



The Mobile Health Landscape

Practices and Perspectives



ESSENTIAL
HOSPITALS
INSTITUTE

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About America's Essential Hospitals

America's Essential Hospitals is the leading association and champion for hospitals dedicated to high-quality care for all, including those who face social and financial barriers to care. Since 1981, America's Essential Hospitals has advanced policies and programs that promote health and access to health care. We support our more than 400 members with advocacy, policy development, research, education, and leadership development. Communities depend on essential hospitals for care across the continuum, health care workforce training, research, public health, and other services. Supported by Essential Hospitals Institute, the association's research and education arm, essential hospitals innovate and adapt to lead all of health care toward better outcomes and value.

About Essential Hospitals Institute

Essential Hospitals Institute leads research, education, dissemination, and leadership development for America's Essential Hospitals. To advance the quality, safety, and affordability of care at essential hospitals, the Institute identifies promising practices in the field, provides professional development training, promotes practice improvements, and disseminates innovative approaches to care. It does this with an eye toward improving individual and population health through community-integrated health care.

Acknowledgments

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We are grateful to these hospitals and health systems for their contributions:

- Boston Medical Center
- East Alabama Health
- Grady Health System
- Hennepin Healthcare
- Memorial Healthcare System
- NYC Health + Hospitals
- Prisma Health
- University Medical Center of El Paso

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Extending the Reach of Essential Hospitals

Although essential hospitals account for only 6% of U.S. acute-care hospitals, they provide over 29% of all charitable care. These institutions are on the front lines, providing critical care, economic stability, and community-integrated health care to areas that have experienced long-standing structural barriers and gaps in opportunity. Nearly 75% of patients treated at essential hospitals in 2023 were uninsured or covered by Medicaid or Medicare.¹ Meeting the needs of these patients requires flexible approaches that extend care beyond hospital walls.

Facing high demand and resource constraints, essential hospitals use mobile health programs to put these flexible approaches into practice. These programs bring primary care, specialty care, screenings, vaccinations, care coordination, and support for social needs directly into communities. In today's environment, where many patients delay or avoid necessary care, mobile health offers a flexible strategy to improve access, support community health, and strengthen health system connections with under-resourced communities.

Mobile health delivery varies by community needs. Models include:

- **Home Visits:** Programs can bring care directly to patients, offering personalized medical

attention in the comfort of their own homes. This approach is especially valuable for individuals with chronic conditions or limited transportation access.

- **Community-Based or Clinic Sites:** Programs can establish mobile units at central, high-traffic locations, such as schools, community centers, shelters, or faith-based locations, to reach multiple patients efficiently.
- **Other Approaches:** Programs also adopt hybrid approaches, rotate service sites, and/or coordinate with local partners to maximize reach.

Mobile health programs offer strong social benefits. Mobile Health Map estimates that mobile health services have helped avoid 55,000 emergency department visits.² These services have also generated approximately \$1.5 billion in societal economic value by translating improvements in quality-adjusted life years, a measure that captures both longer life and improved quality of life into monetary terms using a standard value per statistical life year.^{3,4,5} By improving medication adherence, chronic condition management, and preventive care use, mobile health programs lower service use and support long-term financial sustainability.⁶



Hennepin Healthcare's pediatric mobile health clinic extends care to postpartum patients alongside their babies.

Although the initial investment for mobile health is costly, mobile health programs offer cost savings and strong returns on investment. Start-up costs of mobile health units are half those of fixed sites, and research from the Mobile Healthcare Association and Mobile Health Map estimates that every dollar invested in mobile health saves \$18 long-term.^{7,8} These savings are especially valuable for essential hospitals, considering their financial limits.

For essential hospitals, mobile health programs are a powerful tool to target their specific challenges: enhancing access, promoting preventive care, supporting emergency response, fostering community engagement, and ensuring cost-effective care for underserved communities. Despite limited resources and high patient volumes, essential hospitals can use their significant community presence to improve outcomes through mobile health.

Mobile Health Landscape Analysis

To better understand how essential hospitals use mobile health to expand access, strengthen community engagement, and respond to unmet health and social needs, Essential Hospitals Institute, with support from the Leon Lowenstein Foundation, conducted a landscape analysis of mobile health programs across the field and within America's Essential Hospitals membership. This analysis introduces a broader initiative focused on strengthening mobile health programs at essential hospitals.

The landscape analysis included two phases: an environmental scan and key informant interviews.

The environmental scan served as an initial assessment of mobile health activities across the health care sector and within America's Essential Hospitals membership. It helped identify hospitals

engaged in mobile health, described common program models and services, and highlighted emerging opportunities, barriers, and promising practices.

Findings from the environmental scan informed the selection of hospitals for key informant interviews. These interviews provided a deeper insight into the day-to-day realities of:

- Launching, operating, and funding programs
- Building community partnerships
- Using technology
- Gathering and analyzing data
- Navigating regulatory requirements
- Gaining leadership support
- Ensuring safety

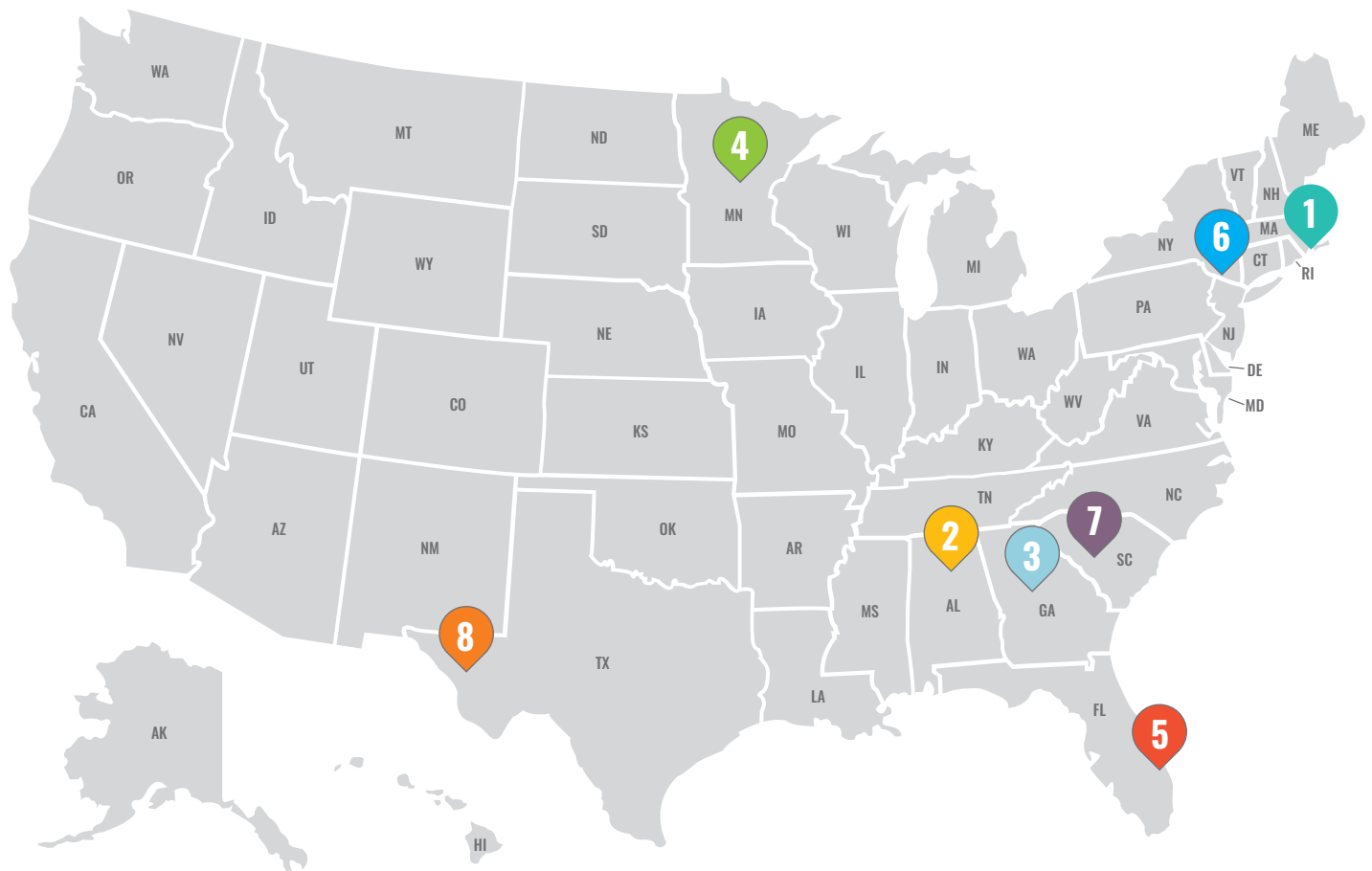
Insights from the landscape analysis helped shape an eight-month learning collaborative, through which participating hospitals received \$10,000 and engaged in technical assistance, peer learning, and a site visit focused on mobile health operation and sustainability. The environmental scan and interviews provided the foundation for technical assistance activities, the learning collaborative curriculum, and site visit content. It also informed the creation and operation themes discussed throughout this report. The findings offer practical lessons for essential hospitals seeking to develop, strengthen, or sustain mobile health programs in their own communities.



