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MOBILE SERVICE CENTERS: A POTENTIAL
MECHANISM FOR SMALL, RURAL
COMMUNITY DEVELOPMENT*

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ABSTRACT

One of the most perplexing problems for rural development is the provision of adequate service facilities. This paper is a discussion of one attempt at the resolution of this problem.

The proposed mechanism for the delivery of integrated services to rural Appalachian communities is a railroad mobile unit. Incorporated within the proposed unit are to be medical, dental, guidance and counseling, and adult basic education service facilities. The primary objectives of the proposed program are to provide needed service facilities to the people and also to provide a means for increased community solidarity and regional integration.

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SMALL RURAL COMMUNITY DEVELOPMENT

Ted L. Napier*

The President's Task Force on Rural Development in 1970 noted that the primary purpose of rural development is "to create job opportunities, community services, a better quality of living and an improved social and physical environment in the small cities, towns, villages and farm communities in America."¹

The Task Force Report further noted the need for service facilities for rural residents when it stated that nutrition, welfare, and health care are generally deficient in rural areas.² The Task Force clearly indicated that one of the major problems for rural development is the lack of adequate service facilities. If rural community development is to become and remain a viable force for social and economic change, service facilities must be made available to the people.

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¹"A New Life for the Country," The Report of the President's Task Force on Rural Development, Washington, D.C., March 1970, p. 1.

²Ibid., pp. 30-35.

While the goal of adequate services is very clear, the mechanisms for achieving the goal are not. This paper is a discussion of one attempt at the resolution of the service facility dilemma in Appalachia.

Many small communities within the Appalachian Region of the United States are unable to finance or to maintain extensive service facilities within their individual communities. This is due to limited resources or lack of professional personnel. Service facilities are defined as medical, counseling, dental, basic adult education, vocational training and other related service activities.

Often one or all of these service facilities are entirely lacking within small rural communities. When the services are available, they are often located in the larger, centrally located urban centers which prevent many rural dwellers from participating³. This is often due to the necessity for travel to the service centers which prevent many rural residents from availing themselves of the existing services. The travel to service centers is especially difficult for low income families whose resource base is very limited and who are probably in most need of the services.

To insure access to high quality and relatively inexpensive services, the AFL-CIO Appalachian Council under the direction of Mr. Miles Stanley initiated a project to evaluate alternative mechanisms for the delivery of services to rural communities. The project researchers were commissioned to investigate the feasibility of mobile service units in Appa-

³"The Economic and Social Conditions of Rural America in the 1970's," Economic Development Division, Economic Research Service, U.S. Department of Agriculture, Washington, D.C.: U.S. Government Printing Office, 1971, pp. 73-128. Also note "The People Left Behind," a Report by the President's National Advisory Commission on Rural Poverty, Washington, D.C.: U.S. Government Printing Office, 1967, pp. 59-74.

lachian rural areas. If rural communities are to become or remain viable social entities and have the potential for social and economic maturation, then certain basic service needs of the population must be met. The mobile community service center project was commissioned by the Appalachian Council with funds provided by the Office of Manpower Policy, Evaluation and Research of the U.S. Department of Labor to explore several alternative methods and to suggest an effective means of delivery of service facilities to rural communities.

The basic premise upon which the mobile unit was founded was the concept of integrated service facilities. It was reasoned that many more people would avail themselves of services if they were convenient and several services contained within the same unit. One trip to the mobile unit would serve various purposes since the client would not be required to make several individual trips to adjoining communities to receive services for specific purposes. The mobile unit would take several services in one unit to the people, thereby eliminating unnecessary inconvenience to the client group. The increased convenience should encourage participation in preventive health practices among people who had not previously utilized such practices. The need for preventive health practices has been clearly demonstrated from secondary sources which note the high incidence of neglect of health needs.⁴

Selection of a Test Site

The Appalachian state of West Virginia was chosen as a potential pilot

⁴"Health Advisory Committee Report," Appalachian Regional Commission, March, 1966, pp. B2-B10.

area. West Virginia was chosen due to the widely dispersed population and relative lack of services in rural areas. The lack of health services, for example, in Appalachia has been documented by the Appalachia Regional Commission.⁵ Data was gathered from existing secondary sources such as Employment Security data, Census material and anti-poverty agency publications. Other sources of data were extensive personal interviewing which were useful in the identification of potential site location areas within the state of West Virginia which had the greatest need for mobile service units. The criteria used for selection of the target area were: (1) absence of services to the area or lack of easy access to available services, (2) the existence of adequate transportation systems, (3) an expressed need for services by the subject population, (4) a commitment on the part of the rural community residents to participate in the mobile community service center project, (5) a commitment by the local communities to organize themselves into viable social units to assume part of the responsibility for the operation of the mobile center when it was in their community, and (6) the expressed interest by the local people to cooperate on a regional basis with other communities directly involved with the mobile service center.

