CONNECTICUT: MOBILE HEALTH CARE PCA& HCCN CONFERENCE GALLERY WALK (2023)





PROJECT AIM

CHCACT sought to provide T/TA on Emergency Preparedness planning for health centers at all states of readiness with mobile units. CHCACT assisted health centers currently having mobile units to analyze potential threats and update their existing policies. For health centers that were in preliminary planning or did not currently operate mobile units, CHCACT provided T/TA on developing emergency preparedness plans and emergency response in the field. CHCACT engaged with health centers regularly and provided any necessary consultation, training, or technical assistance for these efforts.

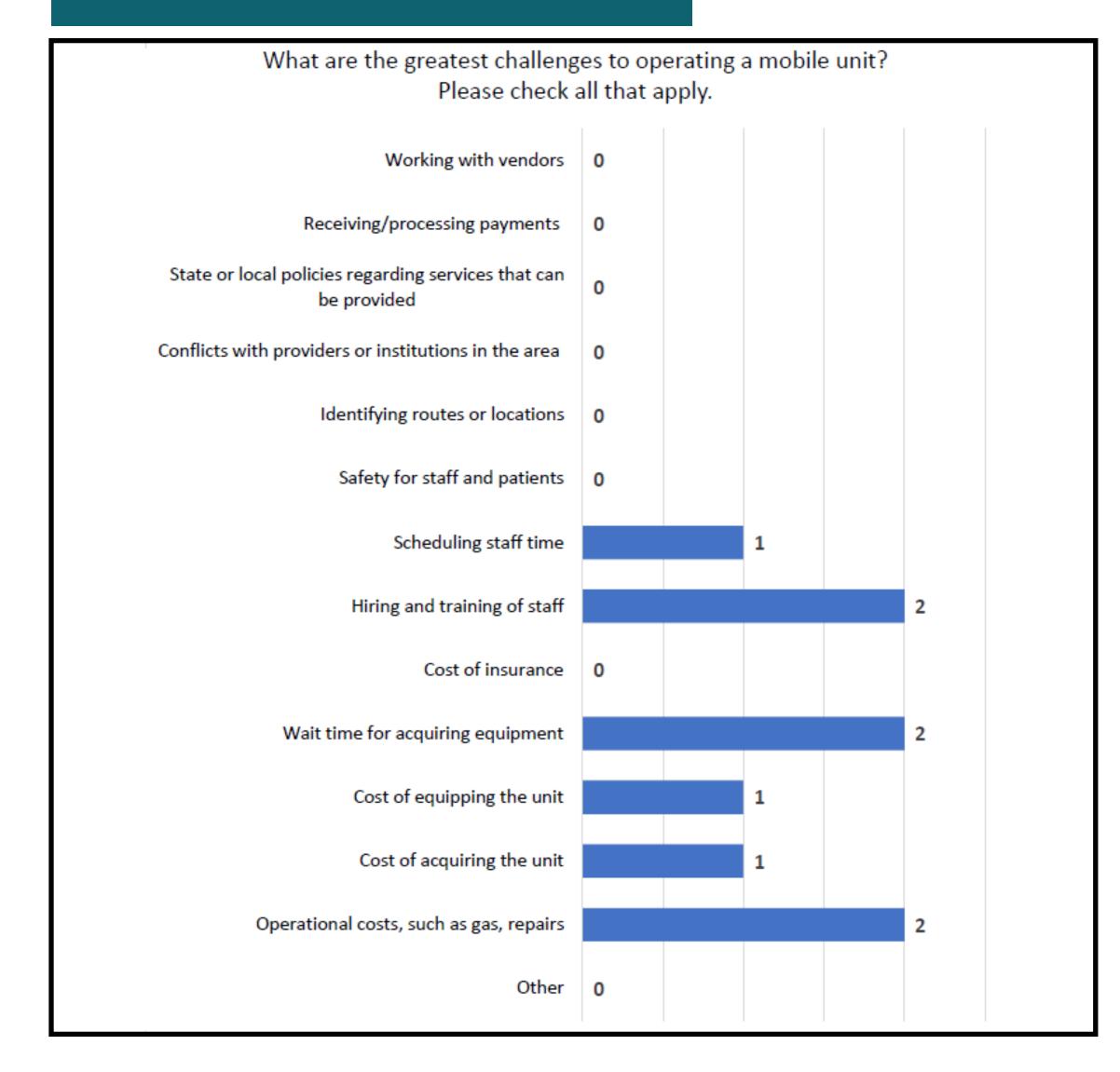
CURRENT STATE OF MOBILE

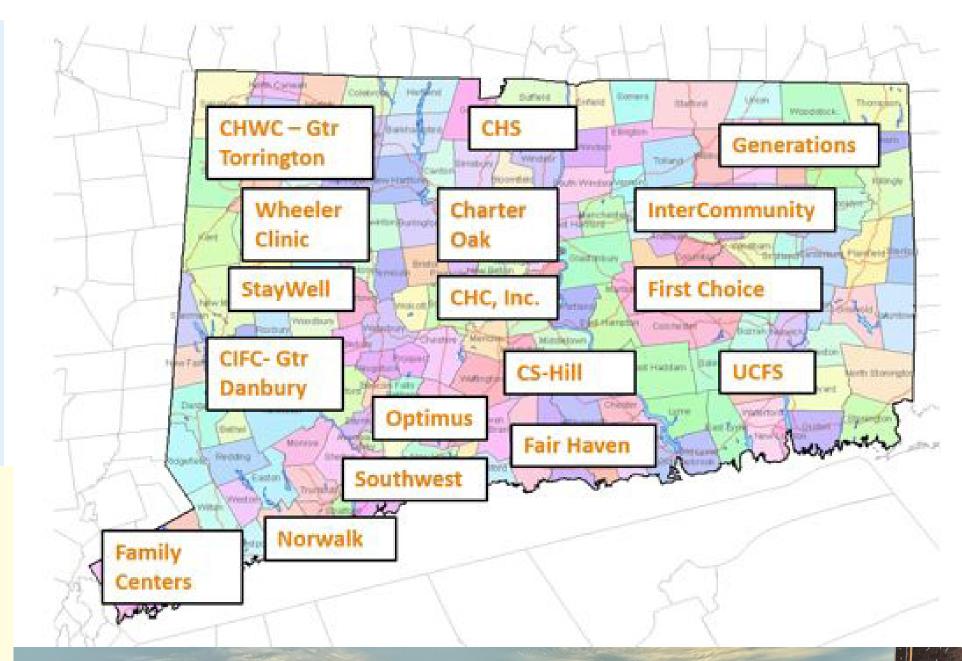
With the lessons learned during COVID-19 PHE, health centers understand the need to develop mobile unit programs to easily reach underserved communities in creative ways. Seven of CHCACT's member HCs currently operate mobile units, including:

- Community Health and Wellness Center
- Southwest Community HC
- Cornell Scott-Hill Health
- Wheeler Clinic
- Optimus Health Care
- InterCommunity
- Community Health Center

These mobile units currently provide critical medical and dental care to those who face barriers that may prevent them from accessing care at HC sites. In addition, the deployment of mobile units throughout CT during the pandemic extended the reach of HC's COVID-19 response. These mobile units provided community testing and vaccinations, thus eliminating barriers to care for the communities that were disproportionately affected by the pandemic. HCs not only rose to meet the challenge during the pandemic, they play a significant role every day in maintaining the health and wellness of CT's.

SURVEY RESULTS







IMPACT SO FAR

CHCACT engages staff from 13 of the 17 health centers in monthly T/TA meetings. The workgroup meets on the third Thursday of each month. Throughout the course of this project, the participants have completed a field/mobile unit-specific Hazard Vulnerability Assessment (HVAs). These assessments have been analyzed and a tabletop exercise will be conducted based on the group's vote. The trending top 5 threats from all completed HVAs were shared with the group for a vote. Amongst the emergency preparedness-specific content, the group also found value in best practice sharing, vendor sharing, and collaboration on other mobile unit needs and challenges. Those health centers participating who are not currently operating MMUs found value in hearing from their peers, to inform their decision-making processes.