, pneumonia and tetanus, and decreased utilization of the emergency room. This project represents an alternative model of health care delivery in a rural area with limited resources and health care providers.

Order #: 9500

Authors: Chez, N.

Title: Nursing in the Field. Mobile Health Units are an Important Part of Bringing Health Care to Communities.

Source: American Journal of Nursing 98(9): 68-70, 1998. (Journal Article: 3 pages)

Abstract:

Mobile Health Units

Section: 1998

Order #: 7498

Authors: Kann, P.E., Bradley, C., Lane, D.

Title: Outcomes of Recommendations for Breast Biopsies in Women Receiving Mammograms from a County Health Van.

Source: Public Health Reports, 113: 71-74, 1998. (Journal Article: 4 Pages)

Abstract: This study's objective was to describe the outcomes of breast biopsy recommendations for women screened through a mobile mammography van. Data on all women screened through the Mobile Mammography Program (MMP) in Suffolk Co., Long Island, NY, from 1990 to 1994 were analyzed to determine biopsy recommendation rates, biopsy rates, positive biopsy rates, and cancer detection rates. Follow-up information was obtained from the women's physicians. The breast cancer detection rate for women screened through the MMP averaged 0.33% over a five-year period. The biopsy recommendation rate based on abnormal mammograms remained stable, at about 1% to 2% over a five-year period, as did the rate of positive biopsies among women having biopsies. For women ages 50 and older, the cancer rate in 1994 was .36%, while for women younger than age 50, the cancer rate was 0.25%. These findings show that a breast cancer screening program using a mobile van can have comparable cancer detection rate to national figures and a fairly stable biopsy recommendation rate from which follow-up resource needs can be estimated (authors).

Order #: 14468

Authors: McCarley, T.D., Yates, W.R.

Title: Mobile Outreach Crisis Services (MOCS): An Innovative Model Taking Psychiatric Care Into the Community.

Source: The Journal of the Oklahoma State Medical Association 91(8): 452-456, 1998. (Journal Article: 5 Pages)

Abstract: This article describes MOCS, briefly reviews recent literature, and discusses ways this program can benefit primary care physicians. Mobile outreach psychiatric services have become a popular model of providing care to the mentally ill. A mobile program has been instituted in Tulsa, OK, to provide care to homeless mentally ill in Tulsa County and to assist with emergency crisis intervention. Severely and persistently mentally ill persons have been a challenge for both medical and psychiatric providers, and MOCS was developed to address these problems (authors).

Order #: 9501

Authors: Redlener, I.

Title: Access Denied: Taking Action for Medically Underserved Children.

Source: Journal of Urban Health 75(4): 724-731, 1998. (Journal Article: 8 pages)

Abstract:

Order #: 9502

Authors: Spanowicz, M.J., Millsap, G., McNamee, M.J., Bartek, J.K.

Title: Health Problems of Sheltered Homeless Men Using a Mobile Health Van: A 4-year Study.

Source: Clinical Excellence for Nurse Practitioners 2(5): 279-285, 1998. (Journal Article: 7 pages)

Abstract: The number of homeless persons in the United States is increasing on an annual basis, with men accounting for the greatest number. Accessing health care for this group is difficult for many reasons, particularly those related to finances, transportation, lack of insurance, and transiency of lifestyle. Consequently, data regarding homeless men's health problems/concerns are difficult to obtain, and often the information reported is only for acute care services provided by emergency rooms and clinics. The purpose of this study was to determine the demographic characteristics and health problems/concerns of sheltered homeless men using the services of a mobile van for health care over a 4-year period. A total of 2,086 records, representing 1,171 men aged 19 and over, were retrospectively reviewed to determine demographic and health characteristics (age, sex, self-reported medical and addiction histories, and self-reported medication use). Data on presenting concerns, diagnoses, visit patterns, treatments, medications and teaching provided were also collected and analyzed. Recommendations to improve the quality, continuity, and follow-up of care for homeless men are included.

Mobile Health Units

Section: 1998

Order #: 9503

Authors: Stewart, R.E.

Title: **Dental Care for the Underserved Children of Monterey County: Meeting the Challenge.**

Source: Journal of California Dental Associations 26(5): 394-396, 1998. (Journal Article: 3 pages)

Abstract: With its expansive area, and the special needs of agricultural workers, Monterey County held significant challenges for setting up a children's health clinic. Part of the solution to addressing the county's unmet dental needs was the establishment of the Children's Miracle Network dental center in 1995. But working in the fields leaves little time for travel to appointments, so the dental center expanded to a mobile unit that can go where the need is. Understanding the special needs of one's community is crucial to establishing programs that can successfully address the state's needs for children's dental care.

Section: 1997

Order #: 9504

Authors: Ayres, D.

