

Bridging the Gap: Pop-Up Clinics as a Pathway to Improving Women's Health Access

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Background

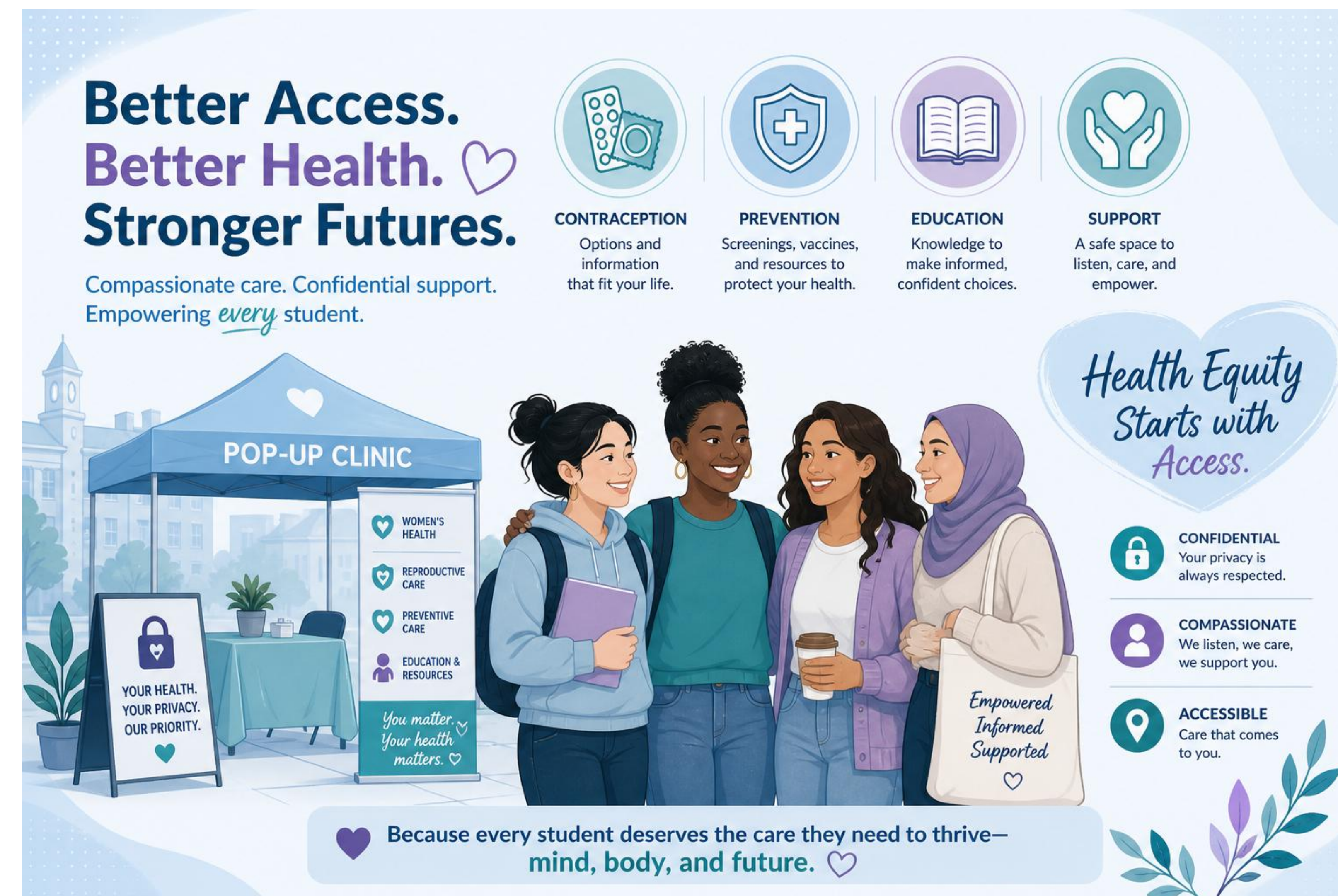
The COVID-19 pandemic accelerated innovations such as pop-up clinics, underscoring their importance in expanding access to care for underserved communities. Prior to the pandemic, pop-up models were widely used in public health efforts, including mass influenza vaccination campaigns, HIV and STD testing initiatives, and community outreach during outbreaks such as H1N1, where temporary clinics improved rapid access to screening and prevention services. Mobile care models improve health outcomes through preventive services and chronic disease management while reducing pressure on emergency systems. Pop-up and mobile clinics also advance health equity and support healthcare organizations' financial and strategic goals, making them an essential part of modern care delivery.

