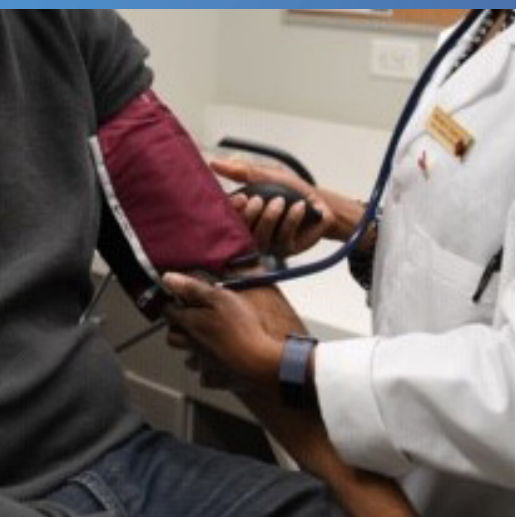




MOBILE HEALTH UNITS

A Strategy to Increase Access to Family Planning and Sexual Health Services



LESSONS FROM THE FIELD

National
Family Planning
& Reproductive Health Association

BACKGROUND

Mobile health units provide an opportunity to bring family planning and sexual health care services directly to communities in need, including those who face systemic barriers to care and those in rural or other areas lacking access to brick-and-mortar health centers. Mobile health units take many forms, including buses, vans, and trailers that can travel to communities to provide clinical services and health education.

Although mobile health units may present as a straightforward fix for overcoming common barriers to accessing health care—especially geography and time—there are many considerations that health care organizations must address both before and after launching mobile health services. These considerations relate to funding, licensure, staffing, supplies, and outreach, as well as equity. Of note, an intentional consideration of health inequities and disparities is necessary in order to truly advance health equity.

NFPRHA conducted a literature review and interviews with three health care organizations currently operating mobile health units, and as well as two organizations currently in the planning stage of launching units. NFPRHA also conducted a virtual discussion session with over 40 members across the US at various stages of planning or operating mobile health units. This resource guide is the result of those activities.

The purpose of this guide is to provide an overview of mobile health units for family planning and sexual health services, and to share examples and lessons learned from the field.



OVERVIEW OF MOBILE HEALTH UNITS

Mobile health units are a promising strategy to improve reproductive and sexual health care access and outcomes.¹ There are an estimated 2,000 mobile units across the US, though most do not focus explicitly on reproductive and sexual health.² Mobile health units have been shown to reach a variety of populations that face barriers to accessing care, such as immigrants, people with substance use issues, and those without stable housing.³ Offering family planning and sexual health services through mobile health units may remove barriers to care for adults and adolescents⁴ across all gender identities.

There are an estimated 2,000 mobile units across the US, though most do not focus explicitly on reproductive and sexual health.²

Mobile health units offer a variety of services such as pregnancy tests, contraceptive counseling and supplies, sexually transmitted infection (STI) screenings and treatment, gynecological and male exams, prenatal and postpartum care, health education, and referrals to other clinical and social services. Depending on size and layout, mobile health units may include private exam rooms, waiting areas, education or counseling areas, and a laboratory. Mobile health units typically aim to serve individuals with low incomes or those without health insurance, whether in rural or urban areas. Some organizations partner or even share vehicles with local hospitals, health care systems, or health departments to provide services.⁵



Drucker, Zackary. A transgender woman in a hospital gown speaking to her doctor, a transgender man, in an exam room. Image. VICE. 2019. <https://genderspectrum.vice.com/#Health>.

- 1 Robert Wood Johnson Foundation. (2018). Mobile reproductive health Units. Accessed at: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics>
- 2 Mobile Health Map. Impact Report. Accessed at: <https://www.mobilehealthmap.org/impact-report>
- 3 Yu SWY, Hill C, Ricks ML et al. (2017). The scope and impact of mobile health units in the United States: a literature review. *International Journal for Equity in Health*. 2017;16(178). Accessed at: <https://doi.org/10.1186/s12939-017-0671-2>
- 4 Stefansson LS, Webb ME, Herbert LE et al. (2018). MOBILE-izing adolescent sexual and reproductive health care: A pilot study using a mobile health unit in Chicago. *Journal of School Health*. 2018;88(3):208–216. Accessed at: <https://doi.org/10.1111/josh.12598>
- 5 Mobile Health Map. Impact Report. Accessed at: <https://www.mobilehealthmap.org/impact-report>

KEY CONSIDERATIONS

There are numerous factors to consider when launching a mobile health program. These considerations, based on existing literature and provider discussions, can be grouped into the following broad categories:



Funding & Procurement

Some of the most basic considerations for launching a mobile health program relate to what kind of unit to procure, how to fund it, and where to get it. As mentioned above, mobile health units can range from vans to large buses, and the type of vehicle procured will depend on available resources and what services an organization plans to offer. In terms of funding, while some mobile health units are funded by private or public sector grants, many organizations have funded their units through direct partnerships with local hospitals or health systems or departments of health. It consequently is worth exploring whether local partners may be willing to fund (or share) a mobile health unit to extend their reach into communities in need.

Estimates for a full-sized mobile health bus range from \$350,000 to \$500,000, not including customization, branding, or ongoing costs.

