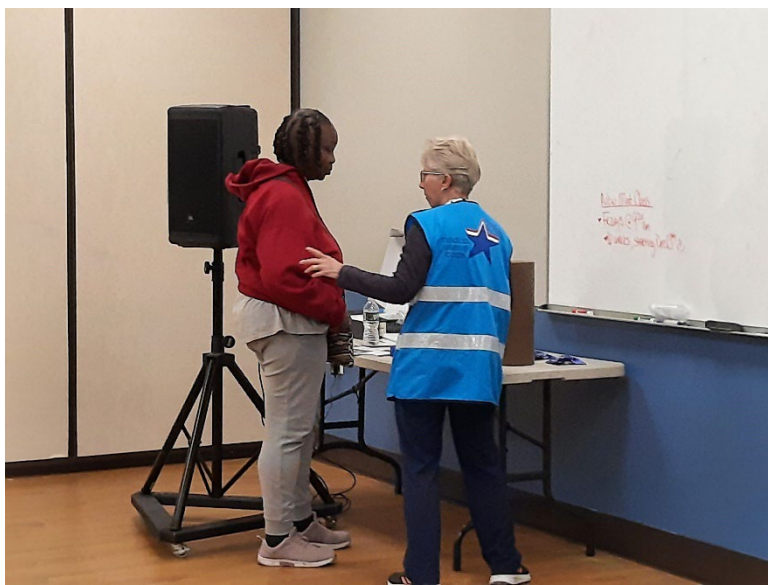


# Medical Reserve Corps

## 2024 Operational Readiness Awards

### Final Report

September 2025



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## Summary of the 2024 Operational Readiness Awards

### What are the Operational Readiness Awards?

The National Association of County and City Health Officials (NACCHO) distributes Medical Reserve Corps (MRC) Operational Readiness Awards through a cooperative agreement with the Department of Health and Human Services (HHS), Administration for Strategic Preparedness and Response (ASPR) Medical Reserve Corps Program Office.

In 2020, NACCHO transitioned from the previous Challenge Awards format to providing Operational Readiness Awards (ORAs). The ORAs were designed to provide seed money for MRC units to build and strengthen volunteer and unit response capabilities. These awards aimed to build the operational readiness capabilities of MRC volunteers and units to meet the emergency preparedness and response needs of their local, regional, or statewide stakeholders. The awards are intended to be flexible to meet the needs of all MRC units, support efforts to build MRC capabilities, strengthen stakeholder awareness of the MRC, and identify or sustain integration of the MRC into local, state, and/or regional emergency response plans. Funded projects included the development of training and preparedness programs for MRC volunteers, the development of community training programs, attainment of necessary equipment, and improving the efficiency of medical screenings and mass vaccinations.

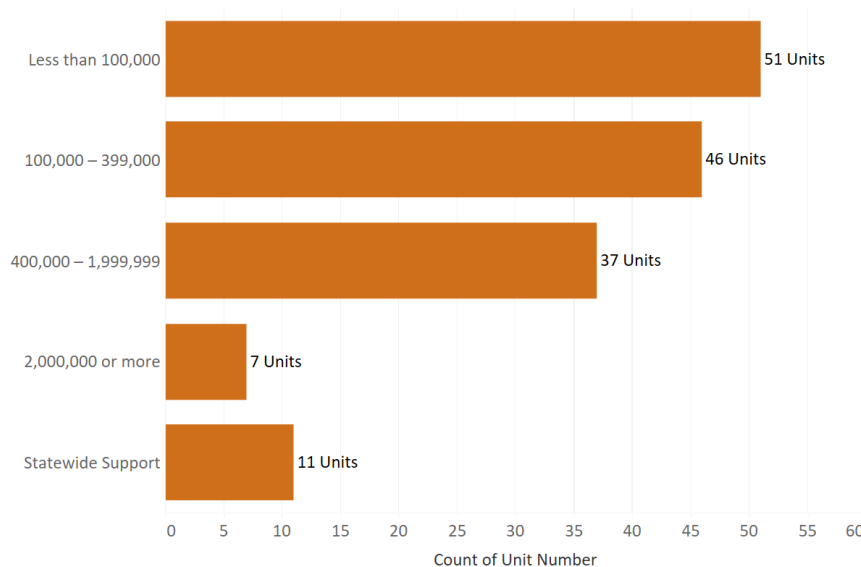
At the end of the project year, awardees were asked to complete a final program evaluation survey to share insights on the impacts and outcomes of their 2024 Operational Readiness Award activities. This report presents the survey findings for the 2023-2024 award year.