By providing home-based services to patients, Grady Health System's mobile integrated health unit helps free up space in its emergency department.

Essential Hospitals Leading Mobile Health Across the United States

Hospital locations of interview participants in this study



1 Boston Medical Center
Boston, Massachusetts

2 East Alabama Health
Opelika, Alabama

3 Grady Health System
Atlanta, Georgia

4 Hennepin Healthcare
Minneapolis, Minnesota

5 Memorial Healthcare System
Hollywood, Florida

6 NYC Health + Hospitals
New York, New York

7 Prisma Health
Greenville, South Carolina

8 University Medical Center of El Paso
El Paso, Texas

Mobile Health in Practice at Essential Hospitals

The Role of Mobile Health

Mobile health plays a varied and often broad role in health care delivery. The environmental scan revealed that mobile health has evolved beyond a transportation solution or outreach tool. Hospitals increasingly use it as a strategic care delivery model to reach health care access, health equity, population health, and community engagement goals. Across the literature, hospitals and health systems used mobile health programs to:

- Reach underserved populations
- Deliver preventive and primary care services
- Manage social determinants of health
- Respond to public health emergencies
- Strengthen connections between health care organizations and the communities they serve

These goals transcended structural differences. While mobile health programs varied considerably in their structure, target populations, and service offerings, several common use cases emerged across the literature. These use cases illustrate how hospitals use mobile health to extend care beyond traditional clinical settings and resolve barriers that can prevent

certain populations from accessing health care services.

Collectively, these findings demonstrate the versatility of mobile health as a care delivery model and highlight its growing role in helping hospitals solve health care access challenges, improve community health outcomes, and advance health equity.

Operating Mobile Health: Key Themes and Insights

To create mobile health programs that fill this varied role, essential hospitals need effective solutions. The environmental scan and individual member interviews yielded a plethora of practical insights, lessons learned, and strategies adopted by essential hospitals.

While the environmental scan identified numerous examples of successful mobile health programs and promising practices, it also revealed recurring operational, financial, technological, regulatory, and organizational challenges that can affect creation and long-term sustainability. Both the barriers and solutions presented in this report provide a deeper understanding of the factors that contribute to successful mobile health creation and long-term program sustainability.

USE CASE	HOW ESSENTIAL HOSPITALS USE MOBILE HEALTH	WHY IT MATTERS
Accessibility and Outreach	Mobile health programs bring services directly to patients in rural, urban, and underserved communities, including individuals who face transportation barriers, limited insurance coverage, language barriers, or limited connection to traditional care sites.	Extends the reach of the health system and helps engage patients who might otherwise delay or forget care.
Primary Care and Chronic Condition Management	Mobile units provide preventive and primary care services, including vaccinations, screenings, blood pressure checks, diabetes testing, health education, medication support, and referrals to ongoing care.	Supports early detection, improves chronic condition management, and reduces avoidable emergency department use and complications.
Emergency Response and Disaster Relief	Mobile units can be deployed during public health emergencies, natural disasters, or community crises to provide testing, vaccinations, triage, basic care, and essential supplies.	Gives essential hospitals flexible capacity to respond quickly when traditional care settings are inaccessible, overwhelmed, or less trusted.
Community Engagement and Trust-Building	Mobile programs operate at schools, shelters, churches, community centers, housing sites, senior centers, and other trusted locations. Many tailor services, staffing, language access, and outreach strategies to the communities they serve.	Builds trust, improves cultural responsiveness, and strengthens relationships between hospitals and communities that have experienced barriers to care.
Care Coordination and Social Needs Support	Mobile teams often screen for social needs and connect patients to food assistance, housing resources, transportation, behavioral health, insurance enrollment, legal assistance, and other supports.	Helps essential hospitals respond to broader factors affecting health and connect patients to services beyond the mobile visit.

Staffing and Operations

Running a mobile health program requires more than putting clinicians on a vehicle; it requires a coordinated operating model that accounts for people, place, workflow, technology, safety, and follow-up. Mobile health programs require teams that can deliver care in nontraditional settings, travel across communities, adapt to changing conditions, and manage both clinical and social needs.

Unlike fixed-site care, mobile health operations require attention to vehicle logistics, licensure requirements, site setup, unit contents, additional safety measures, and adaptation to changing conditions. They must work with community partners to develop schedules and ensure referral workflows are in order, and they must work with the hospital system for documentation purposes. Successful programs often rely on clear operational oversight, flexible staging models, and staff who are flexible and comfortable working independently in community-based settings.

Establishing Operational Oversight

Interviewees emphasized that mobile health programs need not only clinical staffing but also dedicated operational coordination. Programs must determine who is responsible for:

- Scheduling
- Route planning
- Vehicle maintenance
- Supply management
- Site coordination
- Patient flow
- Documentation
- Follow-up

Without clear ownership of these functions, programs can become overly dependent on a small number of staff, making the program vulnerable to disruptions when a vehicle is unavailable, a staff member is absent, or a community site changes.

This need for clear ownership extends beyond day-to-day operations to the internal approval process. Programs operating out of hospitals and health systems require coordination across:

- Compliance
- Risk management
- Legal services
- Information technology
- Laboratory services
- Pharmacy
- Finance
- Billing
- Clinical operations

Gaining alignment across these departments can be time consuming, especially when mobile health is a new care delivery model for the organization, but it is worth the effort. Clear ownership of operational responsibilities can help programs begin in a timely manner and avoid operational disruption.



BEST PRACTICE

Hennepin Healthcare Pediatric Mobile Health

Minneapolis, Minnesota

PEDIATRIC CARE

Delivers well-child visits, immunizations, and basic pediatric care directly to families and connects them to resources to meet social needs

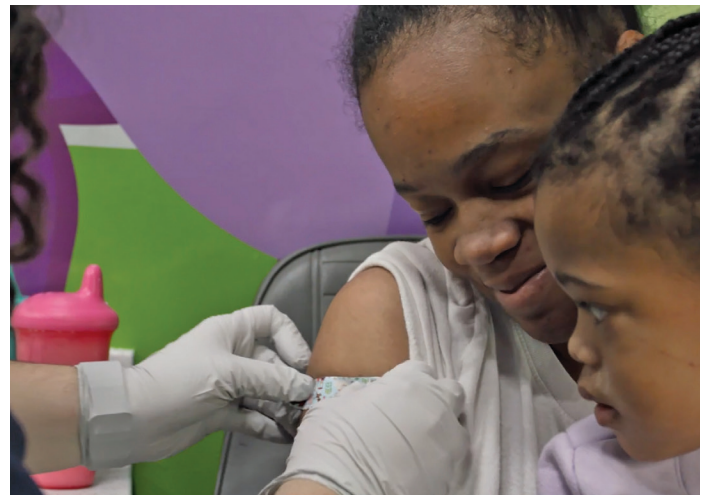
WHAT THEY DO

- Well-child checkups
- Immunizations
- Health exams and labs
- Screening for social needs
- Referrals to community resources
- Care in the home environment



WHY IT STANDS OUT

Manages both preventive care gaps and social determinants of health through a family-centered, whole-child approach



In Hennepin Healthcare's Pediatric Mobile Health vehicle, postpartum mothers receive care alongside their babies, and other family members can receive vaccines.

Several participants noted that leadership and operational support are especially important due to limited staff, technology, and administrative resources, making leadership support critical for securing dedicated personnel and sustaining services over time.

Designing Flexible Service Delivery Models

Mobile health programs must have both clarity and flexibility. These programs are inherently designed to provide such flexibility, allowing hospitals to adapt services, staffing, and deployment strategies in response to evolving community needs.

Operational models vary by program goals, target population, geography, and available resources. Models range from weekly outreach events in targeted neighborhoods to large-scale operations providing daily services across multiple geographic regions. Some programs operate recurring community-based clinic sites at schools, churches, shelters, senior centers, and community centers. Others use home-based models to reach patients with mobility limitations or transportation barriers.

