

C3  
American Medical Student Association  
House of Delegates 2022  
Resolution:

**Introduced by:** Chelsea Shu, Nadiya Yerich, Zoreed Mukhtar, Raj Patel, Trevor Lyford, Israa Ismail

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**Subject:** Principles Regarding Health Disparities

**Type:** Addition to Principles

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WHEREAS less than 50% of women residing in rural areas within the U.S. live within a 30 minute drive to a hospital. During 2008-2010, rural women aged 18–64 years reported the highest rates of delayed care or no medical care due to cost (18.6%) and no health insurance coverage (23.1%), which had increased since 2002–2004. [1]

WHEREAS in 2020, mobile clinics were endorsed by international organizations as an effective method in delivering healthcare to rural cities and underserved populations. [2]

WHEREAS there are currently around 2,000 mobile clinics in the U.S. today, providing over 6.5 million visits for uninsured and insured civilians annually. [3]

WHEREAS mobile clinics provide quality care for a lower cost. The average return on investment for mobile health is 12:1, meaning for every \$1 spent, \$12 are saved. [3]

WHEREAS mobile clinics dedicated to reproductive health services remove barriers that hinder adolescents from seeking reproductive care and education. [4]

WHEREAS women offered mammography and reproductive health services in mobile clinics are more likely to seek services from permanent clinics following visits. [5]

WHEREAS mobile health clinics can make prenatal care more accessible to immigrants, individuals with substance abuse issues, and other high risk groups. [6]

WHEREAS reproductive mobile clinics have allowed mothers from vulnerable populations to start prenatal care at earlier trimesters. Additionally, these clinics improved birth outcomes by making care readily accessible. [7]

**THEREFORE BE IT RESOLVED** that the PRINCIPLES REGARDING HEALTH DISPARITIES (pg. 159) be **AMENDED BY ADDITION** to state:

The American Medical Student Association

1. **SUPPORTS the funding of mobile clinics specializing in reproductive and sexual health.**

Fiscal Note: None

Citations:

1. Rayburn, W. F. (2012, March 1). Drive times to hospitals with perinatal care in the United States - PubMed. *PubMed*. Retrieved from [pubmed.ncbi.nlm.nih.gov/22353960/](https://pubmed.ncbi.nlm.nih.gov/22353960/)
2. Mobile clinics. (2020). *World Health Organization*. Retrieved from [who.int/emergencies/partners/mobile-clinics](https://who.int/emergencies/partners/mobile-clinics)
3. Impact Report | Mobile Health Map. (2016). Retrieved from [mobilehealthmap.org/impact-report](https://mobilehealthmap.org/impact-report)
4. Lilja Stefansson. (2018, February 4). MOBILE-izing Adolescent Sexual and Reproductive Health Care: A Pilot Study Using a Mobile Health Unit in Chicago. *Wiley Online Library*. Retrieved from [onlinelibrary.wiley.com/doi/10.1111/josh.12598](https://onlinelibrary.wiley.com/doi/10.1111/josh.12598)
5. H, A.-A., OMH, E.-G. A.-A., AFE-S, E.-G. A.-A., & GST, A.-A. A.-A. (2016, August 11). Mobile clinics for women's and children's health. Retrieved from [cochrane.org/CD009677/EPOC\\_mobile-clinics-womens-and-childrens-health](https://cochrane.org/CD009677/EPOC_mobile-clinics-womens-and-childrens-health)
6. Edgerley, L. P. (2007, January 23). Use of a Community Mobile Health Van to Increase Early Access to Prenatal Care - Maternal and Child Health Journal. *SpringerLink*. Retrieved from [link.springer.com/article/10.1007/s10995-006-0174-z](https://link.springer.com/article/10.1007/s10995-006-0174-z)
7. O'Connell, E. (2009, August 15). Impact of a Mobile Van on Prenatal Care Utilization and Birth Outcomes in Miami-Dade County - Maternal and Child Health Journal. *SpringerLink*. Retrieved from [link.springer.com/article/10.1007/s10995-009-0496-8](https://link.springer.com/article/10.1007/s10995-009-0496-8)

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