Numerous companies specialize in providing mobile health units and can customize them to meet organizations' needs. A list of vendors recently distributed by the Mobile Healthcare Association is included in Appendix B; the organization also provides information about financing for mobile health units on their website.⁶ While prices vary based on the type and size of the vehicle, estimates for a full-sized mobile health bus range from \$350,000 to \$500,000, not including customization, branding, or ongoing costs, which are discussed below. Notably, there may be unused or underused mobile health units in a community, especially as many entities acquired them to address the COVID-19 pandemic. Other organizations may be willing to lend, sell, or even donate mobile health units that can be put to good use.

Staffing

A common question and important consideration relates to how to staff a mobile health unit. There are examples in the provider profiles included in this guide but staffing generally depends on what services the unit will offer. It also depends on anticipated demand and how many patients the unit will be able to accommodate. If basic health care services are provided, such as pregnancy or STI testing, the unit will require at least one staff member able to provide those services at all times. Expanded services will require a

⁶ Mobile Healthcare Association. Commercial Vehicle and Equipment Financing. Accessed at: <https://www.mobilehca.org/v-financing.html>

clinician onsite. Some organizations choose to have at least two team members staffing their mobile health unit at all times, both to meet demand efficiently and to ensure staff safety.

An important staffing need that may not be top of mind is a driver. Depending on the type, size, and weight of the vehicle (varying by state), the driver may need a commercial driver's license (CDL), which requires additional training and licensure. One organization NFPRHA interviewed described difficulties retaining drivers and ultimately paid to have their own staff trained and licensed to drive their unit to maintain consistency. Finally, going into a community can be very different than having patients come to a health center. The importance of staff cultural competency and humility cannot be overstated.

Services & Medications

Mobile health units vary in the services provided on the unit. In order to significantly increase access to family planning and sexual health care, a mobile health unit ideally would be able to provide most or all services available at the health center's brick-and-mortar location. At the very minimum, mobile health units should be able to offer pregnancy and STI testing as well as patient education and warm referrals to care. It should be noted that, while layouts may differ, even basic services will require onsite or easy access to a bathroom and sink. With the right space, staff, and equipment mobile health units can provide a broad scope of services (Box 1).

Services provided also may depend on partnerships, such as harm reduction and services for substance use disorders. Finally, communities that lack access to quality reproductive health care may also lack access to primary care. Many mobile health units offer basic primary care and/or education for chronic disease prevention.

A common question relates to the use of 340B medications for mobile units. The 340B drug pricing program provides discounted medications for eligible health care providers, which can include mobile health units if the health care organization itself is eligible. Many 340B-eligible organizations have successfully registered their mobile health unit as an additional care site and thus are able to utilize 340B supplies on the unit the same way as they would at their brick-and-mortar health center locations.

Other questions relate to medication dispensing and drug control licensing. Most mobile health units dispense medications onsite, such as birth control pills or antibiotics. Many others serve as vaccination sites, including vaccines for COVID-19, flu, and HPV, necessitating units to be outfitted with medical refrigerators. Onsite dispensing and administration, rather than requiring a trip to a pharmacy, further removes barriers to care. Questions about dispensing and securely maintaining medications on the unit are best addressed by consulting with a pharmacy compliance or regulatory expert.

BOX 1. **EXAMPLES OF MOBILE HEALTH SERVICES**

- Pregnancy testing and options counseling
- STI testing and treatment
- Contraceptive counseling and supplies, including IUDs and implants
- Gynecological and male exams
- PrEP and PEP
- Prenatal care and/or postpartum care
- Mammograms
- Referrals to other clinical and social services

Community Locations & Partners

An important consideration, which should be driven by a needs assessment, is where to offer mobile health services, and where an organization can realistically drive and park its vehicle. Where one can park a large vehicle, and sometimes even the roads one can drive on, depends on size and weight and varies by state and locality. Consulting with state and local authorities, including police and parking authorities, is critical, especially as most states require special permits for mobile health units.

The providers NFPRHA consulted with emphasized that local partners are essential for determining locations to set up shop. Community-based organizations may be willing to offer their parking lots for one-time or ongoing mobile health days. This is often a “win-win” for organizations that may not provide family planning and sexual health services, but whose clients need these services. Examples include college campuses, shelters, substance use service providers, and organizations who serve adolescents or other populations that may face difficulties with transportation. Other locations that may not be top of mind include police and fire departments that may be willing to offer their parking lots for a day or on an ongoing basis; whether this will work and be perceived as trusted locations will likely vary by community.

Community-based organizations and community members themselves are experts in their communities and can provide critical input and advice, as well as serve as liaisons.

