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April 29, 2021

Mobile Vaccination Units Offer Bridge to Underserved Communities

The U.S. recently reached a significant milestone; **all American adults are now eligible to be vaccinated against COVID-19**. Key to success in the operation is ensuring high uptake through easy access for all communities. To meet that challenge, Connecticut has partnered with FEMA to deploy the first Mobile Vaccination Unit (MVU) in the nation.



Through the MVU, the state can efficiently offer vaccines to historically underserved populations, and in urban environments that often lack easy access to healthcare. Destinations were chosen based on the CDC's Social Vulnerability Index (SVI), U.S. Census Bureau's Community Resilience Estimates, low vaccine coverage, and other indicators of potential barriers to vaccine access.

Once the overall route was determined, coordination with the municipality, including the local health district, emergency management, police, fire, emergency medical services, municipal government officials, and healthcare providers, allowed for reviewing the plan and physical assets such as the trailer. The localities then placed the MVU where it was the most appropriate to their needs and fit FEMA parameters. As the state's liaison with FEMA, the **Connecticut Department of Emergency Services and Public Protection (DESPP)/Division of Emergency Management and Homeland Security (DEMHS)** made the initial asset request through the FEMA Resource Request (RRF) process and provide: the legal arrangements with the towns hosting the MVU; ongoing logistical support, as requested, both with on-site operations and when the unit moves throughout the state and; coordination with the municipalities to ensure security and other local assistance as needed is in place at the site.

Initially Connecticut found challenges around establishing the optimal flow of people through the site. Officially the unit handles 250 shots per day, but once the process was smoothed out, **the state has been able to support upwards of 400 people within a day** (and has hopes for 750). As is common when moving from initial plans to execution, Connecticut noted some items for states' consideration that may not be in the initial playbook. These include: portable restrooms for staff and people being vaccinated; tents for post-vaccination observation and walk-up participants; storage for additional items; law enforcement needs (if applicable); emergency medical services, and; the need for a grounding rod to support the generator if one is not already at the site.

The unit is being used to complement ongoing efforts of local public health departments, health care providers, pharmacies, community and faith-based organizations, employers, private sector vaccinators and other federal resources. Because of the operation's effectiveness, Connecticut has even requested a second unit; the state has been working with one of the Connecticut hospital systems to launch a fleet of smaller vehicles as well.

To ensure strong vaccine uptake, municipal and community partners are coordinating outreach to high-risk and vulnerable residents about the unit and assisting with appointment-scheduling at the hyper-local level with door-to-door canvassing and outreach. Connecticut's National Guard takes care of non-clinical staffing, and local hospitals and healthcare providers serve as clinical support onsite. When establishing appointment processes, pre-registration has worked well, but having doses set aside for walk-up appointments has also been key.

Maintaining open communication between the healthcare provider, the municipality, state agencies, and FEMA has been critical to the MVU's success. **William J. Hackett, DEMHS Director, has found that, "it is a great asset, and we would highly recommend any state submitting an RRF for it"**. Other states currently utilizing MVUs include Maine, Maryland, Nebraska, Nevada, New Mexico, Oregon, and South Dakota. As vaccination rates and needs change, FEMA has a variety of vaccination site options states and communities can utilize, with [more information available here](#).

This isn't a pandemic of just a virus. This is a pandemic of emotion. This is a pandemic of pain and suffering that has to do with lost jobs and lost persons.... This is not just a public health journey. This is really a personal journey for all of us.

- Dr. Michael Osterholm, American epidemiologist

If you have a state practice you'd like to highlight as part of this ongoing series, please contact [Lauren Goodwillie](#).

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