### Award Tiers

In 2024, NACCHO awarded **152 MRC Operational Readiness Awards**, totaling \$1,255,000, via two funding tiers:







- ❖ **(53 units) Tier 1: \$5,000** – Projects designed to build MRC response capabilities.
- ❖ **(99 units) Tier 2: \$10,000** – Projects designed to strengthen and sustain MRC response capabilities.

Figure 1: 2024 ORA Awardees by Jurisdiction Population Size



## 2024 Operational Readiness Awards Impacts and Outcomes

### Fast Facts

 <p>Of the 152 awardees, 148 awardees (97%) <b>completed the final report survey</b>, which informed the findings in this report.</p>	 <p><b>Nearly all respondents (97%)</b> indicated that their award activities contributed to strengthening both <b>the capability and capacity</b> of their MRC unit.</p>
 <p><b>89%</b> of respondents reported <b>developing resources</b> as part of their Operational Readiness Award activities.</p>	 <p><b>85%</b> of respondents <b>evaluated the impact and/or outcomes</b> of their Operational Readiness Award activities.</p>
 <p>Of responding units, <b>11,104 MRC volunteers</b> contributed to 2024 Operational Readiness Award activities.</p>	 <p>Of responding units, <b>68,524 hours</b> were dedicated to Operational Readiness Award activities.</p>

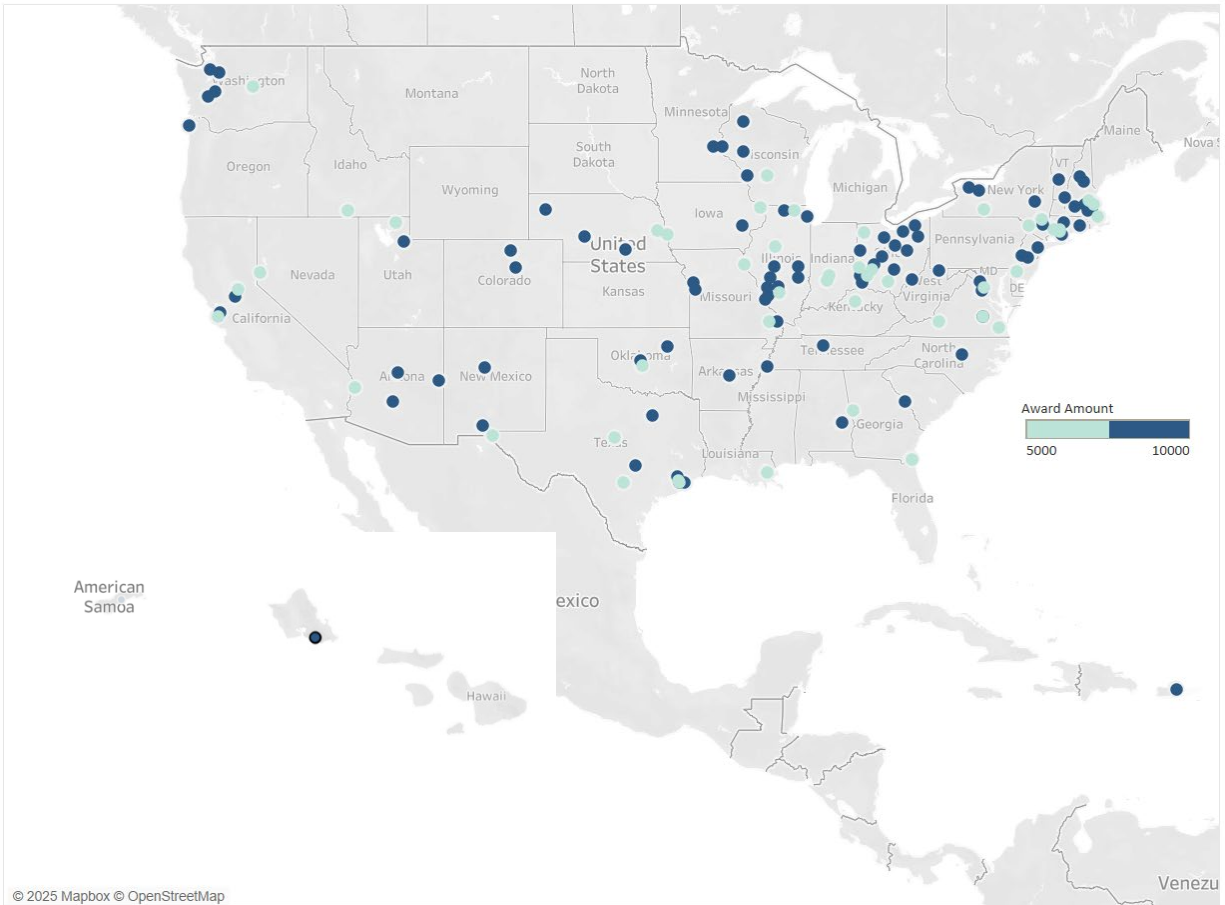
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## Geographic Impact

