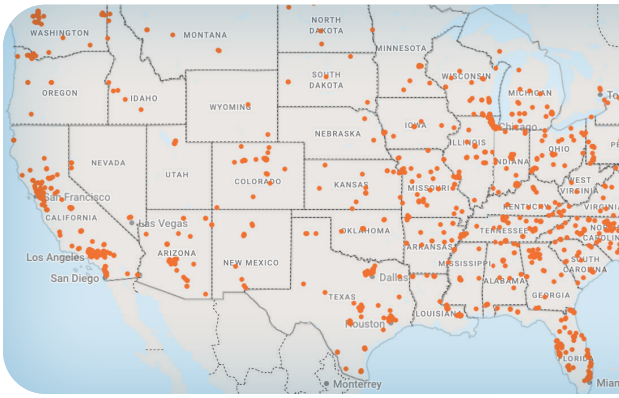




Mobile Healthcare

The 2025 Mobile Clinics Landscape Report









Mobile Health Map

A Program of Harvard Medical School

About Mobile Health Map

Mobile Health Map, a program of Harvard Medical School, is the nation's leading resource for data, research, and evaluation in mobile healthcare.

Since 2008, we've set the standard for measuring impact and strengthening mobile clinics as an essential part of the healthcare system.

We help mobile clinics nationwide evaluate and communicate their impact.

Our mission: turn data into practical strategies, equipping mobile health leaders with the insights and tools they need to deliver, grow, and sustain real change.

For 33 years, we have operated The Family Van in Boston, a pioneering community-based mobile clinic. Anchored in this mission-driven work, we ensure that our insights and recommendations for mobile clinics reflect the realities of delivering care directly to communities.

A special thanks to the Leon Lowenstein Foundation for their generous support, which made this Landscape Report possible.

Their commitment to mobile health strengthens our work at Mobile Health Map and boosts efforts across the field, highlighting the vital role mobile clinics play in improving lives.



The Family Van —
Boston, Massachusetts

TABLE OF CONTENTS

About Mobile Health Map 2

Letter from Nancy Oriol, MD
Cofounder, Mobile Health Map and The Family Van 5

About This Report 6

Why Mobile Health Matters 8

Mobile Health: National Reach and Services 10

Developing Tomorrow's Healthcare Leaders 13

The Rural Lifeline: Mobile Clinics as Community Health Hubs 14

Mobile Clinics: Real Results, Big Returns 16

Stories from the Field: Mobile Clinics Solving Big Problems 19

- **Substance Use Disorder Response:**
  Fighting the Opioid Crisis in Rural America 20
- **Primary Care / Rural Health:**
  Meeting Tribal Communities Where They Are 22
- **Emergency Response:**
  How Mobile Clinics Responded to the L.A. Fires 24

The Numbers: Funding and Costs 26

Breakthrough Directions for Mobile Health 28

The Road Ahead for Mobile Clinics: A Vital Part of the Solution to Improving Healthcare Access 32

Quick Facts 35

Cover Photos: *(Top left to right) Harborview Medical Center Mobile Health Outreach (Washington, Photo by Prenz Sa-Ngoun), Healthy Mothers Healthy Babies (Hawaii), Mobile Health Map's Impact Tracker, Rutgers Cancer Institute ScreenNJ (NJ), Premier Mobile Health Services (FL, Photo by Dave Cooper), and The Family Van (Boston)*

Mobile Health Map
A Program of Harvard Medical School

Dear Friends,

This Inaugural Landscape Report is heralding a defining moment for mobile healthcare. What began as a collection of passion-driven programs has grown into a national movement that is reshaping how care reaches people. As we write this, more than forty states are taking steps to launch or expand mobile clinic networks, reflecting growing recognition at the national and state level that mobile care is a critical strategy for improving healthcare access, particularly in rural communities. This momentum confirms what our community has known for decades: **mobile clinics are an essential part of America's health system**.

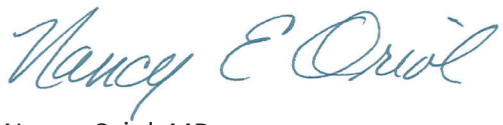
> **Mobile health represents a future that blends high tech with high touch, data with deep listening, and innovation with humanity.**

The COVID-19 pandemic illuminated deep gaps in access, and it also elevated the extraordinary value of mobile care. In the years since, our data, stories, and impact have made it clear that mobile clinics are not a temporary response or a stopgap. They are a proven, scalable solution that brings trust, connection, and high-quality care directly to the communities they serve.

Across the country, mobile clinics are delivering cost-effective, culturally responsive services where people live, work, play, and pray. They partner with hospitals, community health centers, public health departments, and telehealth providers to ensure that no one is left behind. This sector represents the future of healthcare that blends high tech with high touch, data with deep listening, and innovation with humanity.

This report captures the reach and impact of mobile clinics today, highlights the tremendous opportunity ahead, and underscores why investment in this sector matters now more than ever. Our healthcare system was designed for people to come to us. **Mobile clinics show what is possible when we bring care directly to people, wherever they are.**

With gratitude,



Nancy Oriol, MD
Cofounder, Mobile Health Map and The Family Van

About This Report

At Mobile Health Map, we believe mobile clinics play a critical role in improving access, advancing health equity, lowering healthcare costs, and strengthening the healthcare system.

They complement hospitals and community health centers by meeting people where they are, connecting them to ongoing care, and helping build healthier, more resilient communities.

In this report, we share national data, spotlight impactful examples, and look ahead to the future of mobile healthcare in the United States. Our goal is to provide evidence, insight, and actionable lessons for all who want to make healthcare more accessible.