Where organizations choose to locate and park their mobile health units should be informed by partner organizations and community members whenever possible. Community-based organizations and community members themselves are experts in their communities and can provide critical input and advice, as well as serve as liaisons. Engaging community-based partners early on—and ideally their patients—can help in many ways. For example, one provider NFPRHA spoke with needed to redesign their bus because the community was turned off by its design and messaging, expressing that the initial design and messaging were clear, but too blatant. The organization ultimately worked with the community to completely redesign the bus wrapper images and messaging, which was costly but well worth it. Community engagement early and often is a helpful strategy.⁷

Costs & Return on Investment

In addition to the costs of purchasing a mobile health unit, there are ongoing operational and maintenance costs that require ongoing investment. Mobile Health Map—a collaborative research community whose goal is to evaluate and demonstrate the impact of mobile health units—estimates that the average operational cost of a mobile health program is roughly \$429,000 per year.⁸

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7 Mobile Health Map. The Case for Mobile: Mobile Health Care is Good for Communities and Good for Business. Accessed at: <https://www.mobilehealthmap.org/businesscase>

8 Mobile Health Map. Impact Report. Accessed at: <https://www.mobilehealthmap.org/impact-report>

While some of the costs of operating a mobile health unit may be obvious, such as staffing, fuel, supplies, and maintenance, other costs that surfaced during provider discussions are worth mentioning. They include:

- Generators and associated maintenance costs. Some choose to purchase a backup generator.
- Shore lines (shore power) to keep the units plugged in overnight (or at partner locations).
- Waste dumping costs—finding locations to dump waste and paying each time.
- Design and maintenance costs for the vehicle “wrapper”—not only costs to create and install, but also for repairs for wear and tear over time.
- Cleaning and detailing costs for the vehicle, which must stay clean to inspire trust among patients.
- Winterizing costs, where applicable, and overnight parking garage expenses.
- Wheelchair lifts and upkeep costs for handicapped accessible units.
- Maintenance costs for temperature control and ventilation systems; parts repairs.
- Additional storage space added to the vehicle as needed (e.g., under the bus).
- Refrigerators for maintaining medications, such as vaccines or contraceptive rings.

While ongoing costs are considerable, some research shows that mobile health units can be cost-effective and generate cost-savings overall. For example, an impact report produced by [Mobile Health Map](#) estimates that, overall, mobile health units in the US are able to provide quality care at a lower cost. They estimate an average return on investment for mobile health of 12:1; that means for every \$1 spent, \$12 are saved by prompting earlier patient care initiation, improving patients’ ability to self-manage their conditions, avoiding emergency room visits and hospital admissions, and improving patients’ quality of life.^{9,10} This is not universal, and depends on services provided and delivery, but it suggests opportunity. A recent report from [Mobile Health Map](#) also examines the business case for mobile health.¹¹ Further, the providers NFPRHA spoke with reiterated that mobile health units can have intangible returns on investment in terms of meeting their organizational missions and advancing health equity.

For every \$1 spent, \$12 are saved by prompting earlier patient care initiation, improving patients’ ability to self-manage their conditions, avoiding emergency room visits and hospital admissions, and improving patients’ quality of life.^{9, 10}

9 Ibid.

10 Yu SWY, Hill C, Ricks ML et al. (2017). The scope and impact of mobile health units in the United States: a literature review. *International Journal for Equity in Health*. 2017;16(178). Accessed at: <https://doi.org/10.1186/s12939-017-0671-2>

11 Mobile Health Map. The Case for Mobile: Mobile Health Care is Good for Communities and Good for Business. Accessed at: <https://www.mobilehealthmap.org/businesscase>

MOBILE HEALTH UNIT PROFILES

The mobile health unit profiles below offer three real-world examples of health care organizations offering mobile family planning and sexual health services across diverse rural and urban settings.

Adagio Health, Inc.
Pittsburgh, Pennsylvania
www.adagiohealth.org



MISSION Adagio Health meets the health & wellness needs of diverse communities, regardless of income, with a focus on women.

SERVICE AREA(S) Adagio Health has been providing health and wellness services and support in Western Pennsylvania for 50 years and in Northern West Virginia for four years. The organization now also serves five counties in Western New York. Adagio Health launched their new Mobile Health Care Unit to better meet the needs of underserved populations. While the unit primarily travels to rural counties north and west of Pittsburgh, it also is deployed as needed to urban areas where access to medical services is limited due to a lack of transportation and other resources.

FUNDING & PROCUREMENT The Mobile Health Care Unit was funded by a Title X family planning grant in 2019 and launched in 2020. The mobile health unit is an approved site within Adagio Health's Title X project and receives funding as such. They also bill third-party payors for patients with health insurance which supplements funding.

Adagio Health procured its mobile health unit from LifeLineMobile. It is 36-foot long with an exam room, a waiting area, a lab area, and an Americans with Disabilities Act (ADA) -compliant bathroom (required for federal funding). It also has a wheelchair lift to increase accessibility.

SERVICES PROVIDED BY MOBILE HEALTH UNIT	<ul style="list-style-type: none">• Pregnancy testing and counseling• Contraception (all methods onsite, including IUDs and implants)• STI testing and treatment• Gynecological exams• HPV vaccination• PrEP and PEP (onsite)	OTHER SERVICES:	<ul style="list-style-type: none">• Adult immunizations• COVID-19 testing and vaccine• Food boxes for food insecurity (non-perishables)
STAFFING	The mobile health unit is staffed by a full-time Nurse Practitioner, one full-time Medical Assistant, and a full-time driver (with a CDL Class B License). Adagio Health also has a full-time Mobile Health Services Coordinator (not typically on the unit) who handles community partnerships, contracting, and scheduling.		
OPERATION & SCHEDULING MODEL	While Adagio Health operates numerous brick-and-mortar health center sites, its mobile health unit typically operates four days per week for 10-hour days. Adagio Health aims to secure routine venues so that patients are aware that the mobile health unit will be there during certain days and times (e.g., same place every 2 nd and 4 th Tuesday of month). The mobile health program often operates at routine sites, but also serves patients at “one time” locations or special events. Their model includes both walk-in and scheduled appointments. A priority is to work with community partners who can schedule their patients; however, but walk-ins are always welcome.		
PRACTICAL CHALLENGES & FACILITATORS	The size and type of the vehicle requires a driver with a CDL Class B License. Adagio Health had some initial challenges maintaining drivers and ultimately got their staff trained and licensed to drive the bus to ensure staffing continuity. Waste dumping—finding sites where they could dump waste regularly—also presented a challenge. They have since found a reliable, inexpensive facility for waste disposal. While patient volume was initially slow, it picked up over time. Adagio Health invested in sandwich boards to advertise outside the unit, which were helpful. They also found that, that the more services they offered at the mobile health unit, the greater the patient demand.		