ORA projects spanned 38 states, 2 U.S. territories, and all ten HHS regions. Figure 2 shows the locations of all 152 Operational Readiness Awardees.

**Figure 2: 2024 ORA Geographic Impact**



## ASPR Priorities for the MRC

2024 Operational Readiness Awardees were asked to describe which of the four ASPR priorities their award activities focused on:

- 1. Medical screening and care in emergencies**
  - a. Including medical support at shelters, clinics, mobile disaster hospitals, alternate care sites, evacuee resource centers, and community outreach sites; medical screening and surveillance during infectious disease outbreaks; and patient movement support.
- 2. Points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts**
  - a. Including medical countermeasure PODs, mass vaccination clinics, and commodity distribution support (e.g., N95 masks, water, and/or food).
- 3. Deployment of volunteers outside of local jurisdiction**

- a. Including activation across city and/or county lines (e.g., to assist a response in a neighboring community – potentially with other local MRC units) and Emergency Management Assistance Compact deployments across state lines.

**4. Community response outreach and training**

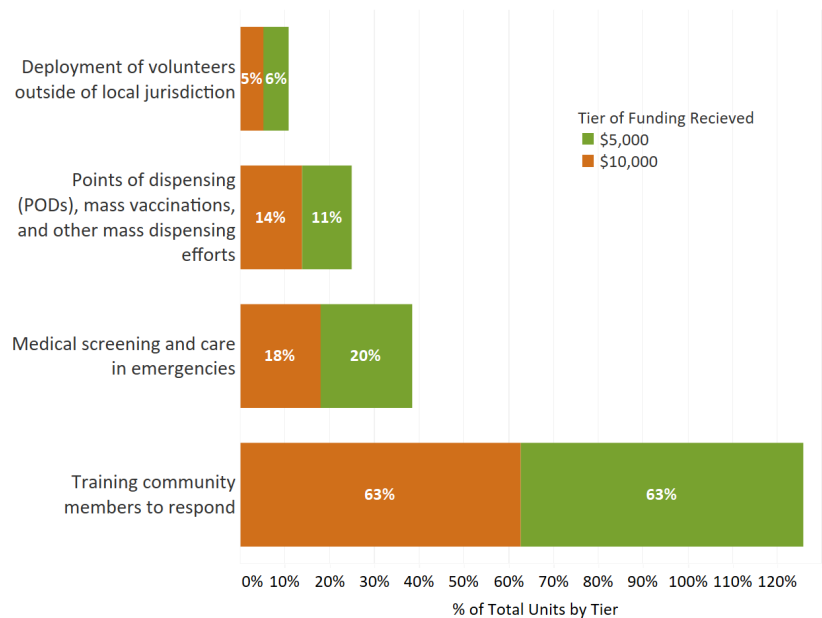
- a. Including STOP THE BLEED® and CPR/AED training events.

