





Mobile Clinics: Driving Toward Health Equity

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Harvard Medical School's The Family Van and Mobile Health Map

Health care is multifaceted, but the overall goal is to help people live their healthiest lives, regardless of who they are or where they live. This takes many forms, from prevention and health education, to clinical care and connection, to social and community-based services. Understanding patients, their cultures and preferences, their barriers and levels of health literacy is part of the equation that must be considered when working toward this goal.

Mobile clinics are an essential part of this solution, bringing access, trust and equity directly into communities. They ensure that everyone has access to lifesaving preventive, primary care and specialty services. As trusted providers of quality health care, mobile clinics reach marginalized communities and advance health equity. There are approximately 3,000 mobile clinics in the United States, providing 10 million visits each year.¹

Mobile Health Map is a program of Harvard Medical School and the national research collaborative that studies mobile clinics and their impact. It is a free resource that works to promote and share the work of mobile clinics.

WHAT IS A MOBILE CLINIC?

So, what exactly is the mobile clinic care model, and how does it deliver quality care? Mobile clinics are similar to traditional health care settings, like a medical or dental office or emergency room. They have exam tables, medical equipment, supplies and health care personnel — everything you would expect from your traditional doctor's office. But they are on wheels. Mobile clinics come in all shapes and sizes, from a large 40-foot camper-size vehicle to a small van. There is also great diversity in who runs and funds them, including university medical centers, hospitals, community health

centers, religious organizations, federal and state departments, nonprofit organizations and other philanthropic sources. Despite their diversity, mobile clinics share a common feature with one another: They provide high-quality health care.

SERVICES PROVIDED BY MOBILE CLINICS

Mobile clinics offer a variety of services tailored to the needs of the communities they serve. They provide services such as behavioral health, dental care, mammography, maternal and infant health, pediatrics, vision care and health prevention, according to Mobile Health Map's data. Other mobile clinics provide health education and prevention services. Some clinics focus on specialized populations, such as people who are unhoused, uninsured or underinsured. Examples of specialized clinics include Stony Brook University Cancer Center's mobile mammography van in New York and Virtua Health's pediatric mobile health clinic in New Jersey. Some provide multiple types of services for marginalized populations, like The Night Ministry in Illinois.

The top five services currently provided by mobile clinics in the United States who have shared data are:

1. Immunizations



Photo by Mimi Adkins

Community health worker Ghislaine Firmin drives The Family Van, a project of Harvard Medical School, which visits medically underserved communities in the Boston area.

2. Obesity screenings
3. Social determinants of health screenings
4. Hypertension screenings
5. Mammograms

These services are accompanied with health education, often in the client's native language. This type of health care can be lifesaving. The Family Van is a mobile health clinic that provides free health screenings, education and referrals to under-resourced neighborhoods in Boston, and is run by the same individuals who administer Mobile Health Map.

In addition to supporting individuals who have chronic diseases with health education, medication management support and tracking their numbers, the van also serves a significant number of walk-up clients who had no medical diagnosis of hypertension or diabetes but may be at risk for a chronic disease. Last year more than 170 people screened high for hypertension (49% of those screened who had not previously been identified and referred) and 140 people were found to have high blood glucose levels (53%). This type of early

intervention allows people to take control of their health, understand their risks and take action, often before ending up in the emergency room or having a significant health episode.

WHO DO MOBILE CLINICS SERVE?

Mobile clinics welcome anyone but are particularly skilled at reaching individuals disengaged or disenfranchised by the current health care system. They remove barriers to care, such as transportation, time, cost and language. Often, they serve people not connected to a health system, providing essential safety net services.

Understanding the culture and language of each community, as well as the resources available, is imperative for a clinic to be successful and to earn trust. A needs assessment is often performed to identify the best place to park, and it will differ for each clinic. For example, an urban clinic might park in the same place on the same day each week, while a rural clinic might travel to a particular location every month. Evaluating visit data and utilization by site and combining that with feedback from the community informs



the schedule.

A study of the demographic data collected by Mobile Health Map reported that clinics do indeed reach individuals not connected to the health care system. It found: “Many mobile clinics aim to reach populations with limited access to care. To understand which client populations the clinics were designed to serve, clinics are asked [by Mobile Health Map] to report the group or groups they target. Of the 291 clinics reporting, 56% targeted the uninsured, 55% low-income groups, 38% homeless persons and 36% rural communities.”²

MOBILE CLINICS IMPROVE HEALTH EQUITY

Mobile clinics do more than provide health care on wheels. They directly address access, trust and equity.

Access: Mobile clinics bring care directly into the community, often in familiar and accessible neighborhoods. Mobile clinics overcome barriers, such as transportation challenges, time constraints and cultural or language barriers. This does a lot to promote health equity. But for health care to be truly accessible, it must also be affordable and convenient. Many mobile clinics do not require appointments or insurance and offer care at low or no cost, welcoming all people regardless of their ability to pay.

Trust: Mobile clinics are often community-driven and staffed by members of the community they serve. Trust is earned by listening to the patient, providing care and education in a preferred language while considering cultural norms and preferences, and understanding the resources available in the community. People are more likely to seek health care services from a trusted provider and to follow recommendations when they understand them and are understood.

Equity: Mobile clinics welcome everyone, regardless of race, ethnicity, disability, gender identity, disability status, sexual orientation, socioeconomic status, people with limited English proficiency or other populations that experience health disparities.