Interviewees emphasized that flexibility in site selection and deployment helps programs remain responsive as community needs change. To reach multiple locations each month, **Huntsville Hospital** uses a rotating community schedule. **Carilion Clinic's** home visitation model delivers primary care services directly to patients across southwest rural Virginia. **NYC Health + Hospitals** adapts operations to the needs of people experiencing homelessness by deploying units to locations identified through overdose data, known encampments, patient information, and community input.

A common theme among interviewees was the importance of returning to the same community sites and designing operations around patients' needs rather than traditional health care hours. This design includes operating evenings and weekends.

Several interviewees emphasized the importance of maintaining a consistent presence within communities by returning to the same locations on a predictable schedule. This consistency builds trust, recognition, and ongoing engagement.

Choosing hours is equally important to choosing location. Evening hours and weekend services can help with work schedules, transportation barriers, caregiving responsibilities, and other factors that prevent patients from accessing care during standard clinic hours. **Memorial Healthcare System** operates its mobile units 21 days per month. Its availability includes extended hours and alternating weekends, allowing patients greater flexibility to receive services without disrupting work or family obligations.

The service structure can also be flexible based on need. **Grady Health System's** mobile integrated health model illustrates how mobile care can support high-risk patients and reduce avoidable emergency department utilization. The program relies on paramedicine and internal emergency medical services (EMS) infrastructure to support home-based services, including follow-up for patients at risk of readmission and services designed to reduce unnecessary 911 calls or emergency department use. This model demonstrates how mobile health can be integrated into broader care management and utilization reduction strategies.

Data play an important role in operational planning, such as determining where and how services are delivered. A data-informed approach helps programs direct limited staffing, time, and vehicle capacity toward communities facing the greatest barriers to care.

Regardless of scale, participants consistently emphasized that successful mobile health programs require a balance between operational efficiency and responsiveness to the communities they serve.



Left: Yolanda Coleman, a licensed vocational nurse at UMC El Paso, demonstrates a vision screening inside the UMC mobile health unit. Right: A volunteer checks a patient's temperature during an East Alabama Health wellness clinic visit in August 2026.

Extending Staffing Capacity

Like service delivery, staffing models varied considerably across organizations based on program goals, services, vehicle size, and available resources. Some hospitals operated with lean teams, while others used multidisciplinary models that included:

- Nurse practitioners
- Registered nurses
- Physicians
- Medical assistants
- Emergency medical technicians (EMTs)
- Community health workers
- Social workers
- Patient navigators
- Peer support specialists
- Outreach staff
- Drivers

Interviewees noted that nonclinical roles are often essential to mobile health delivery. Community health workers, navigators, social workers, and outreach staff help build trust, connect patients to social services, enable referrals, and solve barriers to accessing ongoing care. But these roles are often difficult to include in staffing models because they are not consistently reimbursable through traditional payment models.

To determine where services are most needed, programs commonly use community health needs assessments, social vulnerability data, geographic analyses, referral patterns, hospital utilization data, and partner recommendations. **UVA Health**, for example, prioritized neighborhoods identified through regional needs assessments and the Area Deprivation Index.

To expand staffing capacity and support operations, several hospitals partner with a variety of external entities:

Academic Partnerships

Medical and nursing schools can supplement staffing while giving students hands-on experience in community-based care. This is particularly helpful for programs with limited staffing resources.

- **East Alabama Health** partners with Auburn University, Tuskegee University, and Southern Union State Community College to integrate students into mobile clinic operations. The health system also uses volunteers to support weekly outreach efforts.
- **Huntsville Hospital** partners with nursing schools to support staffing needs and expose future health professionals to community-based care.

These partnerships can expand program capacity while helping build a future workforce familiar with serving underserved communities.

EMS and Public Safety Partnerships

EMS agencies, fire departments, and community paramedicine programs can provide licensed drivers, clinical support, emergency-response expertise, and assistance with vehicle operations.

- **UMC El Paso** partners with the local fire department to access EMTs and paramedics, develop vehicle protocols, and support maintenance and driving needs.
- **Hennepin Healthcare** uses multidisciplinary staffing models that include nurse practitioners, nurses, EMTs, and community health workers.
- Several hospitals also cross-train staff so team members can perform multiple functions. For example, EMTs are trained to assist with patient intake, vital signs, laboratory testing, and vehicle operations.



In addition to a Mobile Health Center, Grady Health System has a mobile mammography unit that provides screening for breast and cervical cancer.

These partnerships provide licensed drivers, emergency response support, and additional clinical capacity while reducing operational burdens on the health system.

Ultimately, sustainable mobile health staffing requires flexible, multidisciplinary models that maximize clinical and nonclinical expertise. By cross-training

 **BEST PRACTICE**

**The Ohio State University
Wexner Medical Center**
Community Care Mobile Unit
Columbus, Ohio

**PRIMARY CARE AND
WOMEN'S HEALTH**

A medical office on wheels providing primary care, women's health care, and prenatal services in communities with limited access to care

WHAT THEY DO

-  Primary care
-  Obstetric and gynecological care
-  Health screenings
-  Point-of-care lab testing
-  Immunizations
-  Prenatal care (in partnership with Moms2B)

 **WHY IT STANDS OUT**

Integrates primary care, women's health, and prenatal services into one mobile unit operating five days a week in high-need neighborhoods

team members and partnering with academic institutions, EMS agencies, and other community organizations, hospitals can extend staffing capacity, reduce operational burdens, and build a workforce equipped to meet evolving community needs.

Managing Vehicle Constraints

Vehicle size and layout also shaped staffing and service delivery decisions. Size and layout can limit the number of personnel who can travel with the unit at a given time, so staff often assume multiple responsibilities during service delivery. Some mobile units can accommodate only a small number of

staff, requiring additional team members to travel separately to sites or limiting which services can be provided at a given site.

Programs must also consider whether staff need special licensure or training to operate the vehicle, whether a backup driver is available, and how staffing plans change when the unit is out of service. These operational details can directly affect program reliability, patient volume, and staff workload.

In staffing vehicles, programs must consider nonclinical needs. Mobile health programs often function as care coordination hubs, extending their role beyond the services delivered during a single



Nursing students from area colleges, including a group from Auburn University, pictured, are vital collaborators in East Alabama Health's mobile health efforts.

visit. Mobile teams identify unmet clinical and social needs, connect patients with resources from the health system and the community, and encourage ongoing care for patients. Staffing and operational models must therefore account for both direct service delivery and the time and expertise needed to support referrals, follow-up, and navigation. To reach these goals within vehicle constraints, teams can prioritize essential onboard roles, cross-train staff to perform multiple functions, coordinate separate transportation when needed, and tailor staffing and services to each site's needs and the vehicle's capacity.

Supporting Care Coordination

In addition to logistical considerations, mobile health initiatives must consider program goals. Beyond providing clinical services, mobile teams connect patients to:

- Primary care
- Specialty services
- Behavioral health resources
- Housing assistance
- Food programs
- Transportation service
- Insurance enrollment
- Other community resources

Many programs incorporate social workers, patient navigators, community health workers, or peer support specialists into their operational models to support referrals and manage social needs identified during patient encounters. This integrated approach allows mobile health programs to respond to immediate clinical needs while helping patients navigate longer-term barriers to health and well-being.



BEST PRACTICE

Denver Health Mobile Health Centers

Denver, Colorado

MULTISERVICE MODEL

Operates multiple mobile health units providing cancer screening, primary care, vaccinations, and opioid use disorder treatment across the community

WHAT THEY DO

 Breast and cervical cancer screenings

 Primary care for all ages

 Vaccinations

 Opioid treatment (methadone, counseling)

 Behavioral health support

 Care navigation and referrals



WHY IT STANDS OUT

A multiunit model that provides a flexible platform for prevention, primary care, behavioral health, and substance use treatment

Providing Culturally Responsive Services

To help the most patients, interviewees emphasized that just like in brick-and-mortar settings, mobile services need to be available in different languages and responsive to diverse cultures. Simply bringing services into a community is not enough if patients cannot understand, trust, or navigate those services.

Many programs use multilingual materials, bilingual staff, interpreter services, and trusted community partners to better serve diverse populations. **Memorial Healthcare System**, for example, offers materials and services in English, Spanish, Haitian Creole, and Portuguese.

