Rolling for Cancer: Exploring Mobile Outreach Initiatives

This report aimed to deliver a comprehensive analysis for the Oregon Health & Science University (OHSU) Knight Cancer Institute Mobile Outreach Team. The organization's main objective is to address cancer disparities by increasing cancer outreach efforts in Oregon's underserved regions. In 2020, over 1.6 million new cancer cases were reported in the United States, highlighting the urgent need for consistent healthcare visits to prevent delayed diagnoses (CDC, 2023). Many delayed diagnoses could have been prevented with consistent screenings, but barriers to access care and financial insecurity often prevent people from seeking consistent healthcare. (Williams et al., 2023). Building trust within communities is essential to overcome this hesitancy. Mobile clinics provide flexibility for patients who struggle with accessing traditional forms of healthcare and provide a viable alternative that can help bridge this gap in healthcare access (Yu et al., 2017). By bringing healthcare directly to rural populations, the Knight Mobile Outreach Team can significantly reduce cancer disparities in Oregon.

Background

The Knight Mobile Outreach Team provides services using a converted single Sprinter van. The team works with a wide range of community partners throughout rural and metropolitan areas in Oregon (Gibbs, 2023). Over the last two years, the Knight Mobile Outreach Team has conducted over 60 cancer awareness and screening events (Gibbs, 2023). Specific services that can be provided during these events are HPV vaccines, skin cancer screenings, fecal immunochemical test (FIT) kit, and education on clinical trials.

Methods

Interviews were conducted internally with members of the Knight Cancer Institute and the Community Outreach and Engagement team, in addition to select members of the larger OHSU community. Nine external interviews were completed with mobile cancer units nationwide. Additionally, a formal literature review was conducted.

Findings

Every mobile unit interviewed utilized some form of grant funding in their operations. At Moncrief Cancer Institute, grants received limited the counties that could be served and the types of services the mobile unit provided (personal communication, 2024). Generally, the program individually did not apply and handle the grants; rather, the institution's centralized grant department did. ScreenNJ exclusively uses federal funds from the state to sustain their operations (personal communication, 2024). Alternatively, other programs could bill insurance companies when performing exams such as mammograms, pap smears, prostate exams, and low-dose CT scans. The physical setup of mobile unit consisted of RVs, buses, and box trucks to accommodate 1-2 private exam rooms and a waiting area. Mammography was the top preventative screening with prostate exams and pap smears as secondary. These exams were solely for preventative screening and not diagnostic testing. A portion of mobile units

contracted with private companies to provide services to employees. Several organizations partnered with Genetech to receive at-home colon screening kits.

Establishing and building relationships with community partners is key for the mobile outreach program to continue to grow. Many mobile units have been operating for upwards of 30 years and are well established in their communities. All mobile outreach units were directly affiliated with cancer institutions. Several programs employed dedicated staff members. Operational staff consisted of a program director or registration coordinator, bus driver, technician (for mammography and low-dose CT), and nurse practitioner (for physical exams). Numerous programs were able to use institution resources like support staff and Epic. ScreenNJ and Moncrief Cancer Institute had community service navigators and coordinators embedded into the mobile unit (personal communication, 2024). Given the availability of institutional resources, mobile unit staff can prioritize patient care and follow-up above all else. Patient navigators were vital in assisting with the follow-up after a patient's abnormal test result. Key performance indicators were rarely managed by the mobile cancer outreach units themselves. Instead, they were overseen by their greater cancer center. The units commonly gauged their success based on the number of screenings provided, percentage of positive early detection screenings, and conversion rates of screen individuals who became patients at the cancer institute. Some internal stakeholders at the Knight Cancer Institute expressed significant resistance regarding the value of the mobile unit, believing that resources could be better utilized elsewhere.

Recommendations

The initial recommendation is to prioritize securing grant funding to ensure the continued operation of the mobile unit. Without sustainable funding, the unit will be unable to provide its valuable services to the community. The next recommendation is to establish meetings with the OHSU's School of Medicine and School of Nursing to discuss integrating mobile unit operations into the curriculum of the two programs. The third recommendation is to establish workflows for ensure follow-up care. This would include using Epic to assist with registering patients, creating work queues, and scheduling any follow-up appointments. The next recommendation is to identify and establish key performance indicators. The final recommendation is to focus on educational services and colorectal cancer screenings, almost exclusively focusing on rural communities outside of the Portland metropolitan area.

Conclusion

The Knight Mobile Outreach Team faces significant challenges in conserving its operations. Securing sustainable funding is necessary to ensure the program can continue providing services to communities in Oregon. Other crucial components to ensure the continued success of the unit include integrating with academic programs to secure staffing, establishing workflows for follow-up, identifying key performance indicators, and focusing on core services. Adopting new strategies is needed to ensure financial sustainability, operational efficiency, and the continued provision of essential educational services and cancer screenings.

Team Members:

Adrienne Haggerty

Abigail Matsushima

Stephanie Kutcher

Faculty Mentor:

Jessica Walter, Ed.D., M.A.

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