Mobile Health Map

WHAT WE DO | IMPACT TRACKER | FIND A CLINIC | RESOURCES | CONTACT | DONATE | REGISTER YOUR CLINIC

Filter Mobile Clinics

Select State or Province | Select Care | Select Population | Select Community | Select Source of Funding

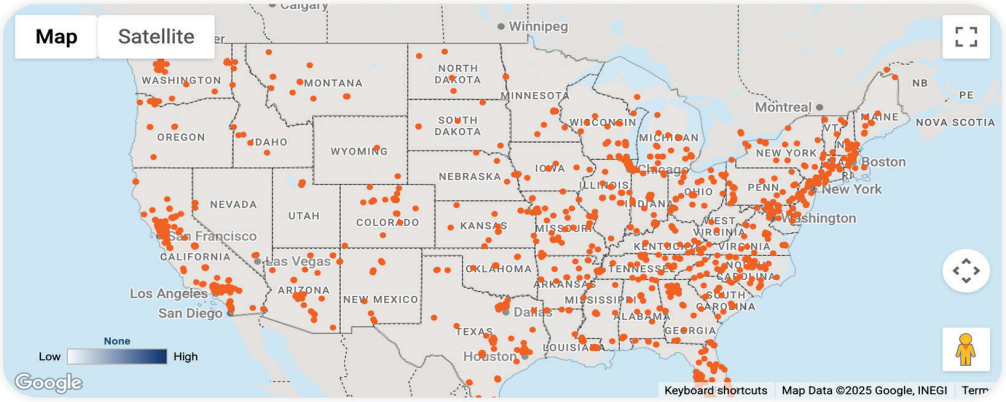
1,304
Mobile Clinics

$1.5B
Dollars Returned

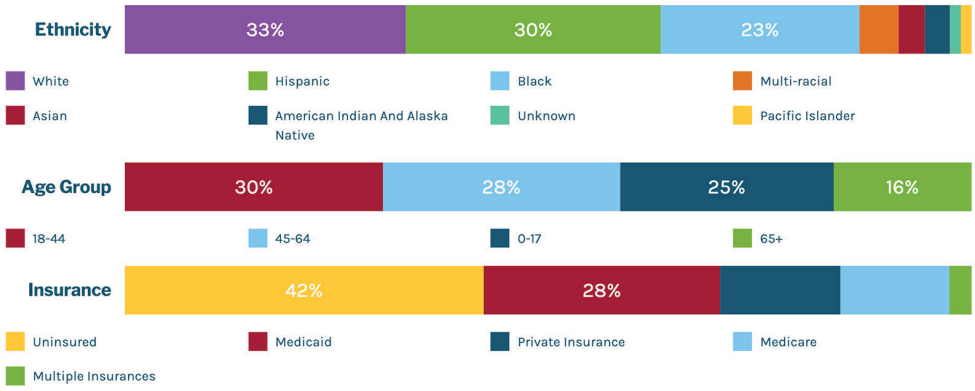
$18:1
Return On Investment

20,148
Life-years Saved

55,717
ED Visits Avoided



People Served



Data from more than
1,300
mobile clinics
over five years

Data Sources

Data for this report come from our Impact Tracker, which includes information from more than 1,300 mobile clinics, along with public health sources, published research, interviews with clinic operators and mobile health leaders, and sector data from the Mobile Healthcare Association and leading mobile clinic manufacturers.

Explore real-time impact data:
mobilehealthmap.org/our-impact

Why Mobile Health Matters

Millions of Americans still struggle to get the care they need. Common barriers such as cost, lack of insurance, provider shortages, unreliable transportation, language differences, and experiences of discrimination stand in the way, often with serious consequences.

Some communities bear the greatest burden including people in rural areas, people of color, LGBTQIA+ communities, immigrants, agricultural workers, people experiencing homelessness, and low-income children and families. These inequities drive poorer health outcomes and shorter life expectancy.

Mobile clinics break through these barriers by bringing care, health education, and trusted support directly to where people are.

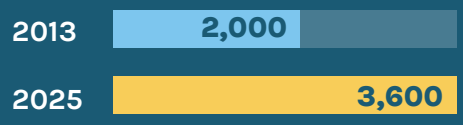
Mobile clinics:

- Fill gaps in "healthcare deserts" where fixed clinics have closed or are stretched thin
- Prevent and manage chronic diseases through regular screening, early intervention, and health coaching
- Strengthen community resilience before, during, and after emergencies
- Build trust by offering culturally responsive, community-rooted care
- Improve access by serving as a vital link between the community and clinical facilities
- Ease the strain on hospitals and the broader healthcare system

The result: a health system that becomes more equitable, efficient, and responsive to community needs.

A Sector Transformed: 80% Growth Since 2013

Our latest analysis shows that more than 3,600 mobile clinics now serve every state and U.S. territory, an **80% increase since 2013.** This surge reflects strategic investments from health systems, community organizations, and government agencies, marking mobile care as essential infrastructure for America's healthcare future.





2013-20

MOBILE CLINICS QUIETLY EXPANDED NATIONWIDE, building trust and demonstrating impact. Health systems, community groups, and local leaders invested in mobile programs, creating a strong foundation just before a global crisis put them to the test.



2020

MOBILE CLINICS SERVED AS FRONTLINE RESPONDERS DURING COVID-19, bringing vital education, testing, and vaccines to communities that traditional healthcare systems could not reach. Partnering with the White House COVID-19 Task Force, clinics expanded access nationwide and demonstrated the power of care that meets people where they are.

Mobile clinics provide 10 MILLION+ visits each year



Healthy Mothers Healthy Babies — Hawaii

Mobile clinics demonstrate that healthcare doesn't have to be confined within four walls — it can adapt to meet families where they are, making the system more responsive, equitable, and effective.

Sanghamitra Misra, MD, FAAP, ABIHM
Mobile Healthcare Association, Board Chair,
Medical Director, Texas Children's Hospital
Mobile Clinic Program — Houston, TX

2020-25

INFRASTRUCTURE INVESTMENT. Philanthropic partners like the Leon Lowenstein Foundation and Direct Relief fueled infrastructure growth, supporting the development of new tools, data systems, and collaborative networks that strengthened the entire sector.

2022

POLICY BREAKTHROUGH. Congress passed the bipartisan MOBILE Health Care Act, making it easier for health centers to purchase and operate mobile units.

2024-25

FEDERAL INVESTMENT. Agencies like the Centers for Disease Control and Prevention (CDC) and the Advanced Research Projects Agency for Health (ARPA-H) are funding capacity-building, research, and innovation, cementing mobile health as a national priority. The National Institutes of Health (NIH) also issued a Notice of Special Interest encouraging research on mobile clinics and health equity.

Mobile Health: National Reach and Services

Today, mobile clinics form one of the largest safety-net providers in the U.S., operating in every state, D.C., U.S. territories, and many tribal nations.