Hospital leaders consistently emphasized that successful mobile health programs depend on staff who are passionate about and committed to community-based care. Technical skills are important, but staff also need flexibility, cultural humility, comfort working in unpredictable environments, and a willingness to build relationships with patients and community partners.

Successful Staffing and Operations

For essential hospitals, the most sustainable models define clear operational responsibilities, build multidisciplinary teams, use partnerships strategically, cross-train staff where possible, use data to guide deployment, and plan for disruptions before they occur.

Programs tailor outreach strategies, educational materials, and service delivery models to reflect the cultural and linguistic needs of specific communities, particularly immigrant, refugee, and historically underserved populations.



Luisa Edwards Marzan, MD, examines a patient in Memorial Healthcare System's pediatric mobile unit.

Leadership and Organizational Support

Leadership and organizational support are foundational to the development, operation, and long-term sustainability of mobile health programs. Interviewees emphasized that executive support is critical, especially as building and maintaining broad organizational commitment over time can be considerably challenging. Mobile health programs frequently require significant investments in staffing, technology, vehicles, maintenance, compliance, and community engagement, yet they often generate limited direct revenue. This makes organizational buy-in essential to success.

Moving Beyond Program Champions

Many mobile health programs begin with a strong organizational champion who recognizes unmet community needs and advocates for bringing care directly into communities. These champions could include CEOs, chief medical officers, population health leaders, department chairs, medical directors, or other influential leaders who can elevate the program's visibility and secure institutional support. Several organizations credited individual leaders with helping launch programs, build momentum, and connect mobile health to broader organizational strategies.

But interviewees cautioned that when programs rely too heavily on a single champion, they could become vulnerable. If that leader leaves the organization, changes roles, or shifts priorities, the program could lose visibility or support. Programs viewed as more sustainable often distribute ownership across multiple levels of leadership. These programs are embedded within organizational priorities rather than tied to a single individual.

Earning Leadership Approval

To maintain broader leadership engagement, mobile health programs must demonstrate significance. Unlike many traditional service lines, mobile health initiatives are frequently evaluated using community effects and patient outcomes rather than revenue generation. Interviewees noted that leaders often respond best to a combination of quantitative outcomes and patient stories. Patient stories and community impact narratives add context by showing how mobile health services reduce barriers and improve lives.

Securing Operational Buy-In

Programs frequently distinguished between executive sponsorship and operational buy-in. Several interviewees reported that securing support from



BEST PRACTICE

UMass Memorial Health

Ronald McDonald Care Mobile

Worcester, Massachusetts

CHILD HEALTH

Brings medical, dental, and outreach services to children and families in Worcester County, with a focus on underserved, uninsured, and undocumented communities

WHAT THEY DO

-  Medical and preventative care
-  Dental cleanings and sealants
-  School-based dental screenings
-  Bilingual services
-  Insurance referrals
-  Community resource connections



WHY IT STANDS OUT

Integrates preventive care, oral health, and outreach into one trusted access point for children and families facing significant barriers to care

mid-level management, clinical departments, and operational teams can be more difficult than securing executive approval. Hospitals reported strong CEO support but noted that engaging middle management remained an ongoing challenge. Mobile health programs often rely on shared staff, information technology support, compliance expertise, scheduling assistance, billing guidance, and clinical oversight from departments that already face workforce shortages and competing priorities.

Metrics such as patient volume, new patients connected to the health system, referral completion, chronic condition management outcomes, social needs managed, and reductions in avoidable emergency department use can help show program value.

Several participants emphasized that long-term success requires positioning mobile health as a strategic asset rather than a stand-alone outreach effort. Programs that aligned with organizational priorities better positioned themselves to secure ongoing support. Such priorities included:

- Access to care
- Health equity
- Community benefit
- Population health
- Value-based care
- Reduction in avoidable utilization

Aligning with these priorities helped mobile health programs compete for limited resources within the health system.

Successful Leadership and Organizational Support

Interview participants consistently emphasized that mobile health programs are strongest when leadership support is broad, sustained, and operationally grounded. While a dedicated champion can help launch a program, long-term success depends on building institutional ownership, aligning mobile health with strategic priorities, and ensuring the departments responsible for day-to-day operation have the capacity and commitment to support the work. Organizations that embedded mobile health into their operational and strategic frameworks reported greater stability, stronger resource allocation, and increased capacity to expand services in response to evolving community needs.



UMC El Paso brought its mobile health unit to The More You Know Expo, a community event at a local outlet mall.



In summer 2026, the UMC Mobile Health Unit team traveled across El Paso, bringing sports physicals directly to students at local schools.

Community Partnerships and Trust

Success in mobile health care delivery requires strong relationships with and trust from both individual community members and grassroots community organizations. Interviewees emphasized that trusted relationships underpin efforts to identify community needs, select service locations, build credibility, expand outreach, and connect patients to ongoing care.

To reach individuals who are uninsured, underinsured, geographically isolated, or otherwise disconnected from the health care system, hospitals frequently partner with:

- Schools
- Churches
- Shelters
- Food banks
- Public health agencies
- Housing organizations
- Senior centers
- Universities
- Other community-based organizations

These partnerships extend well beyond referral relationships. Community organizations frequently help programs understand local priorities, recruit patients, provide service locations, promote upcoming events, and connect individuals to social services.

Several participants noted that community partners serve as trusted messengers, particularly in communities where residents experience barriers to care or historical or ongoing distrust of health care institutions. In this way, a mobile health program's success often depends as much on the relationships surrounding the vehicle as on the services provided.

Connecting Clinical Care and Community Resources

Partnerships allow mobile health programs to resolve needs beyond clinical care. Many programs use mobile units to bridge health care and community resources, connecting patients to food assistance, housing services, transportation resources, behavioral health programs, legal assistance, and other supports.

By bringing multiple community organizations together at outreach events, **Memorial Healthcare System's** "one-stop shop" model allows patients to access a range of services in a single location. **Boston Medical Center** also demonstrates how mobile health can build on existing community-based support networks. Its Curbside Care Program connects with programs such as Vital Village Networks and Mother's Milk Bank Northeast, integrating clinical care with breastfeeding support, supplies, and family-centered community resources. This integrated approach reduces barriers to care while managing the broader social and environmental factors that influence health outcomes.

Adapting Engagement to Community Needs

Because situations vary by location, organizations employ a variety of outreach strategies tailored to

local needs and cultures. Successful approaches for one location might not work in another because of differences in culture, language, geography, demographics, and community history.

Adaptability can strengthen community engagement. **East Alabama Health** has adjusted deployment locations and engagement strategies to meet patient needs in the community. Participants stressed the importance of listening to community feedback, involving local stakeholders in planning, and adapting services to reflect local priorities.

Establishing Trust through Consistent Engagement

Flexibility can be one step toward building trust. While interviewees acknowledged that achieving trust is time-intensive, trust-building was consistently identified as essential to successful mobile health care delivery. Interviewees emphasize that trust develops through consistency, visibility, cultural humility, and repeat engagement.

 **BEST PRACTICE**

University Health KC
Healthy Harvest Mobile Market
and FoodFARMacy
Kansas City, Missouri

FOOD AS MEDICINE

Brings fresh produce and nutrition education to food deserts and connects families to healthy food as a core driver of health

WHAT THEY DO

-  Mobile produce market
-  Nutrition education
-  Food as medicine model
-  Community health workers
-  Culturally specific produce and recipes

 **WHY IT STANDS OUT**
Extends beyond clinical care to target food insecurity and improve health outcomes through community partnerships and education



Boston Medical Center's Curbside Care program provides comprehensive care to birthing people and their newborns for the first month after birth.

BEST PRACTICE

Parkland Health
 Mobile Immunization Van
Dallas, Texas

IMMUNIZATIONS

Increases childhood vaccination rates by bringing Centers for Disease Control and Prevention–recommended vaccines to schools and communities

WHAT THEY DO

- Childhood immunizations
- School and community-based outreach
- Vaccine education
- On-site vaccinations by request
- Vaccine storage and transport
- Up to six-hour event support

WHY IT STANDS OUT
 Closes preventive care gaps by meeting children and families where they are, in trusted, convenient locations

Trust doesn't come from a single outreach event. It's a gradual process developed through repeat interactions and reliable presence within the community. Mobile units that return to the same locations, maintain relationships with community leaders, and respond to community priorities were often viewed as better positioned to build recognition, encourage participation, and create a sense of reliability.

To increase awareness and familiarity with their mobile health services, interviewees described participating in health fairs, community festivals, faith-based events, school activities, and neighborhood gatherings. Before establishing a mobile health presence in a community, **Memorial Healthcare System** conducts door-to-door outreach to inform residents about available services and establish visibility. Other health systems partner

with trusted community organizations to enact introductions and strengthen relationships with residents.