Problem

Women on college campuses often face gaps in access to reproductive and gynecologic care, including birth control, STI testing, and evaluation of concerns like irregular periods or pelvic pain. Common barriers include limited clinic hours that conflict with class schedules, cost or lack of insurance coverage, concerns about confidentiality (especially for students on parental insurance), and shortages of specialized providers in student health centers. Stigma and lack of awareness about available services can also prevent students from seeking care. Together, these barriers can delay treatment, increase health risks, and limit students' ability to manage their reproductive health effectively.

Why it matters

Legislative restrictions on reproductive services, funding, and provider scope limit access to affordable, confidential gynecologic care on college campuses, often forcing students to seek services off campus and delaying needed care.



Evaluation Data

- Metrics**
 - Staffing needs: nurse practitioner/PA and MA/RN (optional)
 - Number of students served during clinic hours
 - Cost of securing private campus space
 - Number of follow-up visits scheduled and completed
- Data Collection**
 - Clinic logs track patient volume and services provided
 - Documentation of staffing hours and associated costs
 - Follow-up visit records for continuity of care
 - Student feedback on clinic experience (surveys or brief questionnaires)
- Results / Plan**
 - Evaluate access to care based on student utilization rates
 - Assess the cost-effectiveness of the pop-up clinic model
 - Analyze follow-up data to measure continuity and satisfaction
 - Use findings to refine clinic operations and support future expansion

BARRIERS TO GYN & REPRODUCTIVE CARE ON COLLEGE CAMPUSES

Many students face significant barriers that prevent them from accessing the gynecologic and reproductive care they need.

KEY FINDINGS



COMMON BARRIERS



THE IMPACT



TAKEAWAY: Barriers to campus reproductive care limit access, reduce trust, and delay treatment—highlighting the need for innovative solutions like pop-up clinics to advance health equity.

(ACHA, 2024; Hui & Davis, 2024)

Framework

Pender's Health Promotion Model examines how knowledge, perceived barriers, and self-efficacy influence the use of reproductive health services.

Application

Pender's Health Promotion Model emphasizes how perceived barriers, limited knowledge, and confidence in one's ability to act shape engagement with reproductive health services. Increasing understanding of available resources while minimizing competing priorities can enhance participation in care. Broadening access to contraception, including emergency options, promotes reproductive choice, advances health equity, and contributes to improved health outcomes by reducing unintended pregnancies.

Program Design

The campus-based pop-up clinic is designed to increase access to birth control and emergency contraception for college students. The clinic operates at high-traffic campus locations during convenient hours to reduce barriers related to time, cost, and transportation. Services include private contraceptive counseling, provision of birth control methods, and access to emergency contraception in a confidential, student-centered environment. The model uses a multidisciplinary team and streamlined intake, consent, and documentation processes to ensure efficient care delivery. Education and outreach efforts promote awareness, support informed decision-making, and advance health equity by improving access to reproductive health services.

Tools/resources

- Private space for confidential care
- Nurse practitioner or physician assistant
- Medical assistant or registered nurse (if available)
- Blood pressure cuff
- Paper or electronic consent and documentation (EMR/iPads)
- Signage to promote the event and increase participation

Program Implications and Future Steps

Improving access to gynecologic care through pop-up clinics supports Title IX by reducing health-related barriers that can impact equal access to education.



Reimagining Care: Equity in Action

Pop-up clinics offer a low-cost, sustainable model that advances health equity, enhances access, and fosters a sense of belonging in college health and well-being. The model requires only one APRN/PA, who can assume MA/RN responsibilities as needed, along with basic equipment such as a blood pressure cuff, simple documentation methods, and a private space for care delivery. This approach supports expansion of inclusive, student-centered care and reduces barriers for underserved populations.

References

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