Over 3,600
mobile clinics nationwide
(an 80% increase since 2013)



10+ million
patient visits each year



At least 2.8 million
visits for people without health insurance

Community-Driven Care

Mobile clinics meet people where they are, literally and figuratively. They listen first, understand local priorities, and adapt care to reflect the strengths and realities of each community. The result is healthcare that's personal, trusted, and deeply rooted in connection.

From our Impact Tracker: Who Do They Reach?

Mobile clinics are designed for flexibility and impact, reaching those most often missed by traditional healthcare. By traveling to where people live and work, these clinics reduce barriers like cost, distance, and time.

90%	**Serve low-income communities**
84%	**Care for people without insurance**
74%	**Reach people experiencing homelessness**
47%	**Serve veterans and military families**
55%	**Reach LGBTQIA+ patients**
32%	**Serve agricultural workers**

Mobile clinics adapt to local needs: some focus on children, seniors, immigrants, veterans, people experiencing homelessness, or specific diseases; others deliver general primary care across entire communities.

What Care Can Mobile Clinics Provide?



Deliver primary care: routine checkups, chronic disease management, urgent and follow-up care



Screen for and prevent illness: cancer (breast, cervical, colorectal, lung, prostate, skin), blood pressure, blood sugar, cholesterol, vision, hearing, immunizations



Provide dental care: exams, cleanings, sealants, fluoride, cavity checks, referrals (many with onboard equipment)



Address behavioral and mental health: screening, counseling, therapy, substance use interventions, peer support



Offer reproductive, maternal, pediatric, and adolescent health services: well-child checks, sports/school physicals, pap tests, birth control, perinatal care, STI testing



Navigate social needs and health education: guidance on diet, exercise, stress, medication adherence, plus help with insurance, legal aid, housing, and benefits; many teams are bilingual or multilingual, and trained in cultural humility



Provide advanced services: telehealth consultations, onsite pharmacy/dispensing, vision or hearing tests, specialty care



Respond to emergencies: delivering medication, hygiene supplies, food, and urgent care

Many clinics combine multiple services in a single visit, including screenings, treatment, education, and referrals, making them a one-stop shop for community health.

Who Operates Mobile Clinics?

Mobile clinics are run by:

Independent Non-Profit	46%
Federally Qualified Community Health Centers (FQHCs) or Look-alikes	45%
Hospitals and Health System	25%
Other	14%
University Affiliated	11%

Did You Know?

According to the National Association of Community Health Centers, since 2019, the number of health centers using mobile units to reach their communities has grown by 40%.

People feel safer when they're served by folks who understand them — who come from the community or are deeply connected to it.

— Ebony Skillens, LPC-S, Executive Director, Skillz on Wheels

Staff working in mobile clinics are often from the very neighborhoods they serve, reinforcing trust and community relationships.

Mobile clinic staffing may include:

- Physicians
- Nurse practitioners
- Physician assistants
- Dentists
- Counselors
- Social workers
- Patient navigators
- Care coordinators
- Community health workers



Skillz on Wheelz — Tulsa, OK



Photo by Prenz Sa-Ngoun

Developing Tomorrow's Healthcare Leaders

Harborview Mobile Health Outreach — Seattle, WA

Across the nation, mobile clinics play a vital role in training the next generation of health leaders, providing real-world experience and invaluable skills that enhance clinical care in every setting.

Programs like the University of Washington's Harborview Mobile Health Outreach in Seattle give students on the ground experience working with people experiencing homelessness and the barriers they face. Interdisciplinary teams of medical, nursing, pharmacy, and social work students partner with experienced clinicians to provide care in "Tiny House Villages."

This first-hand training builds future clinicians' confidence in trust-building and flexible care delivery. In 2024 alone, Harborview trained over 260 students, helping shape a health workforce ready to meet patients wherever they are.

Their Impact:

260 students trained
in 2024

Through hands-on work on mobile clinics, students gain interdisciplinary experience and cultural humility, developing adaptability and problem-solving skills that benefit healthcare systems everywhere.

"I get to see the impact we make as we continue to build trust and rapport with the communities we serve... being a part of this experience really taught me what true collaboration looks like."

— Harborview Intern

The Rural Lifeline: Mobile Clinics as Community Health Hubs



For many rural Americans, especially older adults, people with chronic illnesses, low-income families, and those without insurance, getting care is a daily challenge.

The Problem:

Rural communities face higher rates of preventable disease, greater illness and mortality, and often long delays in accessing treatment compared to urban areas.

These disparities stem from geographic isolation, a shortage of healthcare professionals, limited transportation, and less access to health insurance.

Rural hospitals face growing pressures of their own. With lower population density come fewer patients and tighter budgets. **Between 2010 and 2021, 136 rural hospitals closed** according to the American Hospital Association. If this trend continues, thousands more will lose access to the care they need and deserve.

The Mobile Solution:

Mobile clinics are stepping up as a practical, community-driven solution. According to Mobile Health Map, 65 percent of registered mobile clinics now serve rural communities. This is almost double the proportion from our 2020 report.

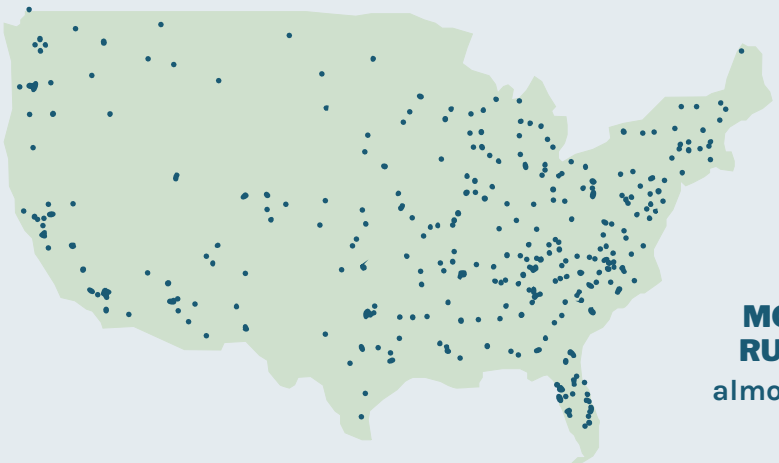
Of these clinics,

- **59%** provide **preventive health services**
- **58%** offer **primary care**
- **25%** deliver **dental care**

Mobile clinics do more than bridge gaps. By hiring local staff and building partnerships with community organizations, they deliver deeply trusted care matched to local priorities. Whether it is agricultural worker vaccinations, chronic disease management, or mental health support after a crisis, mobile clinics respond to real needs in real time.