Sustaining Partnerships Over Time

Maintaining partnerships requires significant staff time and coordination. Interviewees illustrated challenges working across organizations with different missions, communication styles, staffing capacity, and funding constraints. Community-based organizations often face workforce shortages and resource limitations, which can affect their ability to participate consistently. Despite these challenges, interviewees overwhelmingly viewed developing partnerships as a necessary and worthwhile investment. These partnerships influence program reach, trust, effectiveness, and long-term sustainability.

Interviewees described collaboration and community engagement as essential infrastructure for mobile health delivery. Successful programs are relationship-driven, relying on community trust, partner engagement, and sustained visibility to ensure services are accessible, relevant, and connected to the broader health system.



Above: Sutricia Johnson, East Alabama Health's director of case management, registers the vital signs of a patient during a wellness clinic in August 2026. Right: Tae Singleton (right), East Alabama Health's patient experience manager, shares a smile with Simona Rodriguez during a wellness clinic visit in November 2025. Rodriguez is both a patient and a volunteer at the clinics.



Financial Management and Sustainability

Mobile health programs create significant community and organizational value, but several recurring challenges complicate their financial sustainability:

- **High Start-Up and Ongoing Operating Costs:** Mobile units require ongoing investment in staffing, vehicle maintenance, fuel, technology, supplies, insurance, storage, and logistics. These resource demands can be substantial even with a limited operating schedule.
- **Limited Reimbursement:** Many programs serve uninsured or underinsured patients, provide nonbillable services, or operate under payment models that do not fully reimburse care delivered outside traditional facilities.
- **Difficulty Demonstrating Return on Investment:** Mobile health programs might reduce barriers to care, strengthen community trust, support strategic priorities, and prevent avoidable emergency department use, but these benefits are not always captured through traditional service-line revenue metrics.

Solving these challenges requires hospitals to scale mobile health programs intentionally, establish sustainable and diversified funding sources, maximize available reimbursement, and use broader measures to demonstrate value and return on investment. This section outlines strategies for strengthening the long-term financial sustainability of mobile health programs.

Starting Small and Scaling Intentionally

To keep programs financially viable, interviewees expressed the importance of starting small, demonstrating feasibility, and scaling intentionally. A phased approach allows programs to test workflows, build community relationships, collect outcome data, identify operational challenges, and refine services before increasing the geographic reach or clinical scope. This phased approach provides time to establish consistent funding streams and data to support funding requests.

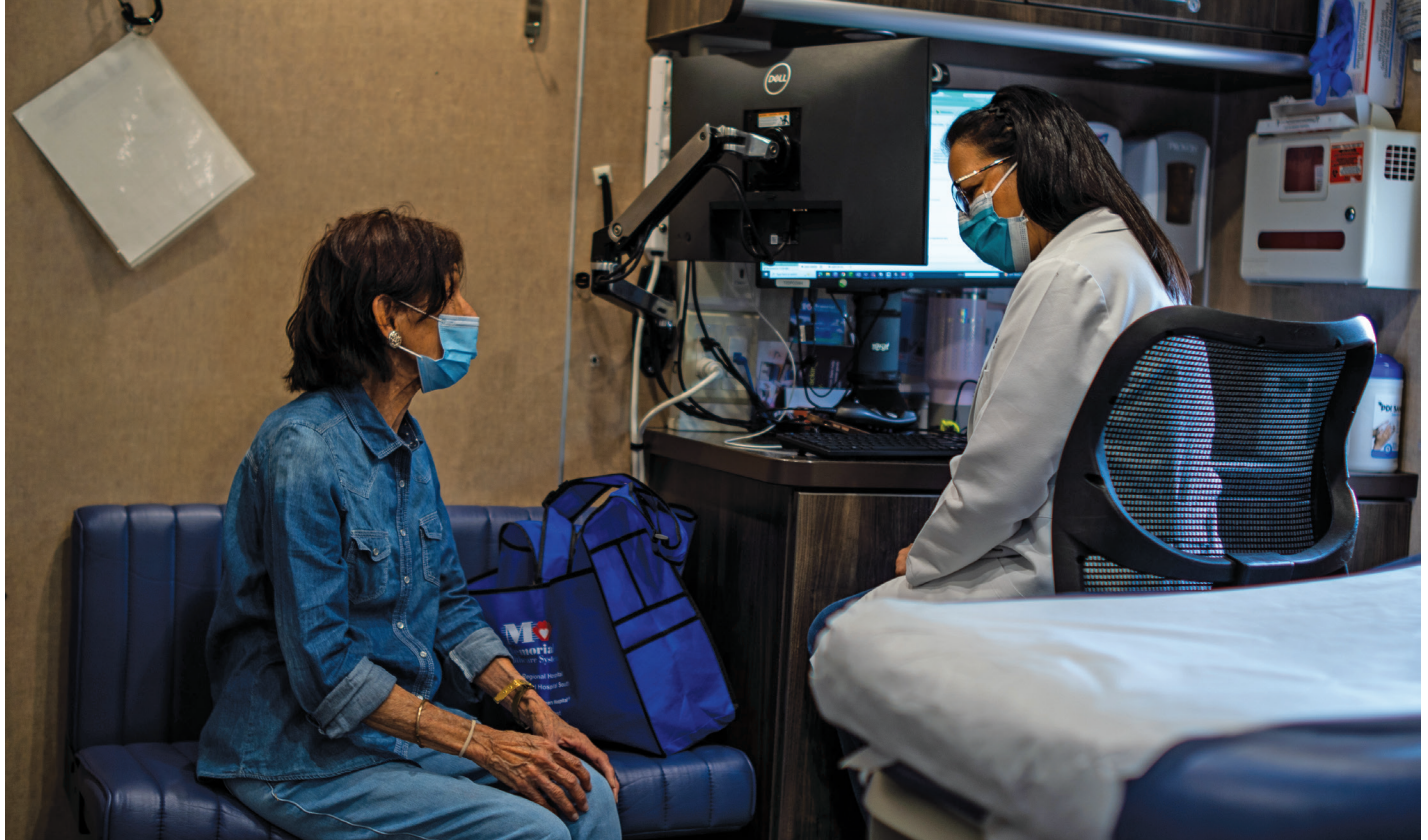
East Alabama Health began with a donated vehicle and gradually expanded services through municipal, community, and academic partnerships. **WVU Medicine** drew on its experience operating other mobile health programs and working with community partners to support the continued expansion of behavioral health and other mobile care services. By starting small and scaling based on demonstrated need, operational

capacity, and available resources, hospitals can build a stronger foundation for long-term program sustainability.

Building a Sustainable Funding Model

Creating a mobile health initiative requires substantial up-front investment and ongoing support. In addition to the vehicle itself, programs must budget for:

- Staffing
- Equipment
- Clinical supplies
- Fuel
- Insurance
- Maintenance
- Technology
- Administrative infrastructure



Nurse practitioner Tania Garcia, MS, APRN, examines an adult patient in Memorial Healthcare System's adult mobile unit.

Memorial Healthcare System estimates that its mobile health services cost approximately \$1,500 to \$2,000 per day to operate.

Temporary funding introduced during and following the COVID-19 pandemic helped some organizations launch or expand programs. But the time-limited nature of grants and other temporary funding sources can make it difficult to plan for staffing, service delivery, vehicle maintenance and replacement, technology, and safety needs.

To achieve sustainable funding, interviewees emphasized that programs need diversified funding rather than relying on a single source. **Hennepin Healthcare** relies on a combination of grants, payer partnerships, and reimbursement revenue to support operations, while **East Alabama Health** draws on philanthropic support, community partnerships, and municipal contributions. **Prisma Health** emphasized the importance of mixed funding models and advised organizations to start small, establish operational success, and scale services gradually as funding and organizational support grows.

Solving financial challenges requires hospitals to pair diversified funding and realistic budgeting with a broader definition of program value. Long-term sustainability depends on establishing mobile health as an organizational asset that advances access, community benefit, health equity, care continuity, and other health system priorities, not simply as a service expected to generate direct revenue.

Managing Reimbursement Limitations

Health systems must also consider reimbursement as another revenue stream. Rules vary by state, payer, service type, and delivery setting, creating administrative complexity and limited financial predictability. Some hospitals reported difficulty receiving reimbursement for preventive services, outreach, care coordination, and services delivered outside the traditional clinical setting. Programs serving uninsured, underinsured, or rural populations

or populations with other social and financial hardships face additional limitations because many of the services they provide are free, subsidized, or nonbillable.