Plan A
Louise, Mississippi
www.planahealth.org

MISSION Plan A mobile units bring health care directly to underserved communities, with an emphasis on improving sexual and reproductive health. We serve all people, regardless of insurance status, income, or location, and ensure access to affordable, quality, and compassionate care.

SERVICE AREA(S) Along with their free brick-and-mortar health center in Louise, Mississippi, Plan A launched their first mobile health unit in April 2021, serving the rural Mississippi Delta region.

FUNDING & PROCUREMENT Plan A procured and operates its mobile health unit with private grant and donor funding. They have also applied for various grants to be able to provide free medications and supplies to patients. All services are provided free of charge. The mobile unit is 26 feet long with two private exam rooms, a bathroom, and an intake space.

SERVICES PROVIDED BY MOBILE HEALTH UNIT

- Pregnancy testing and counseling
- Ultrasounds
- Contraception (all methods onsite, including IUDs and implants)
- STI testing and treatment
- HIV testing and PrEP
- Pap smears and mammogram referrals

OTHER SERVICES:

- Primary care screenings (blood pressure and blood sugar testing)
- Referrals to care and social services

STAFFING The unit is staffed by Community Health Workers and a Nurse Practitioner. The size and type of the vehicle requires a driver with a CDL Class B License; the driver is a trained Community Health Worker.

OPERATION & SCHEDULING MODEL

Plan A primarily provides services through its mobile health program. The organization’s brick-and-mortar health center in Louise is open two days per month, while the mobile health unit typically operates three days per week in different towns and at different hours based upon community needs and partnerships (they maintain an online schedule). While Plan A primarily uses a walk-in model, it is sometimes possible to schedule appointments.

**PRACTICAL
CHALLENGES &
FACILITATORS**

There are restrictions on what medications they can dispense onsite in Mississippi. To overcome this challenge, Plan A identified local and online pharmacy partners to ensure that patients can access the no-cost medications and supplies.

Equipment can be expensive. Plan A has found that donations and “bargain hunting” for equipment (e.g., colposcope) can be helpful if staff are willing and able to put in the time.

Plan A has invested deeply in community engagement and partnerships, including significant community engagement before they began. They conducted a needs assessment with focus groups, built partnerships, and hired community health workers from the communities they serve. This is a critical part of their model and a facilitator to building ongoing trust.

Project Street Beat: NYC Mobile Health Center (New York City)
Planned Parenthood of Greater New York

www.plannedparenthood.org/planned-parenthood-greater-new-york/get-care/project-street-beat



MISSION As part of the broader mission of Planned Parenthood of Greater New York, Project Street Beat provides confidential, non-judgmental services to people of all genders. Our services are available regardless of immigration status or ability to pay. We work with individuals who are living with or at risk for HIV or who have chronic health conditions.

SERVICE AREA(S) New York City, New York. The Project Street Beat NYC Mobile Health Center started out serving the Bronx borough but has since expanded to reach all five of New York City's boroughs.

FUNDING & PROCUREMENT Project Street Beat started in 1988, primarily as an HIV prevention program with an adolescent focus. Their first mobile health unit was donated to them by New York City. They have since expanded, procured a new unit, and receiving funding through a variety of grants. The mobile health unit is a 38-foot bus with one private exam room, a bathroom, a lab area, and two sound-proofed consultation rooms.

SERVICES PROVIDED BY MOBILE HEALTH UNIT

- Pregnancy testing and counseling
- Contraception methods onsite (most methods onsite, including IUDs and implants; contraceptive patch and vaginal ring by prescription)
- STI testing and treatment onsite
- Gynecological and penile exams
- PrEP and PEP (by prescription)

OTHER SERVICES:

- Naloxone and overdose prevention training
- Needle exchange
- Insurance enrollment
- Enhanced follow-up
- Case management
- Snack bags for food insecurity

STAFFING Project Street Beat's Mobile Health Center is staffed by a Nurse Practitioner, a lab technician, HIV Prevention Specialists, and a driver. The size and type of the unit requires a driver with a CDL Class B License. They also have financial counselors accessible by phone and sometimes have Health Promoters outside the bus to welcome people and provide information.

**OPERATION &
SCHEDULING
MODEL**

While the organization operates numerous brick-and-mortar health center sites, the Project Street Beat Mobile Health Center typically provides services four days per week. The schedule has regular sites as well as “one time” locations or special events, depending on parking permits, which are a challenge to secure in New York City. This also includes “street sites,” which are places the unit parks in areas with high need and/or high foot traffic.

