

POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

Reimagining the Value of Nurses: Expanding Access Through Mobile Health and Other Innovative Nurse-Led Models of Care

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Models of care such as mobile health programs led by nurses bring care directly to communities, improving access and outcomes. These models demonstrate the full value of nursing, support workforce sustainability, and offer practical and scalable solutions to health care challenges, particularly in rural and underserved populations.

Introduction

Health care delivery in North Carolina is at a pivotal moment and is undergoing rapid transformation. Shifts toward population health, prevention, and community-based care require new models of delivery that extend beyond traditional hospital settings.¹ Persistent workforce shortages, increasing patient complexity, and widening disparities in access have exposed the limitations of traditional, facility-based models of care.

Nurses are uniquely positioned to lead this transformation given their holistic approach, emphasis on patient-centered care, and ability to integrate clinical and social dimensions of health. However, the nursing workforce continues to experience strain, raising concerns about sustainability and long-term capacity.

Efforts to address these health issues have historically focused on increasing workforce numbers or expanding clinical capacity within existing structures. However, these approaches alone have not fully resolved the underlying problems of access, fragmentation, and inefficiency. Increasingly, attention is shifting toward alternative models of care that extend beyond traditional clinical settings and emphasize prevention, continuity, and population health.

Within this evolving landscape, nurse-led innovations are emerging as practical and effective solutions. Mobile health, in particular, represents an effective and scalable model that brings care directly into communities, addressing structural barriers while expanding the reach of the health system.

Mobile Health as a Nurse-Led Model of Care

Evidence indicates that mobile clinics improve access to preventive services, support chronic disease management, and reduce unnecessary emergency department use.²⁻⁵ Mobile health programs are designed to overcome access barriers such as transportation limitations, geographic isolation, and cost constraints. Mobile health brings care directly to the people. By delivering services in community locations, these programs provide screening, primary and preventive care, chronic disease management, health education, and referral as needed.

Minerva's Mobile Health at the UNC Greensboro (UNCG) School of Nursing exemplifies this model.⁶ For example, during the week, nurse practitioners, registered nurses, and students may be at a community site providing physical examinations for children who need clearance to enter school or participate in sports. On another day, they may be serving residents of a senior living community by providing primary care services. On yet another day, they may partner with organizations serving individuals experiencing homelessness, offering primary care services such as health assessments, laboratory testing, blood pressure monitoring, and referrals for chronic disease management and other healthcare needs beyond the scope of services available through the mobile unit. The program expands access through mobile screening, health promotion, primary care, and chronic disease management. It also serves as a clinical learning environment for nursing students including those in prelicensure Bachelor of Science in Nursing (BSN) and registered nurse (RN)-to-BSN programs, as well as graduate students working toward nurse practitioner (NP) credentials in fields such as primary, psychiatric, and mental health care. It also affords the opportunity for students in leadership and management to learn about service administration and operations.

The unit is staffed by an office manager, a dedicated registered nurse (RN) who serves as the nurse manager, along with nurse practitioners (NPs), including family NPs and adult-gerontology primary care NPs. Behavioral health services are integrated through social workers and/or psychiatric mental health NPs. A physician serves in a collaborative role per North Carolina regulations. Other types of NPs, such as women's health and pediatric NPs, are incorporated based on the needs of specific sites. Additionally, RNs who are not advanced practice providers are utilized for screenings, monitoring, and health education in situations where advanced practice care is not required, such as promoting "food as medicine" initiatives.

This dual focus on service delivery and workforce development prepares future nurses for the realities of community-based care while improving access for underserved populations, including those who are under-resourced, lack access such as some in rural areas, are unhoused, or lack health literacy. Even if many of these nurses ultimately work in acute care settings or

facility-based settings, they will approach care in those settings with a keen understanding of the challenges faced by people in the real world who often lack access to basic health care resources.

Initially, UNCG's Minerva's Mobile Health was funded for four years through a \$3.7 million federal Health Resources and Services Administration (HRSA) grant.⁷ This model is effective due to strong partnerships with health systems such as Cone Health and UnitedHealthcare, which provide referral pathways and/or financial support. In 2025, Minerva's Mobile Health received the North Carolina Nurses Association (NCNA) Best Practice Award for "Caring for Others."

Insights from Nurse-Led Models of Care

Alternative models of care are essential to addressing persistent gaps in access, particularly in rural, underserved, and historically marginalized communities. Traditional, facility-based models are not often designed to reach individuals facing barriers such as transportation, cost, mistrust, and competing social needs.² Nurse-led innovations have increasingly shifted care delivery beyond institutional walls and into communities, where prevention, early intervention, and relationship-based care can have the greatest impact.

