## **Chapter 7 - Mobile Health Screenings**

### 7.1. How to Use This Chapter

This chapter describes how to provide quality BCCHP services an off-site mobile setting.

Mobile screenings require advance planning and coordination.

Strong teamwork is the hallmark of successful mobile screening clinics. To ensure that the mobile screening clinic and its systems of medical care and follow-up, are in place.

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

Enrolling in BCCHP at a mobile site:

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 appropriate services
  - 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

### 7.2. Mobile Health Screenings - Overview

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

Mobile health screenings bring screening services into the community. Mobile health screenings provide quality care in a culturally safe and geographically convenient location.

Bringing services to a community can help when working with groups where barriers have previously prevented women from receiving regular health care. 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 LTBQ populations.

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 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 those following-up on a previous finding **should not** receive services at 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 underage of 40 may enroll in BCCHP if they are symptomatic or at increased risk. 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.

## 7.3. Mobile Health Screenings - Helpful Resources

## **Scheduling a Mobile Mammography Unit:**

- Assured Imaging (206) 467-1949, #1
- Evergreen (425) 899- 2532
- Swedish Medical Center (206) 215-3948
- Seattle Cancer Care Alliance (206) 579-1369

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

**BCCHP forms:** View our website at <a href="www.kingcounty.gov/health/cancer">www.kingcounty.gov/health/cancer</a>
For additional enrollment and consent forms in other languages contact BCCHP office

Federal Poverty Level Guidelines: see website

## **Brochures, Health Education Materials, and Websites:**

- for materials and incentives call 206-263-8200
- Ethnomed <a href="www.ethnomed.org">www.ethnomed.org</a> 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
- <u>Tobacco Quit Line</u> (1-800-Quit-Now) The Quit Line has a program for uninsured or under insured clients, which includes self-help material and medication support.

## 7.4. 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

## 7.5. Check List - General

Community Mobile Health Screenings				
Templates and Lists: see Helpful Resources in this chapter				
Scheduled appointments template				
Client Sign-In List				
☐ BCCHP Contracted Providers List				
☐ BCCHP and Komen Income Eligibility Guidelines: See our website				
Staff and Volunteer Role Description (1 copy for each staff member and volunteer)				
Forms: available on our website at www.kingcounty.gov/health/cancer				
BCCHP Forms: English and appropriate translated versions				
Consent Enrollment Collate into packets for clients				
Enrollment Collate into packets for clients Radiology prior to the event.				
Women's Health Exam				
BCCHP Enrollment Card				
Radiology Provider Forms: Check with facility – may include:				
Consent Patient Information Prior Mammogram and Health History				
Education Materials: In English and appropriate languages and reading levels (See Helpful Resources in this chapter)				
BCCHP program brochures				
BCCHP health education materials				
Breast Models in various skin colors and sizes				
Cervical Health Model				
Colon Cancer polyp model				
Supplies				
Banner / Poster Board Sign / Tent Sign				
Extension Cords				
☐ Office supplies, as needed: ☐ File Folders ☐ Large Paper Clips				
Mailing Folders (for confidential client information)				
Stapler Masking Tape Pens				
Incentives:				
Incentive items are nice to have at screening. Exact items may depend on				
availability.				
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.				

Screening Tools				
☐ Blood Pressure Cuff (with other sizes) ☐ Stethoscope ☐ Wipes ☐ BP Record Cards ~35 copies				
□ Bi Necola Calas ~55 copies				
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 ☐ Low Fat Popcorn ☐ Other				
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				

# 7.6. 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			

## 7.7. 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				
<ul><li>Number of providers and volunteers available</li><li>Need for interpreters. Note that there may be a fee</li></ul>				
☐ Confirm event date and location with: ☐ Mammography contractor ☐ BCCHP clinical provider ☐ Staff and volunteers.				

Conduct a meeting with staff and volunteers.
At this meeting:
☐ 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.
beverages of gift bag items. See Theipful Nesources of 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 <b>Error!</b>
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.

# 7.8. Check List – Roles and Responsibilities for Staff and Volunteers

Community Mobile Health Screenings				
•				
Coordinator				
Coordinate all mobile health screening components				
<ul> <li>effectively communicate with staff, agencies and volunteers involved</li> </ul>				
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 photocopying, 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 12.				
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				

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.					
<ul> <li>Collate packets of forms for clients prior to event.</li> <li>Assist mammography technologist and clinician with logistics and special requests.</li> </ul>					
This may include photocopying, 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		

## Mobile Screening Schedule Date: 7.9.

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NC -No Cervix

Date:

Time: 9.00-3.00 PM

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## 7.10. 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.
  - 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.
  - Improving prevention/early intervention.
  - o Contributing to your clients' adherence to treatment plans.
  - Increasing patient retention.
  - Increasing positive health outcomes.
  - Decreasing the number of mistakes based on miscommunication and lack of mutual understanding.
  - o Increasing your and your client's satisfaction

### 7.11. 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 ask "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 artwork 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 artwork, 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 the Agency for Healthcare Research and Quality and this link. <u>Planning Culturally and Linguistically Appropriate Services</u> | Agency for Healthcare Research and Quality (ahrq.gov)

<sup>\* &</sup>lt;u>Home - Think Cultural Health (hhs.gov)</u> assists family physicians with awareness, knowledge, and skills to more effectively treat the increasingly diverse U.S. population they serve at