All awardees indicated that their activities supported at least one of the ASPR priorities. Among respondents, 63% selected training community members to respond, 19% medical screening and care in emergencies, 13% points of dispensing (PODs), mass vaccination and other mass dispensing efforts and 5% selected deployment of volunteers outside of local jurisdiction.

ASPR Priority	Percentage
Training community members to respond	63%
Medical screening and care in emergencies	19%
Points of dispensing (PODs), mass vaccinations, and other mass dispensing ..	13%
Deployment of volunteers outside of local jurisdiction	5%

Additionally, the ASPR priority selection rates varied only slightly between the two award tiers, as shown in Figure 3. Both tiers identified training community members to respond as their main ASPR priority, with 63% of respondents in each tier supporting this focus. In contrast, fewer units used the ORA to support the other three MRC ASPR priorities of medical screening and care in emergencies, PODs and mass vaccinations, and deployment of volunteers outside of local jurisdiction. These findings reflect the capabilities of awardees within the constraints of available funding and suggest that increased investment may be necessary to strengthen support for medical screening and care in emergencies (e.g. mobile disaster hospitals, alternate care sites, patient movement, etc.) and deployment of volunteers outside of local jurisdiction.

**Figure 3: ASPR Priorities Supported by Tier**



## Personnel & Monetary Value

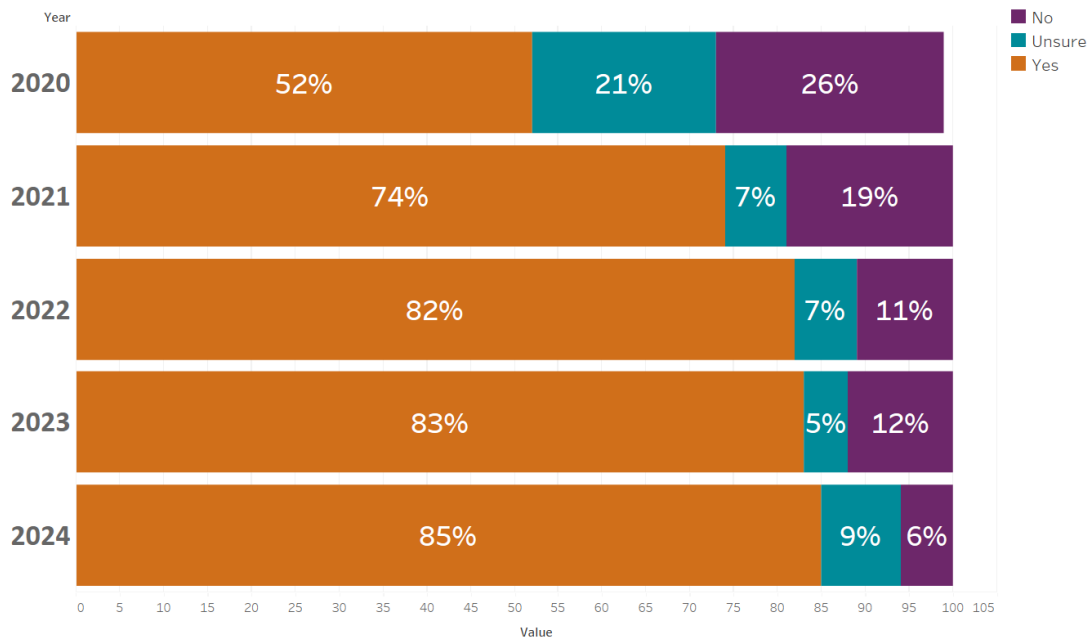
In 2024, the number of personnel and hours dedicated to supporting MRC ORA activities were substantial. On average, each MRC unit awardee had **75 volunteers** who contributed approximately **463 hours** to the ORA activities with an average of **9 community partners** supporting ORA activities. Overall, **11,104 MRC volunteers** contributed a total of **68,534 hours** and collaborated with **1,331 community response partners**.

According to final report respondents, the monetary value of 2023 ORA activities totaled over **\$2.9 million**, averaging more than **\$19,767 per awardee**. Overall, this represents an estimated return on investment of **133%**.