Even when programs bill for care, reimbursement might cover only a portion of total operating costs. Interviewees reported that reimbursement can support some clinical services but does not consistently fund essential roles such as community health workers, EMTs, and patient navigators. These constraints reinforce the need to design realistic budgets that account for both reimbursable clinical care and the operational, outreach, and care-coordination functions required to make mobile services effective.

Demonstrating Organizational and Community Value

Just as mobile health requires more than clinical function, it offers more than clinical value. Because direct revenue does not fully reflect the influence of mobile health, hospitals use broader quantitative and qualitative measures to demonstrate value. These include:

- Improved access to preventive and primary care
- Reduced avoidable emergency department use and hospital utilization
- Improved chronic condition management and continuity of care
- Strengthened connections to social services and other community resources
- Improved progress toward community benefit, health equity, and population health goals

For essential hospitals, the strongest case for continued investment is that mobile health programs improve access, respond to community needs, advance organizational priorities, and deliver value that traditional revenue measures alone do not capture. To communicate the program's full effect to the hospital leaders, funders, and community

stakeholders, several organizations emphasized pairing outcome data with patient stories, community feedback, and partnership results.

Memorial Healthcare System highlighted emergency department diversion and improved access to care as key measures of program value. Other organizations focus on connecting patients to primary care, managing social needs, and improving chronic condition outcomes.

Participants noted that these measures are critical to maintaining leadership support and securing ongoing organizational investment.

Financial pressures prompt programs to sharpen how they communicate mobile health's value, particularly its contributions to system strategy, community needs, and the health system's presence in underserved communities. Establishing the program as an organizational asset, not simply a grant-funded activity, can help maintain leadership support and strengthen the case for continued investment.

Integrating Mobile Health into the Health System

While mobile health programs must be understood as an organizational asset, they must also be integrated into broader organizational strategies and operations. Programs aligned with organizational priorities such as health equity, community benefit, preventive care, rural outreach, value-based care, and social needs were often better positioned to secure leadership and financial support.

Carilion Clinic integrated its mobile health services into existing virtual care, telehealth, and referral infrastructure. This integration strengthened connections between mobile health services and the broader health system. It also supported referral management, care continuity, and documentation of services delivered in patients' homes. By embedding mobile health within core organizational priorities and operations, hospitals can demonstrate its systemwide value and position programs to obtain sustained funding through established operational and strategic budgets.

Ultimately, financial sustainability requires more than securing a single grant or funding stream. Long-term viability depends on diversified funding, realistic budgeting, measurable outcomes, leadership support, integration with the health system, and intentional growth.

Rather than relying on direct revenue alone, mobile health programs demonstrate value through broader measures of organizational and community influence. These measures can include reducing avoidable emergency department utilization, improving chronic condition management, or supporting community benefit priorities.

Technology Integration

Technology determines whether mobile health functions as an integrated extension of the health system or as a disconnected outreach activity. For mobile health programs, technology infrastructure emerged as both a critical enabler and a significant challenge. Interviewees emphasized that technology enables delivery, documentation, referrals, scheduling, outcome tracking, and cross-team communication. But many organizations reported difficulty adapting systems designed for fixed-site care to mobile settings.

Integrating Mobile Health into the Electronic Health Record

Electronic health record (EHR) integration was one of the most frequently discussed technology challenges. While most programs were connected to the health system's EHR, participants said making that connection was time- and resource-intensive. Mobile health programs often require customized workflows, referral pathways, scheduling processes, and documentation templates that differ from traditional ambulatory or inpatient care. These changes require close collaboration among clinical, operational, and information technology teams to create effective solutions.

Programs that successfully integrated mobile health services into the EHR experienced positive benefits related to care coordination, care continuity, and operational efficiency. **Carilion Clinic** has dedicated mobile health referral and documentation workflows that allow providers to refer patients for home visits and document services within the broader health system. **Memorial Healthcare System** integrates its mobile health operations directly into Epic, incorporating mobile encounters into patients' longitudinal medical records and facilitating coordination across service lines. These examples demonstrate some benefits of designing mobile health as an extension of the health system rather than as a stand-alone outreach program.

Managing Technology Infrastructure and Connectivity

Despite these benefits, many programs faced limitations in existing technology infrastructure. Several interview participants reported that health system information technology resources often prioritize inpatient, ambulatory, or enterprise-wide initiatives, leaving mobile health programs with limited dedicated support.

Hennepin Healthcare identified technology infrastructure as one of its most significant operational challenges, noting that it took approximately two-and-a-half years to automate key data-tracking processes and to develop systems capable of capturing program outcomes effectively. To fill technology gaps, other organizations relied on manual processes, spreadsheets, or duplicate-documentation workflows, increasing administrative burden and the risk of data-entry errors.

Connectivity and internet access presented another common challenge, particularly for programs serving rural or geographically isolated communities. Reliable internet access is necessary for many tasks, including:

- Accessing EHRs
- Conducting telehealth visits
- Processing registrations
- Operating diagnostic equipment
- Documenting care in real time

To maximize coverage, some programs outfitted vehicles with specialized connectivity equipment or multiple service providers. Others used offline documentation processes that required later reconciliation with the health record. These technology limitations can directly affect patient flow, staff workload, and care continuity.

Successful Technology Integration

Strong technology systems support care coordination, documentation, quality improvement, reimbursement, operational planning, and program evaluation. They can also reduce staff burden and improve care continuity. Mobile health programs can strengthen their technology use by integrating mobile workflows with existing health system platforms, ensuring reliable connectivity and secure access in the field, training staff on consistent documentation practices, and regularly assessing whether technology tools meet evolving program and community needs.

Data Measurement

To demonstrate program significance and guide strategic decision-making, interviewees emphasized the importance of data collection, analysis, and reporting. Strong data practices allow mobile health programs to identify unmet needs, select appropriate service locations, monitor clinical and operational outcomes, and communicate value to hospital leaders, funders, policymakers, and community partners. Building this capacity early can help programs use limited resources more effectively while supporting continuous improvement and long-term sustainability.

Measuring and Demonstrating Program Significance

Mobile health programs are increasingly expected to demonstrate significance to hospital leaders, funders, policymakers, and community partners. Participants described substantial effort devoted to tracking data such as:

- Patient encounters
- Demographic information
- Chronic condition outcomes
- Social needs
- Referrals
- Care coordination activities
- Connections to ongoing care

But many interviewees noted that collecting data is often easier than turning it into meaningful information. Several programs struggled to standardize data collection across sites, ensure data

quality, integrate information from community partners, and identify which metrics best communicate program value. These measures are essential for demonstrating value beyond direct revenue.

While patient volume and screening numbers remain important, programs increasingly seek to capture outcomes that show broader community and system significance. These include patients connected to primary care, avoidable emergency department visits reduced, chronic condition management outcomes achieved, social needs managed, and referrals completed.

Using Data to Guide Program Strategy

Data also guide where and how programs deploy mobile health services. To identify service gaps and prioritize locations, programs reported using:

- Community health needs assessments
- Social Vulnerability Index data
- Area Deprivation Index data
- Hospital utilization patterns
- Population health analytics
- Partner input

These data sources help programs allocate limited resources more strategically, directing limited staffing, time, and vehicle capacity toward communities with the greatest unmet needs. Data are instrumental not only in launching mobile health initiatives but also in refining operations, identifying emerging community needs, and informing future expansion efforts.

Successful Data Management

Data infrastructure is foundational to effective mobile health delivery. For essential hospitals, investing in analytical capacity early can strengthen the case for sustained funding and help programs adapt as community needs evolve.

**BEST PRACTICE**

Arrowhead Regional Medical Center
The Breathmobile
Colton, California

ASTHMA CARE

Provides no-cost asthma care to children through a school-based mobile model in partnership with the Asthma and Allergy Foundation of America

WHAT THEY DO

 Asthma assessments

 Patient and family education

 Diagnostic testing

 Care coordination

 Medication management

 School-based visits (40 schools)

**WHY IT STANDS OUT**

Delivers chronic condition care and education directly in schools, reducing barriers to specialty care and supporting children's respiratory health

Regulatory Environment

Mobile health programs combine clinical care, transportation, public space, billing, privacy, and accreditation, making regulatory coordination and planning a core part of program design. Because mobile health programs operate outside traditional clinical settings, hospitals often encounter additional regulatory requirements beyond those in fixed-site care delivery models. Interviewees reported that mobile health programs must navigate a broad range of regulatory considerations, including:

- Licensing
- Accreditation
- Clinical operations
- Laboratory services
- Reimbursement
- Privacy
- Transportation
- Medication management
- Scope of practice

Managing these considerations requires hospitals to navigate state and local requirements while establishing clear accreditation, governance, and compliance structures for mobile health operations.

