



Photo Credit: The Alex, n.d.c

Mobile Health Clinics

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People experience hardship while seeking healthcare services often scarce or unavailable in rural communities. They must travel to other destinations to access these services. Seniors struggle even more due to their frequent health care needs and limited mobility. As a result, they tend to leave their homes and relocate to urban centres, where these services are abundant. Therefore, using mobile clinics helps seniors age independently in their homes by delivering health care services straight at the curbside of rural communities.

“A Mobile Clinic can be your home clinic; the place where you receive most of your health care”

Prairie Mountain Health, n.d.

Why mobile clinics, and why now?

The service has been established in countries worldwide to provide healthcare services to underprivileged communities, uninsured low-income people and rural communities, where healthcare services are highly centralized (Immonen, Järvi & Koivuniemi, 2013). It offers an affordable, reliable and customizable delivery of primary care services, including preventative healthcare screenings, chronic disease detection and urgent care (Hill, Ricks & Yu, 2016).

The use of mobile clinics has multifold advantages. First, it helps overcome the geographic barriers to accessing health care services (Bennet, Hill, Ricks, Oriol & Yu, 2017). It also reduces the logistic obstacles associated with the hierarchal and traditional healthcare environment (Bennet et al., 2012). Besides, it ensures a fast and flexible adaptation to the community’s emerging needs (Bennet et al., 2017). Further, it is a cost-effective approach to healthcare delivery that reduces avoidable emergency visits and hospitalization rates and increases healthcare staff’s efficiency (Bennet et al., 2012; Bennet et al., 2017).

Mobile clinics in Manitoba

Mobile clinics are not new to Manitoba. In 2014, the Province launched the primary health care bus service in the Interlake-Eastern, Southern Health and Prairie Mountain Health Districts (Government of Manitoba, n.d.). The latter includes Assessippi and Little Saskatchewan health regions. **This service aims to deliver primary care services to underserved communities while overcoming the hurdles of travelling to distant healthcare facilities** (Prairie Mountain Health, n.d.). These clinics ensure the delivery of primary care services provided by nurse practitioners and registered nurses, who offer physical exams, diagnostic tests, vaccinations, referrals, and baby care supports.



Photo Credit: Shannon Dueck, 2014

Figure 1: Launching clinics on wheels in the Southern Health-Santé Sud District - Manitoba.



Figure 2: Mullo mobile clinic - Finland.

The “Mallu does the rounds” Project - Finland

The South Karelia Social and Health Care District (Eksote) in Finland developed the “Mallu does the rounds” project between 2011 and 2013 (ENRD, n.d.). The project aims to provide health care and social services to the residents in rural and less-populated areas, where these services are inaccessible to the community. **The project objective was to help the elderly age in place by ensuring their access to services that support extended independent living.**

Through public engagement, the public was the primary source of input for deciding the type of services delivered as part of this project, while the research team organized service delivery to each community based on few variables (Immonen et al., 2013). First, communities created different lists of primary and secondary needs. Then, the team grouped services and equipped vehicles to ensure integrated service delivery. Lastly, the team proposed vehicle routes compatible with the volume of demand and degree of priority identified by each community.

Mallu buses stopped in each community in locations familiar to the public and served seniors near their homes when needed. Some of the services included the following categories:

- Health care: pharmacy, dentist, doctor’s appointments, health examination, mental health services, laboratory tests, assessed devices, physical therapy, pedicure, etc.
- Free time and errands: banking, groceries, library, barber, etc.
- Guidance: social insurance, E-services, etc.

The project implementation and development included continuous assessment and feedback from the community to ensure the efficient use of time resources and community satisfaction (Immonen et al., 2013).

The Alex: Compassionate Care on Wheels - Calgary, AB

The Alex is a charity that delivers health care services to underprivileged Calgarians since 2001 (The Alex, n.d.a, n.d.b). The organization has deployed three mobile clinics to help those requiring support and to reduce the demand for the overwhelmed emergency services. Through partnering with community organizations, service providers and external funding, these clinics deliver a wide range of medical, social and mental health services, including blood work,

“It has been especially good for supporting the independent living of elderly residents”

ENRD, n.d., p. 3.



Figure 3: A Mallu delivering dental health care.



Photo Credit: Atom Studio, n.d.

Figure 4: The Alex Community Health Bus - Calgary, Alberta.

preventative dental services, addiction and substance abuse treatment and tax services.

“[A]ccessibility problems continue to be health-related barriers for clinic patients”

Drummond et al., 2015, p. 7.

- Community Health Bus offers medical and social services at no cost for vulnerable Calgarians at community centres, shelters and schools.
- Youth Health Bus delivers medical, social and mental health supports to high school students.
- Dental Health Bus offers exclusive dental services for low-income and underinsured elementary school students.

The Alex Seniors health clinic is part of the services delivered to vulnerable seniors in Calgary. However, it is a traditional fixed clinic, and there is no mobile senior clinic yet (Drummond, Harasym, Nixon, Rypien & Shaw, 2015). Although this clinic has been ensuring seniors with health care services associated with respect, support and advocacy, **accessibility issues continue to be a barrier to health care services and, consequently, senior’s independence.**



Photo Credit: Bennet et al., 2012

Figure 5: The Family Van mobile clinic - Boston, MA.

Final Thoughts

The operation of mobile clinics requires several measures to ensure their efficiency. Accordingly, they should

- be connected to a satellite service to ensure remote access to medical records and communication with patients (Traynor, 2017, 2019),
- deliver punctual service in easy-to-access locations and by sufficient staffing and time (Immonen, et al., 2013),
- ensure service upgrades based on continuous assessment and user feedback as community needs continuously change,
- be efficiently incorporated into the healthcare system to maintain proper care levels (Bennet et al., 2017) and
- maintain patients’ privacy in the small community context that usually challenges confidentiality.

On the other hand, rural communities have a crucial role in sustaining this service and protecting their access to health care services (Bennet et al., 2017). They need to dismiss prejudices favouring services of traditional clinics over that of mobile clinics and ensure efficient use of the mobile clinic staff, time and services.

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