While operating primarily as a walk-in model prior to COVID-19, Project Street Beat has since developed into an appointment-based system (as well as continuing to take walk-ins). This helps to manage flow and anticipate volume rather than the previous model of walk-in only—and reduces lines outside the bus. They have found that many patients do keep their appointments.

**PRACTICAL
CHALLENGES &
FACILITATORS**

Their challenges have largely been maintenance and equipment related. If anything mechanical goes wrong with the bus, services are interrupted, which can affect patient access and trust. Project Street Beat has used telehealth to address “downtime” by speaking with patients remotely to prepare them for their visits or provide counseling.

Temperature control also has been a challenge due to unpredictable issues with heating or cooling systems. Because of this, Project Street Beat has elected to take all temperature sensitive supplies on and off the unit each day to avoid risks.

Due to the size of the bus, securing locations and permitting has been a challenge. Project Street Beat has built strong partnerships to overcome this, but it remains a challenge in the urban environment of New York City.

They have built strong relationships throughout communities, including with patients themselves, which facilitates community trust and ongoing care. They have also expanded significantly over the years—both in terms of scope of services and serving all five boroughs. They believe that a willingness to expand and remain open to new opportunities is key to success.

SUMMARY & CONCLUSION

Finally, NFPRHA asked several providers what they “wish they knew” when launching their mobile health programs, and what additional advice they would offer to others on this journey. Their responses are listed below.

I WISH I HAD KNOWN . . .

- . . . to have been more strategic about the initial layout of the unit. We ended up re-doing our lab cabinetry simply because of the layout of cabinets, which were difficult for staff to access. We also paid for an undercarriage storage bin in order to store some necessary supplies, such as the sandwich boards we use to advertise outside the unit. Storage is always a concern.
- . . . to have spare parts available!
- . . . to engage the community as early as the design phase—they can help to inform what the bus should look like and what the messaging should be.

ADVICE FOR OTHER PROVIDERS

- “Know your layout—get input from staff and understand their needs upfront to design your layout in the best way.”
- “Have someone who is strictly focused on the maintenance issues—someone organized. Also, permits can be a huge issue. Think carefully before getting a unit that is more than 35 feet long!”
- “It really helps to have staff that are cross trained in the other roles on the unit. Because there is such limited space seeking, for example, a driver that is also the registration person can help!”
- “Check out every new location beforehand for parking and weight limits!”
- “Consider . . .
 - Can you offer enough services to generate demand?
 - Can you identify and work with enough community partners to have the mobile unit scheduled on a regular basis?
 - Do you have ability to bill insurance for services to generate revenue to support costs, or have access to ongoing funding to support costs?”
- “It’s important to evaluate the impact of your services. There is not enough research out there.”
- “Relationships—recognize the importance of your relationships with partners, the community, and the individuals you serve. And have the flexibility to expand—expand your thinking in terms of what’s possible and what a mobile clinic can do and be.”

Conclusion

Mobile health units present a significant opportunity to bring family planning and sexual health services directly to those in need, especially in communities that face systemic barriers to care and areas without easy access to brick-and-mortar health centers. But organizations do not need to start from scratch. There are existing resources as well other organizations with experience providing mobile family planning and sexual health services in diverse communities across the country. While mobile health units may not be a cure-all solution, they can effectively increase access to care and contribute to advancing health equity.

This document was prepared by the National Family Planning & Reproductive Health Association (NFPRHA), in consultation with subject matter expert Julia Kohn, PhD. It is intended for informational purposes and does not constitute legal or medical advice or NFPRHA's endorsement of a specific product.

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nationalfamilyplanning.org · (202) 293-3114 · info@nfprha.org



APPENDIX A

MOBILE HEALTH UNITS SELECTED RESOURCES LIST

Mobile Health Map (MHM)

<https://www.mobilehealthmap.org>

Mobile Health Map is more than a website. It is both a collaborative network and research community all in one. It allows mobile health units to analyze their own impact while, at the same time, contributing to a broader pool of data. Mobile Health Map then aggregates the data across mobile health units to better understand the impact of the mobile health sector as a whole. Mobile Health Map provides an online portal complete with analysis tools, research, best practice resources, and opportunities to connect with peers across the country to advocate broadly in support of mobile health services. Examples of resources include:

- [Impact Report \(includes estimates of costs and return on investment\)](#)
- [Report on the Business Case for Mobile Health \(which addresses both costs and advancing health equity\)](#)
- [Tools and Resources \(e.g., Bottom Line Impact Tool and Quality Check-Up Tool\)](#)
- [Research & Publications](#)
- [Frequently Asked Questions \(FAQs\)](#)
- [Clinic Finder Tool](#)

Mobile Healthcare Association

<https://mobilehca.org>

The goal of the Mobile Healthcare Association is to build a foundation that fosters advocacy on behalf of mobile health care, encourages the design and distribution of meaningful educational tools, and facilitates communications among health care providers. Its mission is to promote and serve the mobile health care sector to increase access to care for all. Examples of resources include:

- [Virtual Spring Intensive Training Course on Mobile Health Units](#)
- [Annual Mobile Health Clinics Conference](#)
- Information on [Mobile Health Clinic Financing](#)
- [Membership](#) and associated networking, regional meetings, and members only resources site

The Family Van

www.familyvan.org

mobilizehealth.org

The Family Van is one of the most well-known mobile health programs in the US. Designed in collaboration with community partners in 1992, The Family Van works to increase access to health care and improve the health of residents in Boston's most underserved communities. The Family Van's mission is to empower community members by improving health literacy and providing preventive screenings, in a welcoming and non-judgmental environment. Its wide range of preventive health services includes pregnancy testing and family planning care and counseling.