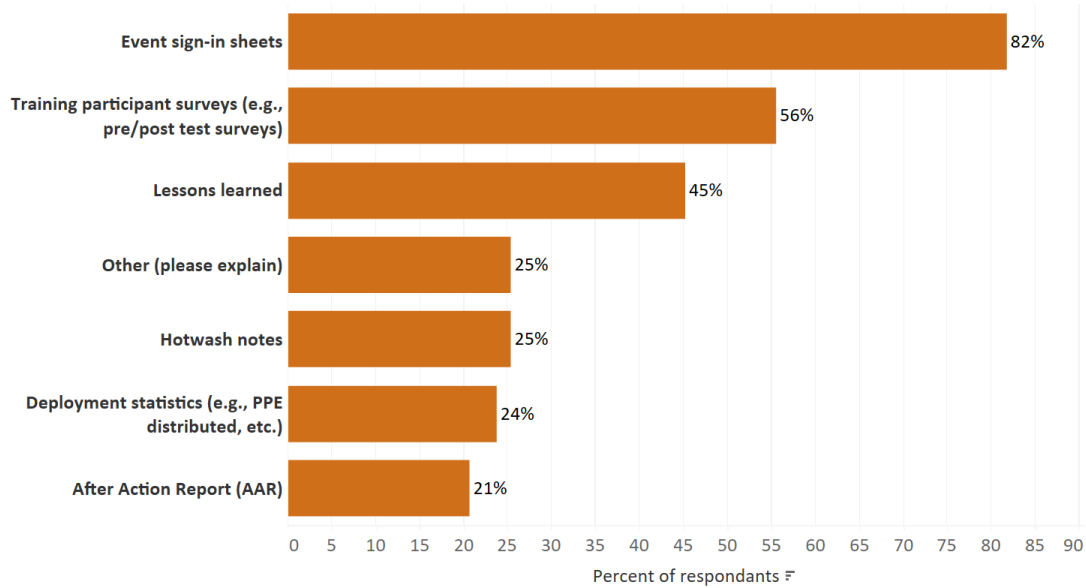
## Evaluation

When asked whether ORA activities were evaluated, 85% of respondents indicated they had conducted an evaluation, 9% said they had not, and 6% were unsure. Most of the 2024 awardees reported evaluating their ORA activities, an increase of 2% from last year and 11% from 2021. Respondents who answered “no” or “unsure” cited reasons such as staffing challenges, time restraints, or that their unit had not yet reached the evaluation stage.

Figure 4: ORA Evaluation Activity Over 4 Years



**Figure 5: Activity Evaluation Methods**



One hundred twenty-eight units reported evaluating their 2024 ORA activities. Among these, 82% used event sign-in sheets, 56% used training participant surveys, 45% used lessons learned, and 25% used after action reports. The least common methods of evaluation were deployment statistics (e.g., PPE distributed, etc.) at 24%, and hotwash notes at 21%. Those who selected “other” evaluation methods reported using volunteer tracking spreadsheet, emails and receipts, tracking deployments and monthly coordinator reports. This data highlights the units are evaluating their activities in some capacity. Evaluating these activities is vital for supporting the sustainability and continuous improvement of MRC units and award activities. Overall, the use of ORA activity evaluation methods for 2024 was consistent with previous years.