Between 2010 and 2021

136
RURAL HOSPITALS CLOSED*



Mobile clinics have stepped in to fill the gap.

65%
OF REGISTERED MOBILE CLINICS SERVE RURAL COMMUNITIES**
almost 50% growth from 2020

* *Data: American Hospital Association.*

** *Data: Mobile Health Map.*

Impact:

The impact is tangible. In North Central Pennsylvania, for example, the University of Pittsburgh Medical Center's Mobile Health Center brings care directly to patients, overcoming major transportation barriers and local challenges. As local officials put it, the unit is "a lifeline to those who may not have access to preventative screenings, vaccinations, or health education."

Federal Commitment to Rural Health

The Rural Health Transformation Program (RHTP) is a major federal initiative designed to modernize how care is delivered in rural America and to build stronger public health systems. With $50 billion in funding, RHTP supports state-driven strategies to bring high-quality, accessible care to rural areas, especially in places where hospitals have closed or resources are limited. Mobile health has emerged as a central strategy in these plans. According to Driving Health Forward, more than 40 states included mobile clinics in their RHTP applications. This widespread inclusion signals growing national recognition that mobile care is essential infrastructure for reaching rural communities, improving health outcomes, and strengthening public health systems.

For rural leaders, funders, and policymakers, community-driven mobile clinics offer not just hope, but proof that meeting people where they are leads to healthier, stronger communities — no matter their ZIP code.

Percentage of rural clinics that serve:

Low-income communities	93%
Uninsured individuals	86%
Unhoused individuals	74%
LGBTQIA+ individuals	58%
Agricultural workers	42%



Mobile Clinics: Real Results, Big Returns

Mobile clinics not only improve access for patients, but they also deliver measurable cost savings and stronger health outcomes at scale.

$18 returned
for every $1 invested

55,717
emergency department (ED) visits avoided

20,148
life-years saved

$1.5B
dollars returned

*Source: Mobile Health Map Impact Tracker, five-year aggregate data from participating mobile clinics nationwide.

How Mobile Clinics Deliver Results:

- **Fewer ED Visits:** Avoid non-urgent ED use and catch issues early.
- **Lower Hospitalization Rates:** More checkups and early treatment mean fewer admissions for preventable conditions.
- **Outstanding Return on Investment (ROI):** According to our return on investment model for mobile clinics, every $1 invested brings back $18 in value* by preventing emergencies, reducing hospitalizations, and improving chronic disease management and medication adherence.
- **Direct System Impact:** Mobile clinics return approximately $1.5 billion annually to the U.S. healthcare system, avoid over 55,000 emergency department visits, and yield more than 20,000 life-years saved.*
- **Societal Benefits:** Fewer crises mean less missed work and school, lower disability claims, and stronger local economies.

ROI by Mobile Services Provided:*

	ROI	DOLLARS RETURNED
Preventative	$19 : $1	$1.2B
Maternal and Infant	$24 : $1	$504.7M
Mammography	$47 : $1	$985.5M

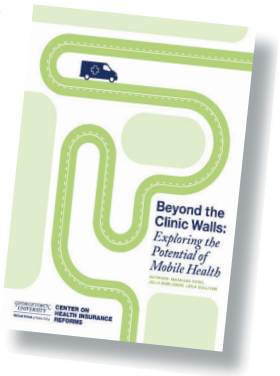
Mobile care is a critical, flexible solution for restoring access, reducing avoidable ER visits, and strengthening the health system in the areas of greatest need.

— Jennifer Bennet, Senior Advisor, Mobile Healthcare Association



Rutgers Cancer Institute ScreenNJ—New Jersey

Supporting Evidence from External Research



Georgetown University's Center on Health Insurance Reforms recently published Beyond the Clinic Walls: Exploring the Potential of Mobile Health, which found that mobile health consistently reaches underserved populations, improves access to care, and demonstrates clear potential to reduce reliance on costly emergency and hospital services, while supporting better outcomes for patients and communities.

Real Impact in Action



IMPACT STORY 1

Early Detection Saves Lives and Dollars

Stony Brook Mobile Mammography Unit, Long Island, NY

Since 2019, the Stony Brook Mobile Mammography Unit has delivered 11,000 screenings across Long Island.

- **66% of patients are uninsured or underserved**
- **75% are women of color**
- **35% received their first-ever mammogram aboard the unit**

Impact:

- Early detection **reduces breast cancer deaths by 26%** and **raises survival rates above 99%** (CDC).
- Treating early-stage cancer costs **$74,000 less per patient** than late-stage disease (Blumen et al., 2016).
- Mobile mammography turns those savings into action, catching cancer early and saving lives across Long Island's communities.

Impact Reported by Mammography Vans on Our Impact Tracker

119	**$985.5M**	**$47**	**13,939**
clinics nationwide	dollars returned	return per $1 invested	life-years saved

IMPACT STORY 2

Care That Comes to School

Le Bonheur on the Move, West Tennessee

Four days a week, Le Bonheur Childrens' school-based mobile clinic travels across rural West Tennessee so students can receive sick visits, well-child exams, and screenings for hearing, vision, and food insecurity, right in their own school parking lots.

Their Impact:

44 rural schools reached

1,058 children received timely care

154 students participated in health-education programs

292 families received behavioral health support or care coordination

$28:$1 return on Investment

$11.6M dollars returned

307 ED visits avoided

Bringing care to schools saves families time and travel, keeps kids healthy and in class, and ensures rural children have consistent access to the services they need.





IMPACT STORY 3

Compassion in Action, Measurable Savings

The Night Ministry, Chicago, IL

The Night Ministry provides free healthcare, housing assistance, and social support for people experiencing poverty or homelessness across Chicago.

Their Impact:

3,665 free health assessments delivered

983 emergency department visits avoided

$2.7M saved in healthcare costs

220 people moved into or maintained stable housing

5,429 individuals received essential services

Each avoided ED visit reduces hospital costs and relieves system strain. Preventive care and housing stability lower long-term expenses associated with unmanaged illness and repeat hospital use. The Night Ministry shows how compassionate, community-based mobile care translates human connection into measurable savings and stronger health across Chicago.