Given its longstanding experience, The Family Van also offers consulting services and tools for agencies interested in starting new programs, expanding existing programs, and communicating their impact. Visit mobilizehealth.org to learn more, find tools, or request a consultation.

APPENDIX B

LIST OF VENDORS FROM MOBILE HEALTHCARE ASSOCIATION

ADI Mobile Health

Aaron Finch
Sales
19425 SW 89th Avenue
Tualatin, OR 97062
(503) 885-0886
aaron.finch@adi-mobilehealth.com

Craftmens Industries

Natalie Marchbanks
Business Development
3101 Elm Point Industrial Drive
St. Charles, MO 63301
(636) 940-5863
nmarchbanks@craftsmenind.com

CT Coachworks, LLC

Evelyn Ferris
Business Development Manager
9700 Indiana Avenue
Riverside, CA 92503
(951) 858-0254
Evelyn@CTCoachworks.com

Direct Relief

Ruth Smarinsky
Senior Advisor
6100 Wallace Becknell RD 31
Santa Barbara, CA 93117
(310) 749-8250
USAprograms@DirectRelief.org

Farber Specialty Vehicles

Reed Harster
Medical Sales
7052 Americana Parkway
Reynoldsburg, OH 43068
(614) 863-6470
rharster@farberspecialty.com

LDV, Inc.

Cory Weithaus
Outreach Sales Specialist
180 Industrial Drive
Burlington, WI 53105
(262) 757-2430
cweithaus@ldvusa.com

Matthews Specialty Vehicles

Michelle Shupe
Director of Sales and Marketing
211 American Avenue
Greensboro, NC 27409
(336) 297-9600 x 614
mshupe@msvehicles.com

Mission Mobile Medical Group

Brad Anderson
Client Service Director
7700 Boeing Drive
Greensboro, NC 27409
(608) 345-6119
banderson@missionmobile.com

Mobile Specialty Vehicles, Inc.

Dan Alexander
Director of Sales
811 County Road 2076
Newton, TX 75904
(817) 736-7303
dan@msvmobile.com

RV Basic Training

Gary Lewis
Managing Director
601 N. Kirby Street Suite 258
Hemet, CA 92545
(866) 976-7878
gary.theRVguy@gmail.com

Summit Bodyworks

Meredith Lyons
CEO
13525 County Road 8
Fort Lupton, CO 80621
(303) 301-7550
mlyons@summitbodyworks.com

Thum Insurance Agency

Melissa Thum
President
3140 3 Mile Road NE
Grand Rapids, MI 49525
(616) 957-2400
melissa@thuminsurance.com

Used Mobile Clinics

Tom Reimann
Sales & Marketing
12415 Dumont Way
Littleton, CO 80125
(720) 371-5444
Tom@mobilehealthclinic.org

West Networks

Peter West
CTO
2404 NW 43rd St Suite A
Gainesville, FL 32606
(352) 316-7701
peter@westnetworks.com

Winnebago Specialty Vehicles

Courtney Baldwin
Sales and Marketing Associate
605 West Crystal Lake Road
Forest City, IA 50436
(480) 815-7280
cgbaldwin@winnebagoind.com

APPENDIX C DAILY DRIVER CHECKLIST

Trip Information

Date of trip: _____ Scheduled start time: _____ Scheduled end time: _____

Destination(s): _____

Pre-trip Information & Checklist

Mileage at start: _____ Generator hours at start: _____

Garage departure time (actual): _____

Daily weather forecast, temperature, emergency notifications, warnings or watches issued: Check

Evaluation: Exterior

- Shoreline:** Detached
- Body, undercarriage:** Secure, condition, undamaged
- Tires, wheels, lug nuts, hubs:** Secure, undamaged, proper pressure
- Lights (all vehicle lights):** Secure, undamaged, working
- License plate:** Secure, undamaged, properly lit
- Storage compartments:** Secure, undamaged, closed, locked
- Doors, windows, mirrors:** Intact, secure, undamaged, properly secured for transport
- AC unit:** Secure, undamaged
- Rearview camera:** Secure, undamaged
- Stairs:** Stowed, padlocked, secure, undamaged
- Stabilizer system:** Secured in the raised position, undamaged
- Fuel, DEF tanks:** Secure, undamaged, caps tight

Evaluation: Mechanical

- Battery:** Secure, undamaged, no signs of leaking, no wires damaged
 - General - belts, hoses, wiring, fluids:** Secure, undamaged, no leaking
 - Coolant, radiator, fan:** Secure, undamaged, no leaks, fluid at operating level
 - Engine oil:** Operating level, no leaks
 - Power steering fluid, pump, hoses:** Secure, undamaged, operating level, no leaks
 - Steering, steer box, linkage, joints, axles, castle nuts/cotter pins:** Secure, undamaged, no leaks
 - Washer fluid, wiper blades:** Secure, undamaged, no leaks, operating level
 - Water level:** Visual check of fresh water and wastewater levels, dump/fill as needed
 - WEEKLY: Generator - coolant level, oil level, battery, general check:** Secure, unmanaged, no leaks
- Last checked: _____