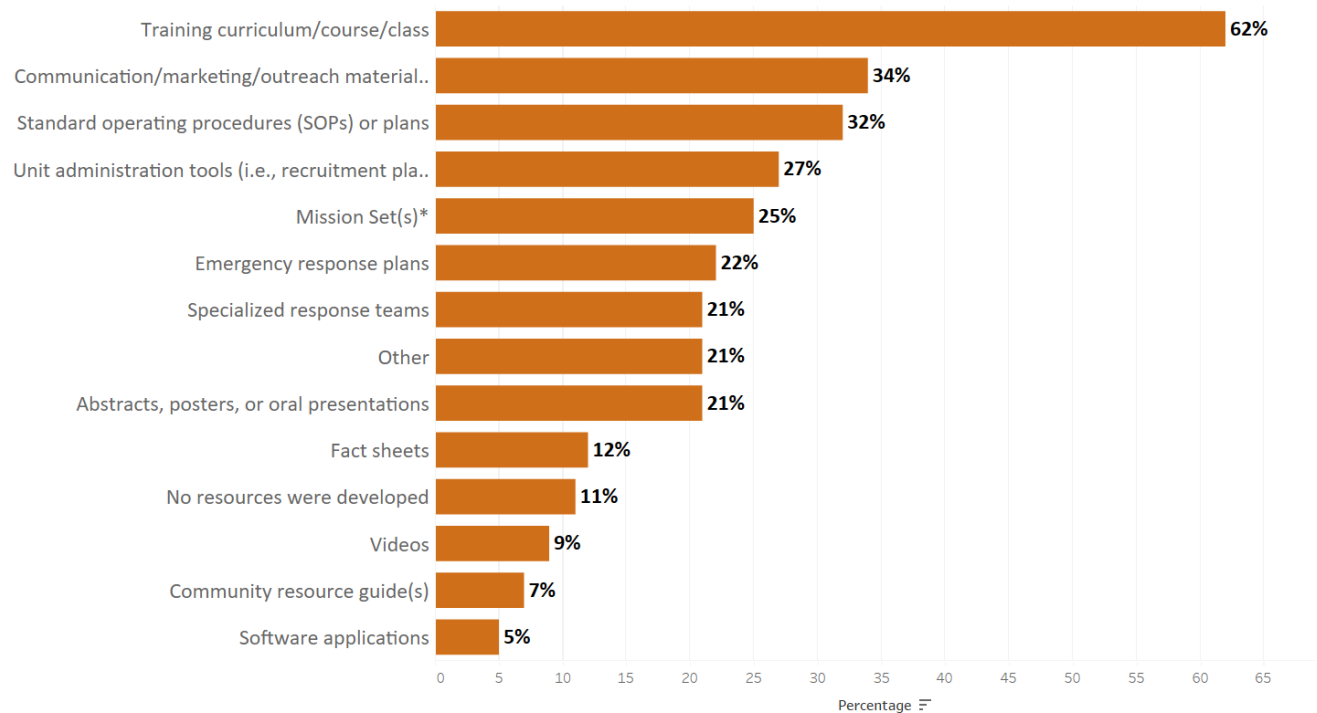


*City of Cannon Beach MRC, OR*

## Resources

In 2024, ORA Awardees were asked whether they developed resources using ORA funds and, if so, what types. A total of 133 units reported developing at least one type of resource. The most common type of resource developed was training curriculum, courses, or classes, created by 62% of the units. Other notable resources included communication materials (34%), standard operating procedures (SOPs) or plans (32%), and unit administration tools (27%). The least common resources developed were software applications (5%) and community resource guide(s) (7%). Additionally, 21% of MRC units reported creating “other” resources. These included enhancements to existing training, outreach, and response capabilities, unit handbooks, and receiving CPR manikins from a partner organization.

**Figure 6: ORA Resources Developed**



### Notable Resources Developed by the 2024 Operational Readiness Awardees:

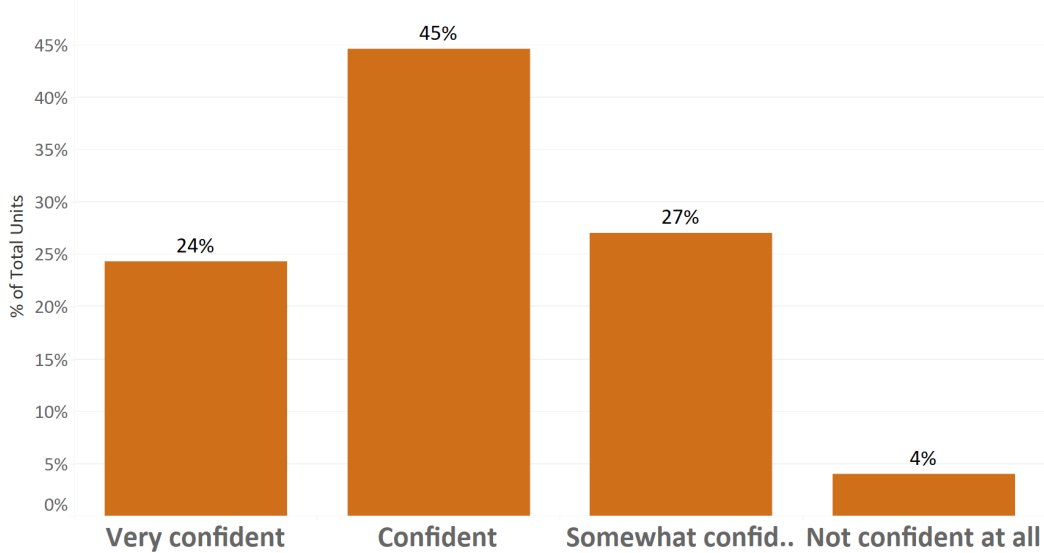
- [Blood Pressure Screening Mission Set, Guidelines, and Job Action Sheet](#) – Dutchess County MRC, Tier II Awardee
- [Unit Volunteer Handbook](#) – Fairfield MRC, Tier II