Navigating State and Local Requirements

A major challenge is that each state's regulations are different, and sometimes regulations vary within a state across service models. Requirements vary based on where the program operates, what services it provides, how the mobile unit is classified, and which hospital license, department, or clinical service line oversees its operations. As a result, hospitals must invest substantial time and resources in interpreting state-specific regulations, securing necessary approvals, and developing processes that align with local licensing, accreditation, and operational standards.

Several organizations described the extensive internal and external coordination required to establish compliant mobile health operations. While requirements vary by state, **NYC Health + Hospitals** reported that mobile units must be connected to a hospital site and undergo inspections through the New York State Department of Health before receiving authorization to operate in the community. To ensure its mobile unit meets all regulatory and operational requirements, **East Alabama Health** meets regularly with city officials, accreditation staff, laboratory personnel, policy and procedure committees, and hospital leadership. Because the mobile unit operates as an extension of the health system, multiple departments were involved in developing policies, procedures, and oversight mechanisms.

Managing Accreditation, Governance, and Compliance

Beyond state and local regulations, accreditation and governance provide an important framework for ensuring that mobile health services align with the same quality, safety, documentation, and oversight expectations that apply across all health systems. The specific approach might vary depending on program structure, service scope, and overseeing department or licensed facility.

Organizations interested in launching mobile health programs should engage legal, compliance, accreditation, and operational teams early in the planning process to identify potential barriers before the program begins.

Hospitals might integrate mobile health into existing accreditation, quality, and compliance frameworks, or they might establish program-specific policies and procedures to support consistent operations. Many hospitals incorporate their mobile health operations into their Joint Commission accreditation, and these hospitals have developed extensive policies and procedures to support compliance and quality oversight. This approach reflects one governance model rather than a universal requirement for all mobile health programs.

Mobile health programs must also ensure that documentation, coding, and billing practices align with payer and compliance requirements for services delivered outside traditional clinical settings.

Regardless of accreditation structure, clear policies, defined accountability, and consistent quality standards can reduce risk and strengthen organizational confidence in mobile health services.

Successful Regulatory Navigation

To meet regulatory challenges, interviewees emphasized that strong internal coordination is key to long-term success. Programs that engaged compliance teams early, developed clear policies and procedures, established strong governance structures, and maintained ongoing communication with regulatory bodies reported smoother starts and fewer operational disruptions. For essential hospitals developing or expanding mobile health programs, compliance should be treated as a foundational design consideration rather than a downstream administrative task.

Safety, Security, and Adaptability

Mobile health teams deliver care in dynamic community settings, so safety and security planning must be flexible, community-informed, and built into daily operations. Unlike traditional health care settings, mobile health teams often deliver services in a variety of community environments, including:

- Schools
- Shelters
- Churches
- Public parks
- Housing complexes
- Rural communities
- Other nontraditional locations

While these settings help increase access and reduce barriers to care, they also introduce certain safety, environmental, and operational challenges that require careful planning and ongoing risk assessment.

Evaluating Environmental Risks

Environmental conditions can directly affect service delivery, staff well-being, vehicle performance, equipment functionality, and patient turnout. Programs operating in regions with extreme heat, severe weather, or challenging terrain reported the need to continuously monitor conditions and adjust schedules, locations, or service models when needed. High temperatures can affect both staff and patients, particularly when events occur outdoors or in communities with limited access to cooling resources. In some regions, weather conditions also can affect vehicle performance, equipment functionality, and patient turnout.

Participants emphasized the importance of incorporating weather and environmental risks into operational planning, including preparing contingency plans for service disruptions and ensuring vehicles are equipped to operate safely in varying conditions.

Managing Site-Specific Risks

In addition to environmental safety, interviewees frequently discussed security concerns at mobile clinic sites. Some programs operate in communities experiencing high rates of violence, substance use, homelessness, or other social challenges that can create safety risks for staff and patients. Participants described incidents ranging from disruptive behavior and verbal threats to concerns about community violence occurring near service locations. Interviewees emphasized the need to prepare for disruptive behavior, verbal threats, nearby community violence, and other site-specific concerns while maintaining accessible and welcoming services.

Balancing Safety with Community Trust

Several interviewees emphasized that safety strategies must be balanced with community trust. Visible security personnel or law enforcement might help manage risk in some settings, but such a presence



BEST PRACTICE

Alameda Health System

Mobile Health Clinic

Oakland, California

HOMELESS OUTREACH

Provides free health assessments and urgent care to people experiencing homelessness, with a focus on low-barrier, dignified, respectful, and nonjudgmental access to care that preserves privacy, autonomy, and trust

WHAT THEY DO

🏠 Health screenings (diabetes, blood pressure, etc.)

🏠 Urgent care

🏠 Care coordination

🏠 Referrals and linkages

🏠 Connection to community resources

🏠 First-come, first-served care



WHY IT STANDS OUT

Creates a consistent and accessible entry point into care for individuals facing multiple barriers to traditional health care settings

can also discourage participation among individuals who have prior negative experiences with institutions. Such individuals might include people experiencing homelessness, undocumented community members, or people with substance use disorders.

To foster trust, **Memorial Healthcare System** reported intentionally avoiding police presence at mobile clinic sites. In contrast, because of the complexity of serving unsheltered populations in public spaces, **NYC Health + Hospitals'** Street Health Outreach & Wellness program staffs security personnel at service locations, while also recognizing that visible security can make some individuals hesitant to engage. These examples underscore the importance of tailoring safety approaches to the specific community and service model.

Community-informed safety strategies were viewed as especially valuable. At **East Alabama Health**, a retired police chief drives the mobile unit. Their familiarity with the community provides both informal security

support and valuable local insight. Other programs rely on trusted community partners, faith leaders, housing organizations, outreach workers, and community-based organizations to help assess site conditions, identify potential concerns, and strengthen community acceptance.

Building Adaptability into Operations and Workforce Support

Operational flexibility is also essential to safety planning. Programs reported adjusting schedules, deployment locations, staffing models, and service delivery approaches in response to emerging safety concerns, environmental conditions, community events, or other disruptions.

Programs:

- Conduct site assessments before events
- Maintain emergency communication protocols
- Establish incident reporting processes
- Train staff on de-escalation techniques and situational awareness

Others incorporate contingency plans that allow them to relocate or modify services when conditions are deemed unsafe.

Strong local relationships can serve as an important safety strategy by improving communication, trust, and awareness of community dynamics.



As part of the collaborative wellness clinic effort, the City of Opelika provides a bus driver for East Alabama Health's Mobile Wellness Clinic each week.



A patient giggles while getting her head measured at her checkup in Hennepin Healthcare's pediatric mobile health vehicle.

Preparing Staff to Stay Safe

Staff safety is not only an operational consideration; it is a workforce issue that must be managed through staff-level preparation and organizational support. Mobile health staff often work independently or in small teams, travel long distances, operate in unfamiliar environments, and encounter patients with complex medical, behavioral health, and social needs. Clear safety protocols, reliable communication tools, staff training, backup plans, and visible organizational support can help reduce risk and increase staff confidence. Several participants noted that staff perceptions of safety can influence recruitment, retention, and willingness to participate in mobile health activities.

Overall, safety, security, and adaptability are not static one-time planning tasks; they require continuous assessment, community input, and operational flexibility. Successful programs balance risk management with relationship-building, recognizing that creating a safe environment for mobile health delivery involves not only protecting staff and patients but also fostering trust, accessibility, and community acceptance.

Implications for Essential Hospitals

For essential hospitals, mobile health is not simply an access strategy; it is a practical way to bring the mission of community-integrated care into action. Essential hospitals serve patients and communities that often face overlapping barriers to care, including:

- Transportation challenges
- Limited insurance coverage
- Housing instability
- Food insecurity
- Language barriers
- Rural isolation
- Distrust of traditional health care institutions

Mobile health programs help hospitals resolve these barriers by bringing care closer to where patients live, work, learn, and gather.