Evaluation: Internal Cab & Clinic

- Fire extinguisher:** Secure, correct pressure
- Trash:** Removed, secure for travel
- Emergency Road Kit:** Complete supply, 3 reflective triangles, extra fuses
- Fuel, DEF tanks:** 1/2 a tank or more
- Cab:** Clean, undamaged, all items secure
- Doors, windows, mirrors:** Secure, undamaged, clean, no illegal obstructions
- Seats, safety belts:** Secure, undamaged
- Horn:** Operational
- Lights:** Operations, indicators working
- Dash gauges, indicators for oil, temperature, voltage, air pressure, warnings, etc.:** Working, operating levels, no emergency warnings
- Cell phone, charger:** Present, working
- Registration, insurance papers:** Present

Notes

Driver Acknowledgement (signature):

Driver Name (printed):

Post-trip Information & Checklist

Mileage at return: _____ Fuel at return (approx.): _____

Additional, unscheduled destination(s): _____

Site arrival time(s): _____

Site departure time(s): _____

Garage return time (actual): _____ Generator hours at return: _____

Marketing/social media tasks completed

Notes: *For example, # of businesses visited for marketing, # of flyers distributed, # of social media posts completed.*

Interior: Trash removed, disposed

Interior: No damage in transit, lights off, heat/air set for overnight, door secured

Exterior: No damage, all secure, no leaks

Shore line: Re-attached

Routine/preventative maintenance: Scheduling needed

Brakes (3,000m) Chassis (5,000m) Oil (15,000m) Generator (250hrs)

Notes:

Weather or Emergency concerns for next travel day: _____

Weather-related action taken (e.g., snow removal at garage, salt):

Notes:

Attachments: *For example, fuel or toll receipts, photos of damage, photos, tickets.*

Notes

Driver Acknowledgement (signature):

Driver Name (printed):

APPENDIX D
SAMPLE ROUTINE MAINTENANCE TRACKING SHEET
 (Courtesy of Adagio Health, Inc.)

Example

<p>Routine Preventative Maintenance: Regular service intervals must be completed. Based on daily usage the following services will be needed in the next 2 weeks. Notify Mobile Health Service Coordinator via email of needed service. * <i>Vehicle Registration and PA State Inspection are due by July 1 of every year. Note last service in chart below</i></p>					
Brakes: 3,000 Mile Brakes					
Date Completed:	<u>3/7/22</u>	Mileage:	<u>32448.3</u>	Shop:	<u>FYDA Freightliner</u> Staff: <u>EW</u> DUE: <u>35448.3</u>
Chassis Lube: 5,000 Mile Chassis Lube					
Date Completed:	<u>3/7/22</u>	Mileage:	<u>32448.3</u>	Shop:	<u>FYDA Freightliner</u> Staff: <u>EW</u> DUE: <u>37448.3</u>
Truck Oil Change: 15,000 Mile Oil Change					
Date Completed:	<u>3/7/22</u>	Mileage:	<u>32448.3</u>	Shop:	<u>FYDA Freightliner</u> Staff: <u>EW</u> DUE: <u>47448.3</u>
Generator: 250 Hour Generator					
Date Completed:	<u>3/7/22</u>	Hours:	<u>2332.9</u>	Shop:	<u>FYDA Freightliner</u> Staff: <u>EW</u> DUE: <u>2582.9</u>
HVAC Filter: 3 months- HVAC filters inside unit and in AC Unit					
Date Completed:	<u>2/24/22</u>	Staff:	<u>EW</u>	DUE:	<u>5/24/22</u>
HVAC Filter: 3-6 months- HVAC filters external in AC Unit					
Date Completed:	<u>10/1/21</u>	Staff:	<u>EW</u>	due 3-1-22 based on limited use over the winter	DUE: <u>3/1/2022</u>
Registration/Inspection:					
Date Completed:	<u>7/29/2021</u>	Mileage:	<u>20419.0</u>	Hours:	<u>1380.7</u> Shop: <u>Kenworth of Clintonville</u> Staff: <u>EW</u> DUE: <u>July 2022</u>
Wheelchair Lift (Service Inspection): Annually					
Date Completed:	<u>9/3/2021</u>	Staff:	<u>EW</u>		DUE: <u>9/3/2022</u>
NOTES:					

<p>Routine Preventative Maintenance: Regular service intervals must be completed. Based on daily usage the following services will be needed in the next 2 weeks. Notify Mobile Health Service Coordinator via email of needed service.</p>					
Brakes: 3,000 Mile Brakes					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
Chassis Lube: 5,000 Mile Chassis Lube					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
Truck Oil Change: 15,000 Mile Oil Change					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
Generator: 250 Hour Generator					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
HVAC Filter: 3 months- HVAC filters inside unit and in AC Unit					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
HVAC Filter: 6 months- HVAC filters external in AC Unit					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
Registration/Inspection					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
Wheelchair Lift (Service Inspection): Annually					
Date Completed:	_____	Mileage:	_____	Shop:	_____ Staff: _____ DUE: _____
NOTES:					

