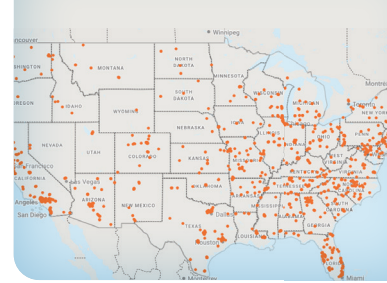


# Mobile Healthcare

## The 2025 Mobile Clinics Landscape Report



# Mobile Health Clinics: Real Impact. Real Savings.

Mobile health clinics are a proven, flexible solution to some of our country's most persistent healthcare challenges. They build trust, save lives, and improve system efficiency.

Drawing on national data, this report presents the most comprehensive picture of the mobile clinic sector to date. With more than 3,600 units delivering over 10 million visits annually, mobile clinics are now a core part of the nation's healthcare safety net and a scalable strategy for expanding access and reducing avoidable costs.

### Reaching people traditional care often misses

**90%** serve low-income communities

**84%** care for uninsured patients

**74%** reach people experiencing homelessness

**55%** serve LGBTQIA+ patients

**47%** serve veterans and military families

**32%** serve agricultural workers



**3,600+** mobile clinics nationwide, including D.C., territories, and tribal nations



**80%** growth since 2013











**10+** million annual visits, including 2.8 million for uninsured patients



**\$1.5B** dollars returned

# From Prevention to Crisis Response: What Mobile Clinics Deliver

Mobile clinics deliver comprehensive, flexible care designed around community needs and local priorities. Services often address multiple needs in a single visit, including:

-  Primary and preventive care
-  Reproductive and maternal care
-  Cancer and specialty screenings
-  Pediatric and adolescent healthcare
-  Dental care
-  Social needs assessments and health education
-  Behavioral health and substance use services
-  Emergency response and disaster relief



**Arkansas Mobile Opioid Recovery (ARMOR), AR** helps communities fight the opioid crisis in rural America, reaching people who would not seek or get treatment due to stigma, distance, and other obstacles.

## Who operates mobile clinics?


- 46%** Independent Non-Profits
- 45%** Federally Qualified Community Health Centers (FQHCs) or Look-alikes
- 25%** Hospitals and Health Systems
- 14%** Other (Commercial organizations, health plan-affiliated programs, and government agencies.)
- 11%** University Affiliated

**Staff often come from the communities they serve.** Teams include physicians, advanced practice providers, dentists, counselors, social workers, patient navigators, care coordinators, and community health workers, which strengthens trust and cultural relevance.




**Fort Defiance Indian Hospital Board's Mobile Health Program, AZ** brings care to Navajo Nation communities in ways that honor culture, ease travel burdens, and support elders navigating complex systems.

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

## Rural health at a turning point

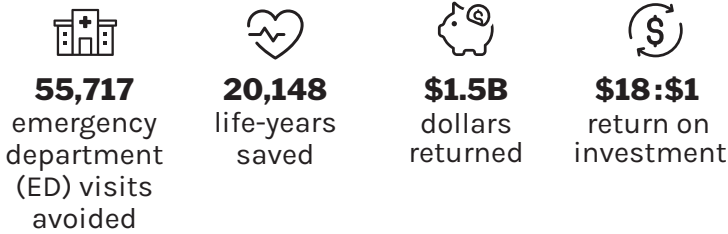
For rural America, mobile clinics are emerging as essential health infrastructure, keeping care within reach for populations that would otherwise have to travel hours or go without.

In many areas affected by hospital and clinic closures, mobile units provide the only regular access to preventive care, primary care, and dental services.

\*Data: American Hospital Association. \*\* Data: Mobile Health Map.

# Impact, Value, and ROI: High Returns for Patients and the Health System

Mobile clinics do more than increase access. They deliver documented improvements in outcomes and system-wide cost savings. Our data shows:\*



The value is clear: fewer avoidable emergencies, better chronic disease management, improved continuity of care, and strong financial returns alongside measurable health impact.

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



**Le Bonheur on the Move, West Tennessee brings pediatric care straight to rural schools, cutting travel time, reducing missed class time, and keeping kids healthy where they learn.**

## Sustaining and Scaling Mobile Care: Funding, Policy, and Innovation

Mobile clinics are high impact and relatively efficient to operate, but most programs still piece together funding year by year. The model is ready to scale, yet it needs more stable, long-term investment and clearer payment pathways.

### Cost and funding landscape:

- **Average annual operating cost: about \$550,000 per mobile clinic** (varies by size and scope)
- **73% of programs rely on multiple funding streams**

### Primary funding sources include:



This diversified mix shows both creativity and vulnerability. Many programs depend on short-term grants or institutional subsidies that limit their ability to plan and grow.

### Growing policy and payment alignment

Policy and payment are beginning to catch up with progress on the ground:

- ✓ The MOBILE Health Care Act (2022) made it easier for health centers to acquire and operate mobile units.
- ✓ CDC and NIH have prioritized mobile clinics for capacity building, research, and equity initiatives.
- ✓ ARPA-H's PARADIGM program is funding next generation mobile units with hospital grade diagnostics, AI assisted tools, and real time EHR integration, including zero emission platforms designed for rural deployment.
- ✓ States and managed care plans are starting to include mobile care in contracts and covered services, while local governments help fill infrastructure gaps.
- ✓ National efforts such as the Driving Health Forward campaign and Pennsylvania's state level mobile health strategy are building the policy, business, and standards framework needed to support long term growth and sustainability.

**For funders, payors, and health systems, this is a pivotal moment to move from pilots to durable models by investing in vehicles, multi-year operating support, and the data and billing infrastructure that will allow mobile healthcare to scale.**



**Pennsylvania State University, LION Mobile Clinic, PA** brings healthcare to rural Pennsylvania, tackling issues from clinic closures, chronic disease, and isolation.

**Healthy Mothers Healthy Babies, Hawaii** brings prenatal and postpartum care directly to Hawaiian families, respecting culture and supporting healthy starts.



## The Road Ahead: From Proof to Scale, a Leadership Opportunity

The evidence presented in this report is unequivocal:

- ✔ Mobile clinics are experiencing record growth and are reaching the people that traditional care models frequently fail to serve.
- ✔ They are cost effective, returning about \$1.5 billion annually and delivering an average \$18 to \$1 return on investment.
- ✔ They have become central to federal, state, and local plans for equity, rural health, emergency response, and innovation.

Mobile clinics are rapidly becoming foundational infrastructure for a resilient, equitable, and efficient health system. They show what is possible when care meets people where they are.

The next phase is not about proving that mobile clinics work, but about investing at the level required to match their potential. Capital, policy support, and deliberate integration into existing delivery systems will determine how far and how fast mobile care can go, and those decisions will be shaped by the leaders and funders who choose to make mobile health a pillar of their strategy.

Mobile Health Map partners with organizations across the country to use data and evaluation to strengthen and scale mobile healthcare. If you are exploring how mobile health could advance your mission, we invite you to connect with our team and access national data and resources at [www.mobilehealthmap.org](http://www.mobilehealthmap.org)



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To read the full Mobile Healthcare Clinic Landscape Report, please visit: [www.mobilehealthmap.org/2025-mobile-health-landscape-report](http://www.mobilehealthmap.org/2025-mobile-health-landscape-report)



This report is possible by the generous support from the **Leon Lowenstein Foundation**