Stories from the Field: Mobile Clinics Solving Big Problems

Behind the numbers are real people and real communities.

Here's how mobile clinics from Hawaii to Maine are solving healthcare's toughest problems.



CASE STUDY 1

Substance Use Disorder Response:
Fighting the Opioid Crisis in Rural America

Arkansas Mobile Opioid Recovery (ARMOR)

The Problem:

The opioid crisis has hit rural America with devastating force. In Arkansas, entire communities have lost friends, neighbors, and loved ones to substance use disorder. For many, treatment is hours away, making it hard to keep appointments and stay on the path to recovery.

Barriers to Health:

- **No nearby clinics:** One third of Arkansas counties have no addiction treatment providers. Treatment programs are concentrated in just four urban counties, and some residents must drive up to two hours for care.
- **Daily medication requirements:** Standard opioid treatments require daily in-person visits, which is unrealistic for farm and shift workers.
- **Stigma:** Communities are tight-knit and individuals fear being seen at an addiction clinic.
- **Insurance:** Many in the communities have no insurance or gaps in coverage.

ARMOR shows how mobile health can bring life-saving addiction treatment directly to rural communities, removing barriers, reducing stigma, and creating hope.

The Mobile Solution:

Launched in 2021, ARMOR brings evidence-based addiction care directly to rural communities through two mobile units funded by state opioid settlement dollars, grants, and insurance reimbursement. They park at community hubs such as churches and parole offices to deliver:

- Medication for opioid use disorder (MOUD)
- Behavioral health and counseling
- Primary care for coexisting conditions
- Harm reduction tools (naloxone kits, safe disposal)
- Case management and referrals
- Peer recovery support from specialists with lived experience

This model removes the need for long-distance daily travel, making ongoing, life-saving care possible for remote patients.

Their Impact:

1,700+ patients served across 37 rural counties in 2024

1,200+ naloxone kits distributed

Increasing repeat visits showing retention and recovery progress

All high-need areas visited at least biweekly

Patients gain access to both addiction treatment and basic healthcare for previously untreated chronic conditions

Peer specialists build trust and reduce stigma, helping patients engage in long-term recovery

Diversified Funding Ensures Sustainability:

ARMOR's model, using multiple funding streams, demonstrates how states can create financially stable mobile addiction treatment programs with proven outcomes.

> **Many clients are already traveling into town for mandatory appointments; the mobile unit gives them a safe, accessible place to get healthcare they may not have received before.**
>
> *— Megan Copeland, Program Director*

CASE STUDY 2

Primary Care / Rural Health: Meeting Tribal Communities Where They Are

The Fort Defiance Indian Hospital Board's Mobile Health Program

(FORMERLY TSÉHOOTSOOÍ MEDICAL CENTER)

The Problem:

For many members of the Navajo Nation, seeing a doctor can require hours of travel, often on poor roads without reliable transportation. Many homes are in remote areas, making healthcare an all-day commitment. Indian Health Service (IHS) clinics are typically underfunded and overwhelmed, resulting in long wait times and limits on specialty care. Because of this, and other systemic barriers to care, chronic illnesses like diabetes, high blood pressure, and heart disease are often not treated early, and life expectancy for American Indians and Alaska Natives remains 6.5 years below the national average.*

Barriers to Health:

- **Distance:** Many residents must drive hours on unpaved roads for a simple check-up or prescription refill.
- **Limited transportation:** Public transit options are scarce, making travel to care challenging.
- **Distrust and cultural disconnection:** Historic trauma and experiences of discrimination in mainstream healthcare settings lead some to avoid care.
- **Financial limitations:** Not all services are free and navigating health insurance paperwork is especially tough for elders or those without literacy resources.

The Mobile Solution:

The Fort Defiance Indian Hospital Board's Mobile Health Program brings primary and preventive care directly to people across 16 chapters in Arizona and New Mexico. Staffed by a Family Nurse Practitioner or Physician Assistant and Certified Medical Assistant, the mobile unit meets patients in familiar spaces such as homes, chapter houses, and community events.

Services include:

- **Primary Care:** check-ups, physicals, chronic disease management, minor illness treatment, and preventive care
- **Culturally Responsive Specialized Care:** diabetes management, HIV/STI testing, mental health support, and health education rooted in both traditional and modern approaches

The program integrates Indigenous and Western medicine, honors Diné traditional values, and tailors care to Tribal community needs.

When healthcare goes the extra mile to meet rural Indigenous communities where they are, the results are powerful:

MORE LIVES SAVED, FEWER ER VISITS, STRONGER TRUST, AND HEALTHIER COMMUNITIES.

The Mobile Health Program is a blueprint for overcoming deep-rooted health disparities with respect, innovation, and hope.

* Bor et all. 2025. https://pubmed.ncbi.nlm.nih.gov/40522635/



Providing care in the communities has expanded access in some of our more remote communities or just provided an alternative for an urgent need without burdening the ED.

— Vickie Cranford-Lonquich, PA-C, MS, Director Mobile Health Program

Mobile Health Program's Impact:

167 life-years saved*

$12M dollars returned*

$11 return per $1 invested*

867 ED visits avoided*

Brings care to remote communities

Builds lasting trust with patients through consistent presence

Improves management of chronic conditions and preventive care adherence

Empowers families to engage actively in their health

** Data Mobile Health Map's Impact Tracker*

CASE STUDY 3

Emergency Response:
How Mobile Clinics Responded to the L.A. Fires

Medical Mission Adventures and VIDA Mobile Clinic

The Problem:

During the devastating January 2025 Los Angeles fires, thousands of residents fled their homes with little more than the clothes they were wearing. In the chaos, people lost access to vital medications, routine care, and emotional support. Vulnerable families were cut off from healthcare and social services just when they needed them most.

Barriers to Health:

- **Sudden loss of healthcare after evacuations**
- **Displacement creates confusion,** as people don't know where to seek help
- **Health needs multiply during crisis,** including medication refills, wound care, anxiety, and trauma

This response proves that mobile health is a powerful tool for disaster relief, delivering rapid, trusted care when and where communities need it most.

The Mobile Solution:

Mobile health organizations with deep community roots, including Medical Mission Adventures and VIDA Mobile Clinic, pivoted instantly from routine care to disaster response. Within hours, they deployed mobile units to the fire zone, mobilized volunteers, and delivered urgent medical and social services.

