

## MRC Evaluation Toolkit: An Overview

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Despite substantial investments in public health preparedness, validated measures to ensure accountability and to enable systems improvement and the advancement of knowledge are lacking. To help fill this gap, the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) partnered with the National Association of County and City Health Officials (NACCHO), the Harvard School of Public Health, and Georgetown University to develop an MRC Evaluation Toolkit that MRC units can use to assess the effectiveness of engaging volunteers in public health activities—specifically, volunteers' participation in flu clinics.

### Surveys

The surveys we developed are designed to aid local MRC leadership with identifying the strengths of engaging volunteers in public health activities, and understanding the barriers experienced by the volunteers participating in such activities. The results of the questionnaires can be used to improve the process in future MRC unit deployments.

The first questionnaire is for MRC volunteers who participated in a public health activity. The topic areas addressed in this survey include MRC volunteers':

- Level of confidence with Incident Command Structure (ICS);
- Training;

- Confidence in interacting with clients and/or patients;
- Team work;
- Personal preparedness; and
- Motivations for volunteering.

The second questionnaire targets MRC volunteers who were unable to attend the event, and is designed to find out why the MRC volunteer could not participate. Answer options include volunteers':

- Not having available paid time off from work;
- Job duties interfering with the time of volunteering;
- Health problems;
- Lack of transportation;
- Lack of childcare; and
- Lack of time because of prior commitments.

This is then followed by a short series of questions addressing the reasons why volunteers were unable to volunteer at the event (related to skills and motivations). The second questionnaire also addresses whether MRC volunteers feel that their skills are adequate, and have they received enough training and information to volunteer?

The third survey instrument is designed to gather data on the experience of local health department staff that either directed or worked with MRC volunteers in public health activities. The topic



areas investigated in this survey are similar to those assessed with the self-assessment forms given to the volunteers.

### **Post-Survey Procedure**

It takes between 10–20 minutes to collect the questionnaires after a public health activity. An online data entry program is available to enter and analyze the data. It takes a couple of minutes to both enter the responses from each questionnaire and to receive results from the online program. The online program allows MRC unit coordinators to enter data from their questionnaires collected after a specific event, and to receive a graphical report of their unit's results.

It is also possible to obtain a graphical report that compares the unit results with the average of the nation. Feedback reports are given to the MRC unit coordinator. This system will allow the MRC unit coordinator to understand what areas of volunteers' engagement need further improvement.

### **Feedback Report**

The feedback report of a typical MRC unit—“Location A”—begins with an overview of the demographics, logistics, and location of the flu clinic. Following this, the survey results are presented in graphical form along with a verbal interpretation. In the example on the next page, MRC volunteers who attended the flu clinic were rated “at” or “above average” with other MRC units for several of the categories relating to MRC volunteer and client interaction, awareness of ICS, and integration of the MRC unit with the local health department.

The first graph (next page) demonstrates that Location A volunteers scored slightly lower than average in responding to patient's questions, and scored similarly to other MRC units in recognizing patient's special needs. However, the Location A volunteers scored higher than average for responding to patient's special needs and asking questions while respecting patient's privacy.

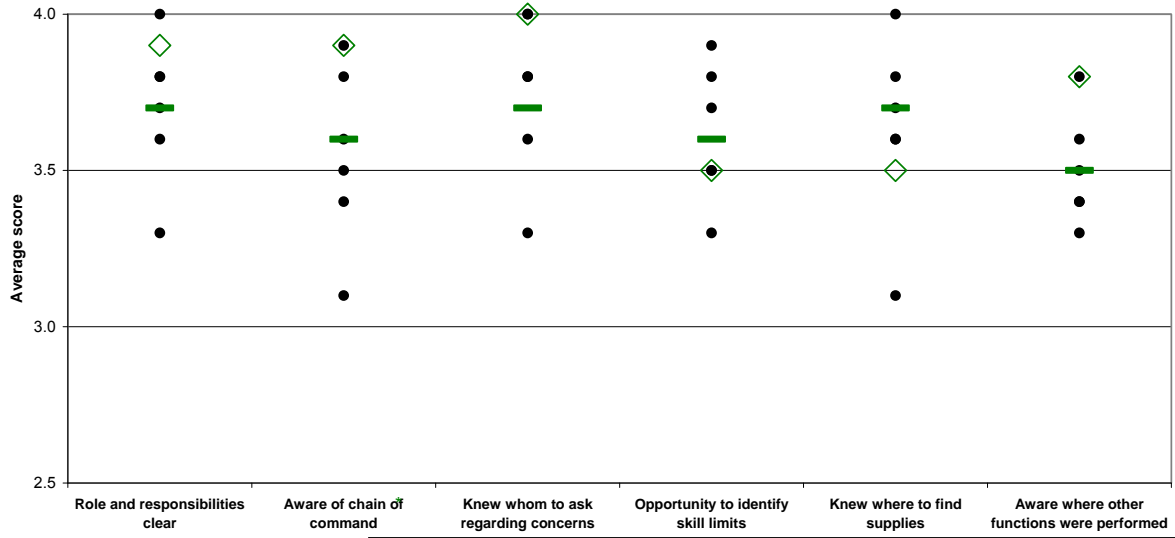
### **For More Information**

*For more information about the MRC Evaluation Toolkit, please contact Melissa Higdon at [mah49@georgetown.edu](mailto:mah49@georgetown.edu).*

*If you would like more information about the evaluation tools or to receive a password to use the online system, contact Sarah Short at [sshort@hsph.harvard.edu](mailto:sshort@hsph.harvard.edu).*

*The MRC Evaluation Toolkit is available for all MRC units at: <http://www.hsph.harvard.edu/hcphp/mrc-toolkit/>.*

### Boston - Awareness of the Incident Command Structure (ICS)



**Legend**  
 ◇ Portrays the titled location's results.  
 - Represents average score of all locations.  
 \* Signifies that data is statistically significant from the mean as the p-value < 0.05.