Title: **Mobile Medical Clinics Offer Alternative to Renovation and Construction.**

Source: Ambulance Outreach 31-32, Fall 1997. (Journal Article: 2 pages)

Abstract: Mobile Health Care Programs have many attributes. Every organization genuinely concerned with client access to their services should consider having one. When the need to service outlying areas arises, a mobile clinic offers more flexibility and is the most economically feasible alternative. Granted, there is no shortage of vacant structures for rent or purchase in rural America. That, of course, is just the start; you also have the expense of renovating the interior to accommodate the patients and staff. And do not forget the four P's: Planners, Permits, Politics and Payola (taxes and fees).

Order #: 7044

Authors: Clinica Sierra Vista.

Title: **Mobile Health Services.**

Source: Lamont, CA: Clinical Sierra Vista, 1997. (Brochure: 1 pages)

Abstract: Clinica Sierra Vista's Mobile Health Services was created to deliver medical and social services to thousands of poor adults, children and families who are unable or unwilling to access traditional health care delivery systems. This document briefly describes the program.

Order #: 6472

Authors: Soderstrom, E., Long, T., Sherman, J.

Title: **MOVES: Incorporating Developmental Services on a Pediatric Mobile Health Care Clinic.**

Source: Infants and Young Children, 9(3): 78-86, 1997. (Journal Article: 9 pages)

Abstract: The Mobile Van Evaluation and Screening (MoVES) program was established in 1994 to provide developmental screening and evaluation services to the children receiving primary pediatric medical care from the Georgetown University Pediatric Mobile Clinic. The program grew rapidly and presently consists of an array of developmental services in addition to evaluation and screening. The purpose of this article is to describe the developmental services that have been established as part of a pediatric mobile health care clinic. A descriptive analysis of the children seen during the first year of the program will also be provided.

Mobile Health Units

Section: 1996

Order #: 6471

Authors: Alexy, B., Elnitsky, C.

Title: **Community Outreach: Rural Mobile Health Units.**

Source: Journal of Nursing Administration 26(12): 38-42, 1996. (Journal Article: 5 pages)

Abstract: With the increased emphasis on cost containment, hospital administrators are investigating community outreach projects to remain economically viable. The authors describe the planning and implementation of a mobile health unit for rural elderly residents. This project represents an alternative model of healthcare delivery in a rural area with limited resources and healthcare providers (authors).

Order #: 9505

Authors: Dyer, J.J.

Title: **Comparative Costs of Mobile and Fixed-clinic Primary Health Care Services.**

Source: South African Medical Journal 86: 528-530, 1996. (Journal Article: 3 pages)

Abstract: With restructuring and rationalization of health services in South Africa imminent, the development of methods for comparing and evaluating health services is of great importance at both the national and local level, including comparisons of cost-efficiency and cost-effectiveness. The costs of different methods of delivering primary health care in a local authority through mobile and fixed-clinic services have been analyzed and aspects of their cost-efficiency compared. The information gained from such an analysis can be used for management purposes to optimize both the use of resources and the quality of service provided at the local level.

Order #: 6156

Authors: Foti, S.K.

Title: **A Clinic that Heals the Homeless.**

Source: Hospitals & Health Networks: 1996. (Journal Article: 1 pages)

Abstract: The author describes the Health Care Center for the Homeless in Winter Park, FL. Patients ailments range from cancer to rashes and foot sores. Much of the financing comes from the Robert Wood Johnson Foundation, local hospitals and private benefactors. Doctors, nurses, and dentists donate their time and a mobile medical van provides outreach.

Order #: 9506

Authors: McNeal, G.J.

Title: **Mobile Health Care for Those at Risk.**

Source: Nursing and Healthcare Perspectives on Community 17: 134-140, 1996. (Journal Article: 7 pages)

Abstract:

Mobile Health Units

Section: 1996

Order #: 9507

Authors: Vellozzi, C.J., Romans, M., Rothenberg, R.B.

Title: Delivering Breast and Cervical Cancer Screening Services to Underserved Women: Part I. Literature Review and Telephone Survey.

Source: Womens Health Issues 6(2): 65-73, 1996. (Journal Article: 9 pages)

Abstract: Although breast and cervical cancer screening procedures have been shown to reduce morbidity and mortality, many women are not using these services. These women are likely to be older, of ethnic or racial minority, of low socioeconomic status, less educated, underinsured, or living in rural locations. Many breast and cervical cancer screening programs employ strategies to increase use. In order to identify and assess those strategies, we reviewed the literature and completed a telephone survey, altogether assessing 61 programs. Our study identified several strategies and found that not all strategies work for all women. Management systems directed to both patients and providers consistently are effective for most underserved women. Community-based outreach and integration of preventive services at the primary health care (PHC) site are effective strategies for both African American and Hispanic women. Use of mass media has been successful when targeted toward Hispanic women, but not when targeted toward African American women. Mobile units and integration of preventive services at PHC sites are effective strategies for elderly women. In many cases, a combination of strategies may be effective. Programs should employ strategies best suited to their target populations.