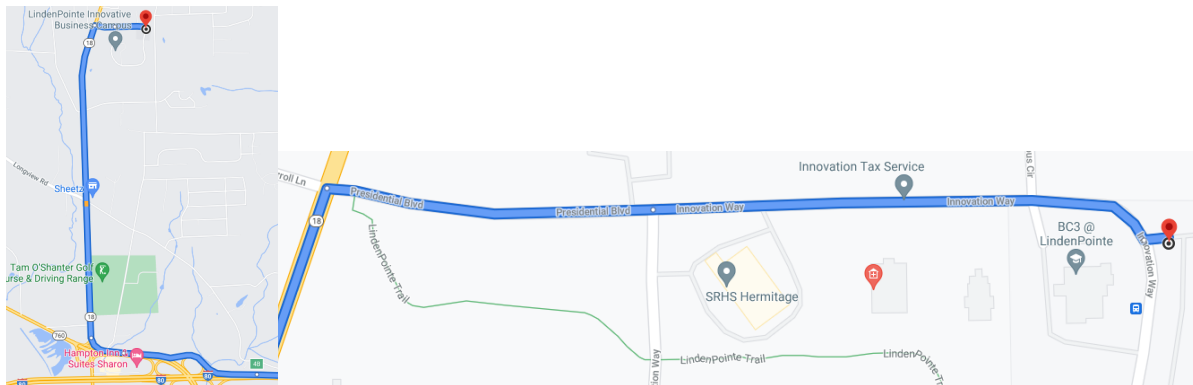
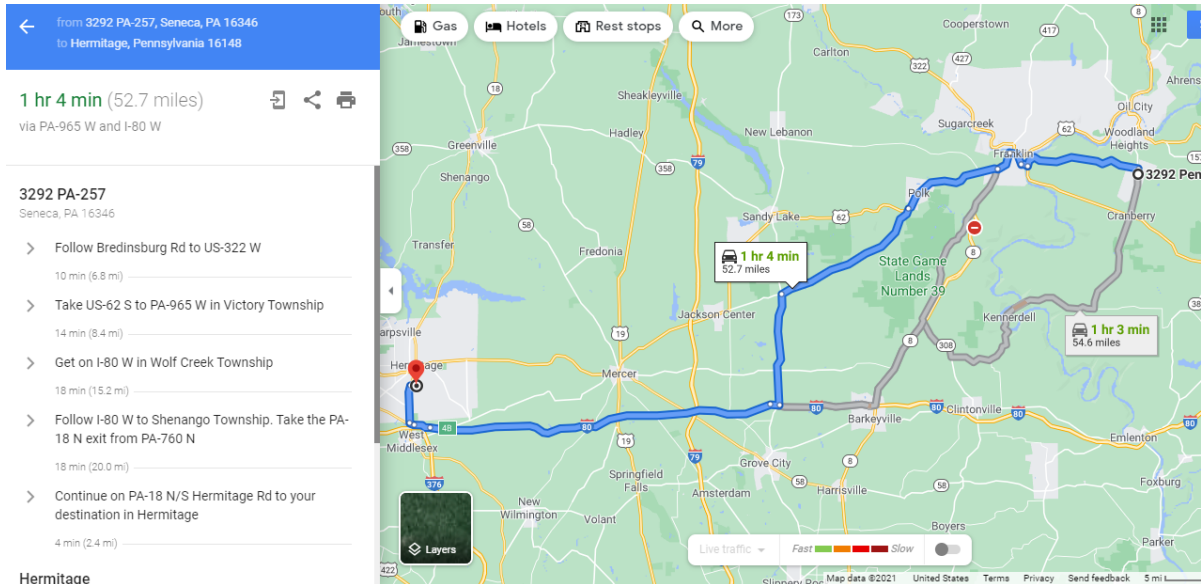
APPENDIX E

SAMPLE MOBILE UNIT SITE INFORMATION SHEET

(Courtesy of Adagio Health, Inc.)

Mobile Unit Site - Mercer County

Agency	Butler County Community College (BC3) @ Linden Pointe	Contact		Email	
Address	3182 Innovation Way	Phone		Alt #	
City	Hermitage, PA 16148	Crisis			
GPS *	1 hr, 10 min drive- arrive 9am, depart 4pm	MH Ofc	Mercer County Behavioral Health, 8406 Sharon-Mercer Rd Mercer, PA 16137, 724-662-2230 Central Intake or 724-662-1550 Admin/Case Management		
Park @	In large lot just past the BC3 Building at the end of Innovation Way, to the left as you pull into the first entrance into the lot	D&A Ofc			
Schedule	9:30-3:30, 2 nd Tuesday of the month	Dom Viol	AWARE, Inc., 109 S. Sharpsville Ave #D, Sharon, PA 16146 724-981-1457 or 888-981-1457		
Hosp	Sharon Regional Medical Center 740 East State St, Sharon 724-983-3911	Sexual Viol			
Police	Hermitage Police Dept, 800 N Hermitage Rd 724-983-6780	WIC	Urban League of Shenango Valley, 601 Indiana Ave, Farrell, PA 724-981-5310		
Fire	Hermitage Fire Dept, 2511 Highland Rd, Hermitage 724-342-0669	OB/GYN	Adagio Health New Castle: 724-658-6681		
NOTES:					





Left turn into lot, into the end spaces of the lot so patient entrance is facing the lot