Services included:

- Medication refills and blood pressure checks
- Mental health support for trauma and stress
- Case management and resource navigation
- Distribution of emergency supplies
- Coordinated support with partners, including veterinary care and vision care

Their Impact:

Nearly 700 fire survivors treated at 48 pop-up clinics

Volunteer force expanded from 400 to 600+

Strengthened community partnerships and ongoing support beyond the immediate crisis

Provided a safe, familiar, and supportive care setting for traumatized residents

Ensured continuity of care and access to medications during emergency displacement



We set up two mobile units right at the outskirts of the fire zone, the burn area, and began seeing patients right away.

— Dr. Evelyn Wong, Executive Director and Medical Director, Medical Mission Adventure

The Numbers: Funding and Costs

Mobile clinics are a powerful way to reimagine healthcare delivery, especially at a time when hospitals and health systems face mounting financial pressures. By expanding access points, supporting preventive care, and offering flexible, lower-cost service models, mobile health programs help shift care into community settings, meeting people where they are.

Funding by number of sources:

27% funded by 1 source



60% funded by 2–4 sources

13% funded by 5 sources

> **In today's dynamic healthcare landscape, strategic diversification of funding is essential for the sustainability of mobile health programs, ensuring they can grow, adapt, and continue meeting the evolving needs of the communities they serve.**
>
> *—Rebecca Stauffer, Senior Manager, CohnReznick Advisory LLC*

Funding and Payment: Sustaining Mobile Health

Mobile health programs are notably resource-efficient compared to fixed facilities, while still offering scalable access for underserved communities. The cost to run a mobile clinic varies widely, from thousands to several million dollars per year, depending on services offered and operational frequency. On average, annual operating costs are $550,000.

Like the rest of the healthcare system, mobile clinics operate within a challenging financial landscape. Most programs rely on a diverse mix of funding sources, and 73% draw support from more than one funding stream. Philanthropy, health system subsidies, Federal and State grants and contracts, and evolving insurance reimbursement models all play a role. Achieving financial stability often requires both creativity and adaptability.

How Mobile Clinics Are Funded:

Philanthropy	49%
Insurance Reimbursement	45%
Federal Government Grants/Contracts	43%
State Government Funding	41%
Patient Payments (Self-pay/Co-pay)	36%
Parent Organization Support	28%
Other Sources	22%

Evolving Payment Models

States and managed care organizations are increasingly recognizing the value of mobile clinics, particularly for reaching high-need or hard-to-reach populations. As a result, insurance coverage and contractual partnerships are slowly expanding, though adoption remains uneven.

- **Medicaid/Medicare:** Some states permit direct billing for mobile services, while others restrict eligible services or are phasing out coverage.
- **Commercial insurance:** Payer partnerships are growing, often requiring robust data collection and outcome reporting.
- **Patients:** Copays and sliding-scale fees help offset operating costs in some programs.
- **Local government:** Many cities and counties invest in mobile care to fill infrastructure gaps and increase community access.

Sustainability: Challenges and Innovations

Mobile health programs face several persistent financial and operational challenges:

- Highly variable reimbursement policies across states
- Dependence on year-to-year grant funding or charitable giving
- Limited infrastructure for billing, coding, and data reporting

Despite these hurdles, successful strategies can help mitigate these barriers:

- Blending diverse revenue streams to increase resilience
- Improving data collection and reporting to attract funders and strengthen the evidence base
- Building partnerships with community organizations, government agencies, commercial partners, and payors
- Advancing policy reforms that support consistent, value-based payment models and reward demonstrated outcomes

Mobile clinics are proving not only effective but essential in today's evolving healthcare environment. With sustained investment, modernized policies, and stronger financial models, they can continue to expand care access, reduce system strain, and deliver high-value services directly in the communities that need them most.

Innovative Payment Models: Wayne State's Mobile Health Unit



Detroit's Wayne Mobile Health Unit initiative offers a blueprint for advancing sustainability through new payor models. Launched in response to health disparities during the COVID-19 crisis, Detroit's program rapidly expanded its focus to include chronic disease prevention and management, anchored by over 200 community partnerships and data-driven targeting.

The program used data to work with payors and create bundled reimbursement and billing codes for services delivered by the mobile unit. This shift toward value-based and outcome-based payment systems rewards mobile clinics for prevention, chronic disease management, and patient engagement, rather than simply for clinic volume. Such a payment approach offers a sustainable model for mobile healthcare. This reimagining of traditional payment systems is replicable, but programs need both the infrastructure to build these relationships and the data to demonstrate value.

> **Our goal was to create a reimbursement pathway that captures both the weight of chronic disease and the impact of social drivers of health.**
>
> *— Dr. Phillip Levy, Professor of Emergency Medicine and Associate Vice President for Translational Science, Director of Wayne Mobile Health Unit, Wayne State University*

Breakthrough Directions for Mobile Health

The following breakthroughs offer a window into how the sector is poised to overcome challenges and lead future progress in healthcare delivery.

> **This isn't just a technological upgrade — it's a new kind of health system. When we bring advanced care and expertise to the doorstep, we give every American a fair shot at the care they deserve.**
>
> *— Bon Ku, M.D., MPP, Program Manager, Resilient Systems ARPA-H*



MARCUS EV Platform, Mission Mobile Medical

Major Federal Investment: ARPA-H and the PARADIGM Program

Federal investment in mobile health is reaching new heights, signaling increased interest from policymakers in using mobile clinics to close the nation's health gaps. Legislation such as the MOBILE Health Care Act (2022), targeted CDC funding (2024), and the NIH's designation of mobile health as a priority funding area have laid the foundation. Now, the Advanced Research Projects Agency for Health (ARPA-H) is leading some of the most ambitious work in the sector's history.