The methodology utilized to determine the location of the pilot site, the needs of the people and the best means of achievement of the goals of the project was through: (1) participation in local community meetings where the community leaders and local residents expressed their own perceived needs, (2) contact with agencies attempting to service the needs of isolated rural communities to determine how the mobile service center could best supplement

⁵Ibid., pp. A64-A65.

their efforts without duplication, (3) discussion with local community officials to utilize their expertise and influence to enhance local cooperation, and (4) on site visits to potential stopping areas to evaluate the availability of the mobile center to local population.

Considerable field work and group participation revealed the greatest need for the mobile unit existed in the predominant coal mining area of the southern part of the state.⁶ Further investigation basically yielded the following needs as expressed by the people. The expressed needs were incorporated into the project whenever they were appropriate and appeared to be feasible for a mobile unit. Among those included were:

- (1) Dire need for medical and dental service;
- (2) Need for guidance and counseling for such things as job opportunities, and information regarding family care and planning;
- (3) Need for individual and group education (adult education).

Other areas mentioned were better schools, water and sewage systems, and highways, but such development was beyond the scope of the mobile unit project.

Once the local people had determined the priority of needs, the challenge remained as to how the services would be made available to the communities. Several alternative mobile delivery systems were considered such as highway units, mobile helicopter pods, and rail units. The former alternat-

⁶For a detailed analysis of the need for the mobile service center in the southern tier counties of West Virginia, see Margaret Lotspeich and Ted L. Napier, "A Feasibility Study and Program Development of a System of Mobile Community Service Centers in Appalachia," U.S. Department of Labor grant number 92-52-67-28, Charleston, West Virginia, 1968, pp. B1-B14.

tives were rejected due to the poor highway system in southern West Virginia and the lack of helicopter landing sites due to the rugged terrain of the region. The best alternative appeared to be railroad units since the mining operations in the southern region of the state had required extensive rail facilities to transport the coal to market. Feeder lines from the main railroad lines to the coal operations provided an extensive network of available and usable rail footage which reached practically every community in the area. Due to the railroad complex, most area residents would have little difficulty reaching the local rail sidings.

Eight relatively isolated communities located in four of the southern tier counties were selected as the pilot project area. These counties were characterized by a lack of the proposed facilities to be contained in the unit and satisfied the other established criteria for site selection. Approximately 14,000 people⁷ lived within walking distance (five miles) of the sidings but the unit should have the potential to serve many more people who are capable of commuting longer distances to the unit.

A Self Contained Mobile Unit

The philosophy of the developers of this project was to encourage self determination as much as possible among the local people. It was also apparent within the project proposal that the resident mobile unit personnel should become deeply involved with the project and development. The resident staff should be committed to the project and become paradevelopers themselves.

⁷The population estimate was based upon estimates by neighborhood community workers and occupied housing count multiplied by mean family size in the state. The estimate is probably conservative since the lower classes often have a higher fertility ratio than higher socio-economic groups.

even though many would be professionals in nondevelopmental areas such as medicine and dentistry. To encourage the group solidarity that the program developers felt was necessary to achieve the developmental objectives of the mobile unit, it was deemed desirable that resident staff should remain with the train. The staff should consider the mobile unit as their home and establish empathy with the people whom they are to serve. The professional would not only be giving of his professional expertise, but also a personal commitment to the interpersonal interaction that makes development possible.

Components of the Mobile Unit

Incorporated within the mobile unit were to be the following:

- (1) Medical units and resident professionals.
- (2) Dental units and resident professionals.
- (3) Guidance and counseling with resident staff.
- (4) Housing quarters for resident staff.
- (5) Self contained storage and power-generating facilities.

It was recommended that the mobile unit stop for a period of from one to two weeks in the eight selected rural communities within the southern counties of the state. It was also suggested that coordinated efforts by the mobile unit staff and local resident leaders would be desirable to insure that the community residents be informed of the arrival of the mobile unit. The coordination would serve the purpose of continued involvement of local people in the project and to facilitate efforts by the mobile unit staff in servicing the needs of the people.