### Ability to Sustain Unit Activities

Of the 2024 ORA award recipients, 143 units reported whether they believed their unit could sustain activities beyond the award cycle. Among them, 96% expressed feeling “confident”, “somewhat confident”, or “very confident” in their capacity to continue. Of those units who reported feeling confident or very confident, 79% indicated they planned to sustain activities by continuing to apply for funding opportunities, 76% through increased community awareness and visibility of the MRC for future utilization, and 55% through train-the-trainer models that enable trainers to continue their projects after funding ends. In addition, 23% reported “other” methods for sustaining activities, including, ongoing recruitment of new members, establishing strong partnerships to deliver future trainings, fundraising through a 501(c)(3), completing a unit handbook, continuing activities with 2025 ORA funding, and relying on local jurisdiction support.

**Table 2: Level of Confidence in Sustaining ORA Activities**

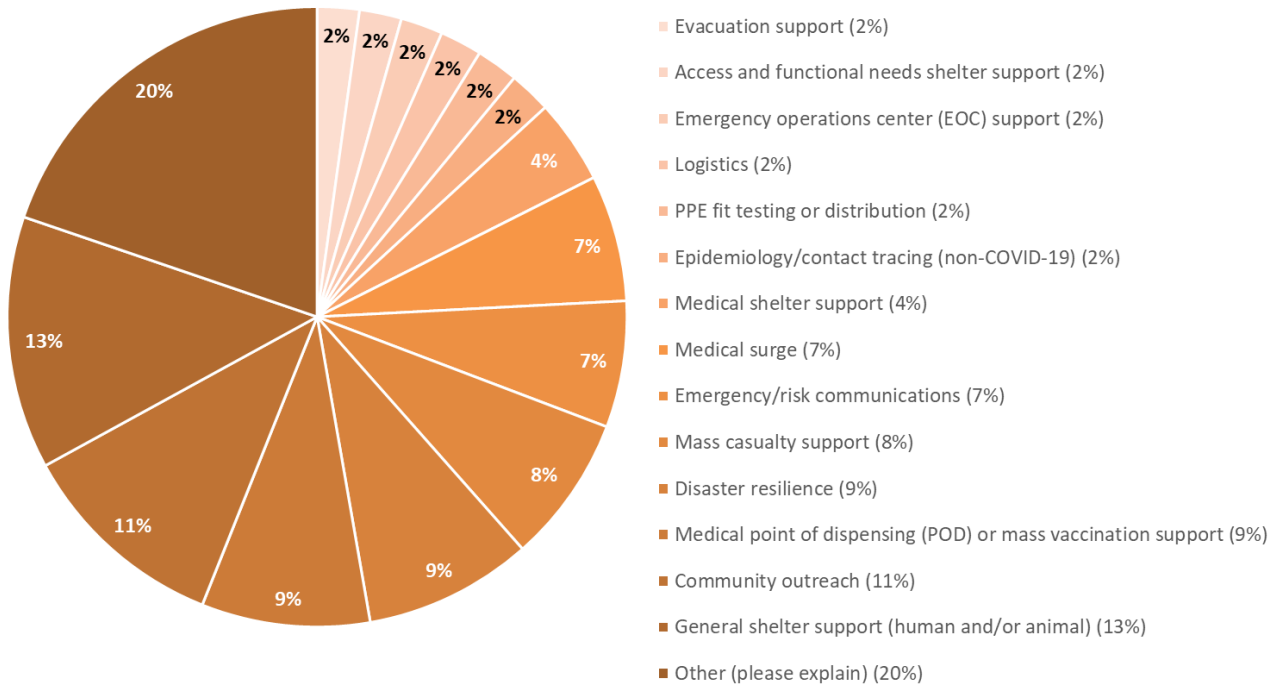
How confident do you feel about sustaining the activities from the 2024 ORA after funding ends?