The American Academy of Nursing's (Academy) Edge Runner program highlights nurse-designed models that improve outcomes and reduce costs.⁸ The Academy's Edge Runners initiative recognizes nurse-led models of care that demonstrate innovation in improving health outcomes, enhancing quality, advancing health equity, and reducing costs. These models highlight the leadership, creativity, and impact of nurses in redesigning health care delivery across diverse settings. Importantly, Edge Runner models are not isolated innovations; they are sustained, replicable approaches that have demonstrated measurable clinical, financial, and community impact. As such, they serve as national examples and are frequently used to inform policy and practice. By elevating these models, the Edge Runners initiative underscores the critical role of nurses as drivers of system-level change and catalysts for transforming health care. The following are examples of innovative, sustainable, reproducible Edge Runner models.

Stephen and Sandra Sheller 11th Street Family Health Services of Drexel University School of Nursing operates as a nurse-managed center providing comprehensive care to the community to integrate clinical care with social services.⁹⁻¹¹ The center has been recognized by the Academy and by national organizations for its innovative, nurse-led approach to improving access, engagement, and whole-person care in underserved populations.

Simulation in Motion—Iowa (SIM-IA) represents a distinct, nurse-led approach to mobile health that focuses on workforce development and system readiness rather than direct patient care.^{12,13} Based in Iowa, this

program deploys mobile simulation units to rural and underserved communities to deliver on-site training to health care professionals in hospitals, clinics, and emergency response settings. Nurses serve as educators, simulation specialists, and clinical leaders, designing and facilitating high-fidelity training scenarios that enhance clinical decision-making, teamwork, and emergency preparedness. By bringing training directly to geographically dispersed providers, SIM-IA addresses critical gaps in access to continuing education and skill development in rural areas. This model underscores an often-underrecognized dimension of nursing roles, capacity building within the health system, and demonstrates how mobile platforms can be leveraged not only to deliver care, but to strengthen the workforce that delivers it. The program was recognized by the Academy due to its innovation and impact in improving rural health care quality and preparedness.

The Aging in Place Project, developed by Marilyn Rantz at the University of Missouri in Columbia, Missouri, is a nurse-led model designed to enable older adults to remain in their homes or community-based housing as their care needs increase.¹⁴ The model centers on registered nurse care coordination, health promotion, and early illness recognition to prevent functional decline and avoid unnecessary transitions to higher levels of care. Core to the program is a comprehensive, ongoing assessment conducted by nurses who develop individualized care plans, coordinate services across providers, and monitor changes in health status over time. This model has been implemented in settings such as TigerPlace, an innovative “aging in place” community. Evidence from evaluations indicates that nurse-led care coordination in this model is associated with improved physical and mental health outcomes and can delay or prevent nursing home placement while maintaining lower or comparable costs relative to institutional care.

Discussion

The themes explored in this commentary highlight the central role of nursing in addressing health system challenges through alternative models of care. Nurses contribute across all levels of care delivery, yet their value is not always fully recognized or leveraged. At the same time, workforce challenges threaten the sustainability of the profession.

Innovative models such as UNCG’s Minerva’s Mobile Health and those recognized by the Academy Edge Runner program demonstrate a path forward. Mobile health, in particular, illustrates a transformation in care delivery, positioning nurses as leaders in innovation. These models align workforce capabilities with evolving care needs, emphasizing prevention, community engagement, and integration of services.

Across North Carolina, geographic, economic, and transportation barriers continue to limit access to health care, particularly in rural and medically underserved communities. Alternative models of care, including mobile

health and other nurse-led programs, offer innovative approaches that bring preventive services, chronic disease screening, health education, and care coordination directly to individuals where they live, work, and gather. By extending (not replacing) the reach of traditional health systems into communities, these models have the potential to improve access, reduce disparities, and strengthen population health outcomes across the state.

Addressing workforce challenges and expanding access to care requires a coordinated approach involving academia, practice, and policy. Nurses must be supported, empowered, and positioned to lead transformation within the entire scope of the health care delivery enterprise.

Conclusion

Nurses are foundational to the delivery of high-quality, accessible health care. Recognizing their value, supporting their retention, and expanding their roles are essential to meeting current and future health needs. Innovative models such as mobile health demonstrate the potential of nurse-led solutions to transform care delivery. As the health care landscape continues to evolve, investing in the nursing workforce and embracing alternative models of care will be critical to improving outcomes and achieving healthy lives for all.

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Declaration of Interests

The authors have no conflicts of interest to disclose.

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