The existing service agencies in the state were solicited to actively participate in the on-the-site program by providing agency personnel on a

temporary assignment from time to time. The response from the state agencies was quite favorable. The efforts of the mobile unit were not to duplicate effort, but rather to supplement existing service programs. Schedules of stops could be made available to existing agencies and their personnel could meet the mobile unit, thereby enhancing the available services of the resident mobile unit staff and increasing the effectiveness of both service groups.

Obsolete passenger cars and railroad service cars are available from rail companies and can be refurbished for many uses. The initial costs of refurbishing the units are not prohibitive when the costs are considered in terms of the potential number of people to be serviced. The proposed cost of remodeling the necessary rail cars for the mobile unit was \$180,000⁸ in the summer of 1968. The costs of the mobile unit included the remodeling of six rail units with the necessary equipment for staff sleeping quarters, four fully equipped medical examining rooms, two fully equipped guidance and counseling rail cars, one waiting room, a reception room, an equipped medical lab, one dental lab, a fully equipped dental facility, dining and living quarters for resident staff and local community visitors, and the storage and generating units. Inflated costs would elevate the necessary expenditure for developing the mobile unit but the price should indicate that such a unit could be justified if the utilization of the unit is as large as anticipated.

Anticipated Impact of the Mobile Unit

The relative impact of the mobile community service centers project mon

⁸This expenditure does not include the estimated procurement costs of \$61,000 for the railroad cars nor the administrative, professional and operating expenditures. A complete detailed cost estimate for all of the perceived needs are presented in the study report by Lotspeich and Napier, "Mobile Community Service Centers in Appalachia," pp. 217-218.

isolated rural communities can be evaluated from two perspectives which are:

- 1) primary short-run effects and
- 2) secondary long-run effects.

The primary short-run effects can be measured in terms of number of people serviced by the mobile unit. It was estimated that approximately 19,000 client visits could be scheduled and concluded in a one-year period using a resident staff of three medical doctors, two dentists, volunteer and project supported para-professionals from the local communities, two full-time counselors and two employment aides supplemented by state agency personnel, and two educational specialists. It should be noted that many of the proposed 19,000 client visit will be persons who will avail themselves of several services during their visit to the mobile unit. The short-run effect of the unit should be a decline in the incidence of health and dental problems of the client group as well as much clearer career goals and realistic employment aspirations. The adult education should result in increased awareness of the need for education and stimulate interest in higher educational achievement.

The secondary long-run effect of the mobile unit is much more difficult to evaluate and to predict. The secondary long-run effects may be summarized as follows:

- 1) increased awareness of groups external to the local community
- 2) increased awareness of opportunities external to client group (employment information for example),
- 3) the development of local group incentive and the development of leadership skills (local people must assume partial responsibility of local administration and coordination of the mobile unit),
- 4) increased cooperative effort among development groups through the exchange of information and pooling of resources,
- 5) development of local para-professionals to supplement the lack of resident professionals in the communities,
- 6) the development of in-group solidarity which should provide the basis for

further socio-economic community development. It was obvious from the group support received in the initial stages of the project's development that the client groups were not only interested in securing the mobile unit to serve their needs but were willing to actively participate in the implementation of the project on the local level. It is within these two contexts that the success or failure of the mobile unit should be evaluated.

The feasibility study was concluded with the recommendation that the mobile community service center project be initiated on a pilot project basis and evaluated at three-month intervals and modifications made if warranted. A measurement device was programmed into the project proposal with the criteria for measurement and evaluation clearly specified.⁹

The finding of the research suggested that the capital expenditure appeared to be justifiable in terms of the long-run benefits to the region. Mr. Stanley provided the leadership for procurement of funds for continued evaluation and elaboration of the proposal. Through his efforts and other interested parties, it now appears that the service train may be rolling through the southern portion of West Virginia in the relative near future. The mobile unit should bring renewed hope and increased social and economic viability to rural West Virginian communities in dire need of service facilities. If the pilot project is as successful as it is anticipated to be, many other Appalachian communities may be included in the program and other mobile units constructed and operative.

Conclusion

The mobile service centers project represents an attempt to resolve one

⁹Lotspeich and Napier, "Mobile Community Service Centers in Appalachia," pp. D1-D49.

of the most perplexing of all rural developmental problems which is the provision of adequate service facilities to all people. Other methods such as helicopter pods or highway mobile units may be more appropriate in other areas of the country, but whatever the mode of delivery, mobile service units should be given careful consideration as a mechanism for delivery of much needed services to rural people. Small rural communities with a limited resource base could pool their resources and share the unit. The potential uses of mobile service units are tremendously varied, the principle limitation being our imagination and creativeness as community developers.

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