An example of this type of health care that encompasses access, trust and equity is illustrated by a recent encounter in the Boston area on

The Family Van. An elderly Portuguese-speaking woman visited the van. She hadn’t seen her primary care physician in a long time, so after she was greeted and services explained, she requested all the routine screenings (blood pressure, blood glucose, cholesterol). Her cholesterol screening came back quite elevated. The team of community health workers, speaking in her native Portuguese, educated her on what high cholesterol is and made a referral for her to see a doctor to discuss ways her cholesterol could be lowered, such as taking a statin. She said, “No, thank you, it doesn’t matter if I am prescribed medication because I do not have insurance to cover the cost.” This medication access, which is a social determinant of health, created a barrier for her and prevented her from taking care of herself.

So, what did the van staff do? First, they contacted the Mayor’s Health Line — a free, confidential and multilingual information and referral service for Boston residents — and made an appointment for her on the spot to learn about what insurance is available to her and how to

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obtain it. They explained what documents she would need to bring with her, letting her know the appointment was made with a Portuguese-speaking provider.

But the mobile clinic staff did even more. They called her preferred pharmacy, explained the situation and asked if there was a payment assistance program. The pharmacist confirmed that they did indeed have a financial assistance program where, if she qualified, she would be able to get the cost of a prescription statin down to \$45 for a three-month supply (compared to \$450–\$500). The pharmacist told her to come in so that he could assist her with the application process.

Finally, the mobile clinic staff educated her on the reasons why addressing cholesterol is so important, how the medication works in the body and why taking it on a regular schedule is vital. She went on her way with knowledge and a plan to take control of her health.

This is typical of what happens on mobile

health vans. This type of service goes a long way toward improving lives, building trust and increasing health equity.

Morgan Ellis, a current community engagement intern on The Family Van, observed, “To our clients, The Family Van serves as a gateway to holistic health care, emphasizing the individual as a whole. We recognize that behind every blood pressure and blood sugar reading, there are personal stories that shape each individual. By focusing on that, we create an environment that clients feel comfortable being in and that goes beyond numbers.”

OTHER BENEFITS OF MOBILE CLINICS

Mobile clinics’ other benefits support equitable health care delivery. They are responsive and nimble — able to move locations as community needs change and respond quickly in an emergency, like Project Vision Hawaii’s mobile clinic that was on the front lines of the 2023 Maui fires. Mobile clinics are also answering the call as rural hospitals close across the country, and they can travel to those areas to provide the care those communities so desperately need.

In addition, mobile clinics provide a training ground for future providers, which can contribute to systemic change in reducing health disparities. This benefit is best described by Ben Kovachy, a then-medical student who spent a month on The Family Van and has since graduated. “Having completed three years of medical school, I have spent many hours working in the health care system. ... Over the years and across settings, I recall a number of patients who faced difficulty in getting access to health care due to issues of insurance, legal status and/or cost. Yet, it was striking that in a single day on The Family Van in East Boston, I heard about as many of these stories as I had heard in about six months at the hospital.”

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— BEN KOVACHY

LEARN MORE

Check out the Mobile Health Map to see if there’s a clinic near you. If your organization has a mobile clinic and you are not listed, please register your clinic. It is free and contributes to the body of research promoting mobile health.

If you are interested in learning about how to start a clinic, read “The Case for Mobile” report,¹ and know those who work with Mobile Health Map are available to answer questions or link you to resources.

We also recommended joining the national association of mobile clinics, the Mobile Healthcare Association.² The association holds an annual conference, has regional mobile clinic coalitions and provides resources and trainings.

NOTES

1. “The Case for Mobile: Mobile Healthcare is Good for Communities and Good for Business,” Mobile Health Map, 2021, <https://www.mobilehealthmap.org/wp-content/uploads/2022/11/The-Case-For-Mobile-2022-Updated.pdf>.
2. Mobile Healthcare Association, <https://mobilehca.org>.

These lessons and hands-on experiences will stay with future health care providers, shaping the way they will provide care to all people, improving access and creating systemic change.

DATA-GATHERING TOOLS FOR MOBILE CLINICS

The Mobile Health Map website has an impact tracker that shows the location of mobile clinics



Photo courtesy of The Night Ministry

The Night Ministry, based in Chicago, provides human connection, housing support and health care to people who are unhoused or living in poverty. Here, a psychiatric nurse practitioner conducts a glucose blood test with a patient on the Health Outreach Bus.

around the country, including their names, the type of services they provide and the populations they serve.³ The map allows you to layer other social impact census data over the mobile clinic data to get a full picture of the landscape.

The website has free tools for clinics, allowing them to enter their data into a secure platform that provides both return on investment calculations and health quality ratings. Clinics that add data receive a custom dashboard that they can share with stakeholders, funders and decision-makers. Then the individual clinic data is aggregated to share the impact of the sector as a whole, which shows that mobile clinics have a very impressive aggregate return on investment of \$21:\$1. In addition, as this issue of *Health Progress* went to print, of the more than 1,200 clinics registered on the map, it showed that mobile clinics have nearly \$924 million saved in health care costs, have avoided approximately 38,000 emergency room visits and have resulted in close to 12,700 life years saved over the past five years.

Mobile Health Map also publishes and shares research and papers on the sector and assists clinics in program evaluation and dissemination. It

also provides free training, webinars and information sharing.

Working together to promote health equity is accomplished throughout all facets of health care systems, and mobile clinics are a key component of this. Real change can happen, but it will take commitment and action to change culture, systems and expectations to improve the health of all people.

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NOTES

1. "Our Mission," Mobile Health Map, <https://www.mobilehealthmap.org/what-we-do/our-mission/>.
2. Nelson C. Malone et al., "Mobile Health Clinics in the United States," *International Journal for Equity in Health* 19, no. 1 (March 2020).
3. "Mobile Clinic Impact Tracker," Mobile Health Map, <https://www.mobilehealthmap.org/tableau-public-data/>.

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