



# Implementing a University-Based Nurse-Led Mobile Health Program: Lessons from Practice

Kathleen Rindahl, DNP, FNP-C\*

California State University, Fresno 2345 E. San Ramon Ave Fresno, California, USA.

## ABSTRACT

Mobile health programs offer a practical solution for expanding access to underserved communities while providing students with experiential learning. This article outlines key steps to implement a university-based Mobile Health Program, from navigating regulatory requirements and establishing contracts to building partnerships and securing funding. Since its launch in 2015, the program described here has served nearly 18,000 patients, engaged more than 4,200 students, and provided over 23,000 hours of interprofessional service-learning. Lessons learned highlight both opportunities and challenges of implementation, emphasizing sustainability, collaboration, and adaptability.

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## Introduction

Rural and underserved populations face persistent barriers to care, including limited provider availability, transportation challenges, and socioeconomic disadvantage [1,2]. At the same time, nursing and health professions education programs must expand clinical training opportunities beyond traditional acute care settings [3,4]. Mobile health programs bridge these needs by delivering community-based care while preparing students for interprofessional, population-focused practice. This article provides a step-by-step guide to implementing a university-based Mobile Health Program, drawing from the experience and lessons learned from a nurse-led initiative launched in 2015.

### Step 1: Establish Policy and Regulatory Foundations

In nurse-led mobile health programs, NPs often serve as the primary care providers—conducting physical exams, managing chronic diseases, providing preventive health screenings, and leading interprofessional student teams. These roles not only improve patient access to care but also enhance student learning through mentorship, modeling of clinical judgment, and collaborative practice.

### Step 2: Build Partnerships and Secure MOUs

Partnerships are the backbone of sustainable mobile health programs. Early Memoranda of Understanding (MOUs) with supervising physicians, local school districts, community agencies, and internal departments clarify roles, scheduling, liability, and resource allocation. **Implementation Tip:** Begin with a few dedicated partners and expand as mutual trust grows.

### Step 3: Secure Funding and Resources

Sustaining mobile health operations requires ongoing funding for vehicle maintenance, insurance, fuel, and medical supplies.

Initial support often comes from grants or philanthropy. Long-term sustainability can be strengthened by embedding the program as a service-learning course within the university curriculum.

**Implementation Tip:** Diversify funding early—avoid dependence on a single grant.

### Step 4: Organize Staffing, Training, and Compliance

Comprehensive written policies should address faculty and student orientation, competency validation, and emergency procedures. Training must emphasize not only clinical skills but also teamwork, communication, and cultural humility.

It is essential to develop an extensive Policy and Procedure Manual to guide all aspects of mobile health operations. This manual should include protocols for patient care, documentation, safety, infection control, supervision, and role delineation. Because some licensed personnel may only hold Registered Nurse (RN) licensure, compliance with state Board of Registered Nursing (BRN) regulations is critical. Programs should consult their respective state BRN to ensure alignment with current laws and licensure requirements before implementing mobile clinical services.

In addition, it is highly beneficial to establish a dedicated educational platform—such as Blackboard or Canvas—to serve as the training and onboarding hub for the mobile health program. This centralized resource can house all required modules, forms, checklists, and policies, ensuring consistency in orientation, evaluation, and compliance across all participating students and faculty.

**Implementation Tip:** Incorporate reflection activities to deepen

**Contact:** Kathleen Rindahl, California State University, Fresno 2345 E. San Ramon Ave Fresno, California, USA.

students' experiential learning, and ensure that training materials are continuously updated in alignment with regulatory and institutional changes.

### **Step 5: Address Barriers to Collaboration**

Common barriers include differing institutional priorities, siloed communication between academia and healthcare systems, and funding limitations. Success depends on persistence, data-driven advocacy, and a problem-solving mindset framed as, 'Don't tell me no—tell me how.' Embedding Interprofessional Education Collaborative (IPEC) competencies helps align goals across disciplines and fosters cooperation.

### **Step 6: Deliver Services and Evaluate Outcomes**

Since 2015, the program has grown to include over 290 clinical sites, serving nearly 18,000 patients and engaging 4,200 students from nursing, kinesiology, dietetics, physical therapy, social work, and other disciplines. Collectively, students have provided more than 23,000 hours of service-learning. During the COVID-19 pandemic, the program rapidly adapted to administer over 8,300 vaccines to rural residents and agricultural workers—demonstrating resilience and flexibility.

Implementation Tip: Collect and share outcome data to demonstrate impact and secure continued support.

### **Lessons Learned**

- Educational Value – Students gain confidence, competence, and interprofessional skills through hands-on engagement.
- Community Impact – Mobile units bring preventive and primary care directly to underserved populations.
- Flexibility – Adaptability is essential to meet evolving community and student needs.
- Sustainability – Integrating mobile health into curricula strengthens program longevity and funding stability.

### **Conclusion**

Implementing a university-based, nurse-led Mobile Health Program requires meticulous planning, strong partnerships, and a sustainable framework. With adherence to regulatory standards, interprofessional collaboration, and curricular integration, mobile health programs can simultaneously improve access to care and enrich student learning. As healthcare systems continue to evolve, mobile health offers a scalable model to reduce disparities and promote equity in underserved communities.

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