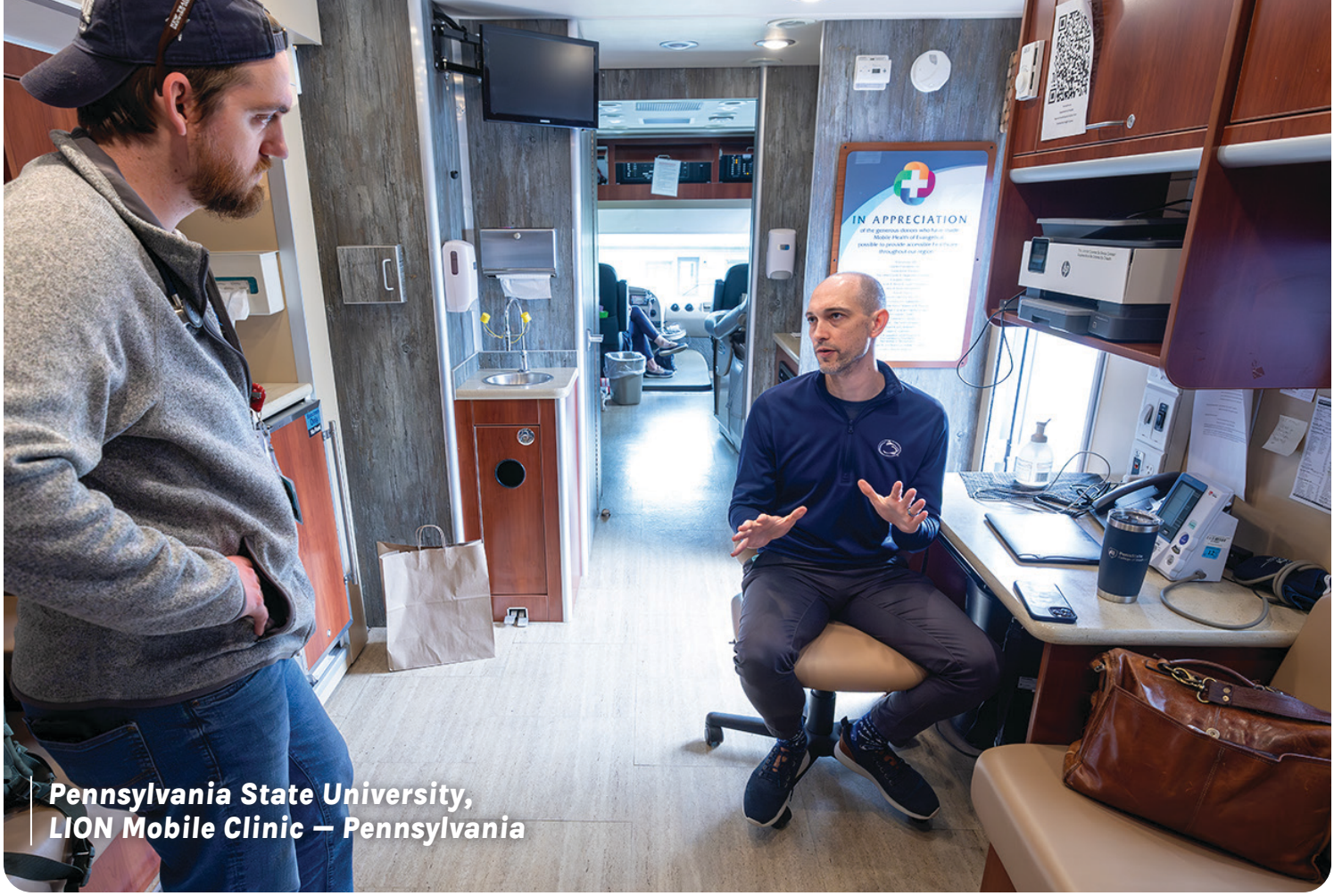
The ARPA-H PARADIGM Program is supporting the development of next-generation mobile units equipped with hospital-grade diagnostics, AI-powered clinical tools, and seamless electronic health records integration. These units will enable teams to deliver services like high-resolution imaging, cancer treatment, and maternal care, even in the most remote parts of rural America.

What sets this moment apart is the scale and urgency of federal support. For the first time, a federal advanced research agency is treating mobile health not as an add-on, but as a core infrastructure investment and a platform for innovation.

The impact:

With ARPA-H's leadership and record levels of federal funding, mobile healthcare is poised to deliver highly specialized services, rebuild rural care networks, and redefine the future of healthcare access throughout the country.

> **A next-generation EV platform designed for rural communities will advance imaging, onsite lab diagnostics, and real-time EHR integration, all in a single, zero-emission vehicle — delivering care directly to hard-to-reach people in hard-to-reach places.**
>
> *— Travis LeFever, CEO, Mission Mobile Medical*



Pennsylvania State University, LION Mobile Clinic — Pennsylvania

Bipartisan State Leadership: Pennsylvania's Model for Mobile Health

Pennsylvania exemplifies how bipartisan state leadership can drive innovation in mobile health. Prompted by lessons from the COVID-19 pandemic and persistent rural and urban disparities, Senator Art Haywood and colleagues secured $10 million in state funding, created Pennsylvania's first mobile clinic registry, and established a comprehensive framework for measuring need and impact.

Their approach is rooted in data mapping, community engagement, and coalition-building around results.

The impact:

Improved access for new populations, reduced emergency department use, and tangible returns on investment. Pennsylvania's model provides clear, replicable steps for other states looking to make mobile health a sustainable core service.

> **State leadership is going to be critical... states are really going to be critical for providing core government services to the population.**
>
> *— State Senator Art Haywood*

> **Building out the mobile healthcare infrastructure is now a high priority if we want to support the surge of new and expanded programs and show a demonstrable return on investment.**
>
> *— Donald Blanchon and Nicky Goren, Advisors, Driving Health Forward*

Sector Mobilization: The Driving Health Forward Campaign

The Driving Health Forward campaign represents the sector's first coordinated, national effort to accelerate the growth and impact of mobile healthcare. Supported by the Leon Lowenstein Foundation, the campaign unites a multidisciplinary group of stakeholders, including healthcare providers, national associations, insurers, policymakers, and community organizations around a shared agenda for policy, practice, and partnership.

Their campaign focuses on three key initiatives: producing research-backed policy briefs, piloting new business and sustainability roadmaps, and calling for systems change, including providing resources and tools for states to incorporate mobile healthcare in their applications to the Rural Health Transformation Program. They have also recommended that the sector develop both a best-in-class business roadmap for mobile clinics and a mobile healthcare certificate of excellence program.



The American-Italian Cancer Foundation — New York, NY

20/20 Onsite — Boston, MA

Artificial Intelligence: Improving Outcomes in Mobile Clinics

Artificial intelligence is beginning to transform mobile healthcare by enhancing clinical quality and operational efficiency. A recent example comes from Sutter Health, which has expanded the use of AI-enabled technology in its mobile mammography van. According to Digital Health News, this innovation helps staff more accurately detect breast cancer and ensures that more women receive timely follow-up care.