Mobile health also offers essential hospitals an opportunity to strengthen connections between clinical care and broader community needs. Programs can provide:

- Preventive care
- Chronic condition management
- Screenings
- Vaccinations
- Behavioral health support
- Maternal and child health services

- Substance use treatment
- Care coordination
- Referrals to social supports

When designed intentionally, mobile health programs can help close gaps in care, reduce avoidable utilization, connect patients to ongoing services, and support broader health equity and population health goals.

To succeed, mobile health programs require realistic planning. They are resource-intensive, often difficult to sustain through reimbursement alone, and dependent on cross-departmental support. Hospitals developing or expanding mobile health services should assess community needs, define the program's role within the broader health system, identify sustainable funding and staffing models, engage compliance and technology teams early, and establish metrics that capture both clinical and community significance.

The findings from this report show that successful mobile health programs are not defined solely by the vehicle. They require flexible staffing, strong operational workflows, leadership support, trusted community partnerships, sustainable funding models, reliable technology, data infrastructure, regulatory planning, and safety strategies tailored to the communities served. These elements determine whether a mobile health program functions as a

short-term outreach activity or as an integrated extension of the health system.

For essential hospitals operating under financial and workforce constraints, mobile health is not a simple solution. But it is a powerful model when aligned

with organizational priorities and community needs. The experiences highlighted in this report show that mobile health can help essential hospitals extend their reach, build trust, improve care continuity, and demonstrate their continued commitment to serving communities that face the greatest barriers to health.



An Auburn University College of Nursing student prepares to administer a shot to a patient during a wellness clinic visit in November 2025.

Appendix

Appendix A: Environmental Scan

To assess the current state of mobile health across the health care landscape and identify opportunities, challenges, and promising practices relevant to essential hospitals, the Institute conducted an environmental scan. The review included literature and publicly available resources from peer-reviewed journals, government agencies, nonprofit organizations, member hospitals, trade publications, academic institutions, technical reports, white papers, and news publications. The scan focused on how hospitals use mobile health to expand access to care, engage underserved populations, and manage community health needs.

Specifically, the environmental scan sought to answer these questions:

1. To what extent and in what ways are essential hospitals implementing Mobile Health Care (MHC)?
2. What emerging promising practices exist?
3. What are the critical leverage points for those hospitals to act more on MHC?
4. How are hospitals engaging communities with the most difficulty accessing primary care?
5. In what ways are essential hospitals adopting or attempting MHC?
6. What economic, regulatory, technological, and organizational challenges do hospitals face in implementing MHC?
7. What opportunities exist for essential hospitals to engage in MHC efforts within existing programs or infrastructure? (e.g., opportunities to embed MHC as part of an ongoing community health needs assessment,

local/regional action plans, and current community engagement).

The review used a grey literature search strategy using terms including Mobile Health, Mobile Health Unit, Mobile Medical Unit, Mobile Clinic, Mobile Van Health, Telemedicine, Remote Healthcare, and related terminology. Sources were screened using predefined inclusion and exclusion criteria to ensure relevance and consistency.

The environmental scan identified a growing body of evidence demonstrating the value of mobile health programs in expanding access to care, improving utilization of preventive services,

INCLUSION CRITERIA

Sources were included if they:

1. Consisted of peer-reviewed publications, technical reports, white papers, conference presentations, commentaries, websites, blog posts, or publications from government agencies, nonprofit organizations, trade associations, or academic institutions
2. Described hospital or health system involvement in:
 - a. Mobile health units
 - b. Mobile medical clinics
 - c. Mobile health programs
 - d. Related community-based mobile care delivery models
3. Included hospitals or health systems as the primary setting, implementation site, or organizational sponsor of mobile health services

EXCLUSION CRITERIA

Sources were excluded if they:

1. Were published in a language other than English
2. Were published before 2014 or after 2024
3. Focused on hospitals or health systems outside the United States
4. Were published by organizations based outside the United States

managing social determinants of health, and strengthening connections between health care systems and underserved communities. At the same time, the review highlighted persistent challenges related to funding, workforce capacity, technology infrastructure, regulatory requirements, data collection, and long-term sustainability. These findings informed the development of the interview guide and helped establish the key topic areas explored throughout the report.

Appendix B: Interviews

While the environmental scan provided insight into how hospitals across the country use mobile health as a strategy to improve access to care, it offered limited information on the day-to-day realities of creating and sustaining these programs. To better understand these experiences, the project team conducted key informant interviews with leaders of established mobile health programs across America's Essential Hospitals member organizations. The interviews explored operational experiences, lessons learned, and strategies organizations have used to build, sustain, and expand mobile health services.

The project team identified interview participants through the environmental scan content, which identified more than 40 member hospitals operating mobile health programs. From this group, the team recruited hospitals to ensure representation across geographic regions, hospital and health system types, organization size, ownership structures, and teaching status. The goal was to capture a broad range of experiences and perspectives while identifying common themes that transcend individual program models and local contexts.

Interviews were conducted between February and March 2024 and lasted approximately one hour each. Participants represented a diverse range of mobile health programs serving urban, suburban, and rural communities. Programs varied considerably in their size, service offerings, target populations, operational

models, and stages of development, providing a comprehensive view of how essential hospitals operate mobile health.

To ensure consistency across interviews while allowing participants to share experiences particular to their organizations and communities, the project team used a semi-structured interview guide. Discussion topics included:

- Program operations
- Staffing models
- Funding and sustainability
- Community engagement
- Partnerships
- Technology infrastructure
- Regulatory considerations
- Organizational support

The team also asked participants to reflect on strategies that contributed to the program's success and to provide recommendations for hospitals seeking to develop or expand mobile health services.

The team recorded and transcribed all interviews and collected detailed notes to support analysis. They analyzed interview data using a qualitative thematic approach. Responses were coded and organized by topic area, interview question, and emerging themes. The project team reviewed findings from interviews to identify recurring patterns, shared challenges, innovative practices, and notable differences across organizational characteristics and program models.

Despite differences in geography, population served, and program structure, several themes emerged consistently across participating organizations. Interviewees frequently described similar opportunities and challenges. While individual programs varied in how they solved these issues, the consistency of these themes suggests that many mobile health programs face common creation and sustainability challenges regardless of location or service model.

Appendix C: Environmental Scan Results—Member Programs

HOSPITAL NAME	HOSPITAL PROGRAM
Alameda Health System	AHS Mobile Health Clinic
Arrowhead Regional Medical Center	Mobile Medical Clinic; Breathmobile
Baystate Health	Wellness on Wheels (WOW)
Broward Health	Broward HealthPoint Mobile Health Unit
Carilion Clinic	Primary Care Mobile Health Enhancement Project
Chesapeake Regional Healthcare	Mobile Mammography Unit
ChristianaCare	Mobile Health Services
Denver Health	Mobile Health Centers
East Alabama Health	Opelika Neighborhood Mobile Wellness Clinic
ECU Health	Mobile PET/CT Service
ECMC	Mobile Mammography Unit
Grady Health System	Mobile Integrated Health
Harris Health	Healthcare for the Homeless
Health Care District of Palm Beach County	Mobile Health Clinics
Hennepin Healthcare	Pediatric Mobile Health
Henry Ford Health	Mobile Health One; All of Us Mobile Unit
Huntsville Hospital Health System	Mobile Medical Unit
Jackson Health System	Mobile Triage Unit
Kentucky Children's Hospital	Mobile Clinic
Memorial Healthcare System	Memorial Wellness On Wheels (WOW)
The MetroHealth System	Project DAWN (Deaths Avoided With Narcotics)
MUSC University Hospital	MUSC Hollings Cancer Center HPV Vaccination Mobile Unit
The Ohio State University James Cancer Hospital and Solove Research Institute	Mobile Education Kitchen
The Ohio State University Wexner Medical Center	Community Care Coach
Orlando Health	Teen Xpress
Parkland Health	Mobile Vaccination Clinic
Santa Clara Valley Healthcare	Valley Homeless Healthcare Program
Stony Brook Medicine	Mobile Mammography
Tampa General Hospital	TGH Mobile Care To You; Community Outreach, Mobile, Primary Care, and Social Services (COMPASS)
UChicago Medicine Comer Children's Hospital	Pediatric Mobile Medicine Unit
UMass Memorial Health	Ronald McDonald Care Mobile
UVA Health	Mobile Mammogram; Health Harvest Mobile Unit; Increasing Healthcare Access: UVA Health Mobile Care Clinic
WVU Medicine	Mobile Comprehensive Opioid Addiction Treatment (COAT)

Endnotes

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UMC El Paso stationed its mobile health unit at the start line of the health system's Better Health 5K run and one-mile walk, a benefit for the health system's *Sobreviviendo el Cáncer Fund*.