By bringing advanced diagnostics directly to communities, Sutter Health's mobile mammography program shows how AI can support early detection, close gaps in care, and improve outcomes for patients who might otherwise face barriers to screening. Programs like this demonstrate that integrating new technology can help mobile clinics deliver high-quality, reliable care where it is needed most.



UT Health Wellness 360 Pediatrics — San Antonio, TX

Looking ahead, mobile clinics may also begin using AI to automate administrative tasks such as scheduling, patient intake, data tracking, and follow-up. These tools can help staff spend less time on paperwork and more time with patients.
As Naomi Rajput, founder of Eden, a company developing AI solutions for mobile healthcare settings, notes, "AI automates the admin, you take care of the human." For mobile clinics, using AI in this way could create more opportunities for trust, connection, and patient support.

As mobile health continues to evolve, AI holds promise to strengthen prevention, support staff, and advance health equity across diverse communities.

> **Technology integration will revolutionize mobile health delivery. Telemedicine advances will allow mobile units to serve as high-tech outposts, connecting patients with specialists hundreds of miles away.**
>
> *— Jermaine Pope, Manager, Mobile Operations and Training, National Association of Community Health Centers*

These breakthroughs, grounded in sound financing, technology, policy, and collaboration, demonstrate how mobile healthcare is reshaping the future of care delivery in the United States.

To realize the sector's full potential, we must continue to invest in sustainability, measure results, and scale what works.



The Road Ahead for Mobile Clinics: A Vital Part of the Solution to Improving Healthcare Access

Mobile health clinics are a proven and flexible solution to some of our country's most persistent healthcare challenges. They extend the reach of existing providers, build trust, save lives, and improve efficiency. The data shows their value: an average return of $18 for every $1 invested, $1.5 billion returned to the healthcare system, and millions of people connected to life-changing care.

Together, we can build a system where high-quality healthcare comes to everyone, no matter where they live, work, or go to school.

Summary

Mobile Clinics: National Growth and Unmatched Reach

Mobile clinics are experiencing record growth and impact across the United States. The sector has expanded by 80 percent since 2013, with more than 3,600 clinics now delivering 10 million patient visits each year. Mobile clinics have become one of the nation's largest safety-net providers, filling critical gaps left by traditional healthcare, especially for low-income, uninsured, and rural populations, as well as communities of color, LGBTQIA+ individuals, and people experiencing homelessness. Clinics report that more than half their patients belong to groups that often lack access to care elsewhere.

A Proven and Cost-Effective Solution

Mobile clinics are cost-effective, preventing over 55,000 emergency department visits and returning approximately $1.5 billion annually to the U.S. healthcare system, with an average $18 return for every dollar invested. The sector's success is rooted in community connections, built trust, improved health outcomes, and the ability to respond quickly to changing needs, whether during the COVID-19 pandemic, hospital closures, or natural disasters.

> **Imagine the benefits of doubling mobile healthcare delivery within five years. You will increase patient visits by 7 to 10 million a year. Lower the frequency of ED visits. Increase worker productivity by enhancing patient health outcomes. And reduce the factors that are stressing a health ecosystem in the U.S. that is already overburdened.**
>
> — Stewart Hudson, Executive Director of the Leon Lowenstein Foundation



Policy Momentum and Innovation

Federal and state policy momentum is accelerating. Bipartisan legislation and new funding streams are fueling innovation and long-term sustainability. Recent trends include increased integration into health systems, a stronger focus on data-driven evaluation, the expansion of value-based payment models, and investments in advanced technology such as hospital-grade diagnostics and AI-enabled care.

Shaping the Future of Healthcare

Mobile clinics are also shaping the next generation of the healthcare workforce and are central to advancing health equity in the years ahead. This report affirms that mobile clinics are not a temporary fix. They are rapidly becoming foundational infrastructure for a resilient, equitable, and efficient health system, demonstrating what is possible when care meets people where they are.

What you can do:

POLICYMAKERS:
Enact laws and enable funding pathways that support mobile care, expand reimbursement, and foster data-driven evaluation.

HEALTH SYSTEMS AND INSURERS:
Integrate mobile clinics into your networks, create simple reimbursement pathways, support mobile outreach, and participate in outcome measurement.

FUNDERS AND PHILANTHROPISTS:
Invest in new vehicles, workforce, and digital infrastructure; expand multi-year grants that support operations, innovation and evaluation.

COMMUNITY LEADERS:
Advocate for mobile services in your area, share data and community stories, and partner to identify gaps and expand impact.

For Organizational Leaders: Imagine What's Possible

What could a mobile clinic do for your organization, your patients, or your community?

- Expand your reach and build trust with new populations.
- Reduce unnecessary ED visits and improve population health outcomes.
- Meet community benefit or value-based care objectives.
- Respond nimbly to crises, from natural disasters to health emergencies.

Whether you're a health system, hospital, FQHC, public health agency, or community organization, this is a moment to move from ideas to action.

Our team is here to help maximize your impact.
Contact us via email at: **MobileHealthMap@hms.harvard.edu**

Mobile Health Clinics Landscape

Quick Facts

3,600+ mobile clinics
10M visits per year

$18 return per $1 invested

$1.5B dollars returned

80% growth since 2013

90% serve low-income, 84% serve uninsured

Respond to disasters, serve veterans, bridge rural and urban gaps

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Mobile Healthcare Association

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ADI Mobile Health
Aleph Group, Inc (AGI)
AVAN Mobility
Farber Specialty Vehicles
Matthews Specialty Vehicles
Mission Mobile Medical
Mobile Specialty Vehicles/Wakarusa Coach
Specialty Vehicle Exchange
TESCO Specialty Vehicles
Winnebago Specialty Vehicles

Mobile Health Map Team: Dan Palazuelos • Josephina Lin • Kaitlyn Guild • Mary Kathryn Fallon • Michael Lawler • Michelle Jimenez • Mollie Williams (through Sept 2025) • Nancy Oriol • Patrick Dineen • Piper Derenoncourt • Ugo Okwuadigbo

https://www.mobilehealthmap.org/

Mobile Health Map

MobileHealthMap@hms.harvard.edu

Mobile Health Map

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