## Mission Sets

Ninety-one mission sets were developed by 148 respondents as part of their 2024 Operational Readiness Award activities. As shown in Figure 11, the most common mission sets developed were those relating to others (20%), general support (human and/or animal) (13%) and community outreach (11%). Respondents who selected ‘other’, reported creating mission sets on non-medical emergency shelter, behavioral health strike team, behavioral health support for community, Psychological First Aid: Mental Health Communication, and nuclear preparedness activity support, to name a few.

Figure 11: Mission Sets Developed by all Awardees



## MRC Unit Qualitative Responses

Respondents were asked about their experience developing and implementing their award activities. Analysis of the responses identified three primary themes: Volunteer Recruitment and Engagement, Volunteer Management, and Community Engagement through events.

In the final evaluation for the 2024 ORA, 148 recipients completed the evaluation survey. Of these respondents, 98% reported that their unit capacity improved through the ORA, and all of the responding units shared at least one best practice adopted in the past year. The feedback is intended to assess the effectiveness of the ORA and to facilitate the sharing of advice and strategies among units. Below are a few examples from participating units.

### Volunteer Recruitment and Engagement

“One of the most impactful moments came during a large-scale vaccination event where our MRC unit was able to offer more training opportunities for both new and returning volunteers. By utilizing the resources from the Operational Readiness Award, we developed a streamlined system for onboarding and preparing volunteers, which allowed us to quickly scale up our response to meet the needs of the community.” – Brazoria County MRC, Unit 465

“The second impact is the local hospital and first responder partners and seeing where and how the MRC can support and supplement response efforts. Participating in an exercise of a simulated school bus crash with a medical surge to the local hospital. The exercise allowed first responders to network with and see how the MRC could assist in staffing a reunification center. The media exposure has also helped our community see why and how vital an MRC is to our community.” – Chelan-Douglas MRC, Unit 2850

“At the Resilience Summit, an elementary teacher, joined one of our emergency preparedness sessions out of curiosity. She always thought emergency responses were mainly handled by firefighters, police, and the Red Cross, so she was surprised to learn that the Medical Reserve Corps (MRC) is also an important part of the Department of Health’s emergency preparedness program.

As she listened to our team explain MRC’s role in public health emergencies, disaster response, and community safety, she realized that emergency preparedness wasn’t being taught enough in schools.” – American Samoa MRC, Unit 2315

### Volunteer Management

“This project enabled 30 MRC volunteers to be trained to be on the Pet Shelter Strike Team. The Strike Team, if activated, would assist Cincinnati Animal CARE operate a pet shelter if a pet shelter needed to be opened. Cincinnati Animal CARE provided additional training to explain how pets would be registered and taken care of once the shelter was opened. MRC members were so excited to be part of this team that hopefully they will never have to be officially activated. – Cincinnati-Hamilton County MRC, Unit 357

“CR-MRC has created multiple Mission Sets for the CR-MRC unit. The CR-MRC Long Term Care (LTC) Mission Set was presented at the 2024 Preparedness Summit and at the national MRC/ASPR meeting in

Chicago in 2024. The CR-MRC Director was asked to share all Mission Set material with the DPH, State MRC Coordinator, who planned to use as an educational resource for CT MRC unit leaders. Rather than hand over documents, the CR-MRC Director proposed a statewide Mission Set Workshop with the Director and the CR-MRC Lead Trainer hosting and training MRC leaders, volunteers, and partners in the Mission Set concept and development.” – Capitol Region MRC, Unit 54

“Our MRC Unit was asked to be the first aid station for the Cache County fair event lasting four days at the Cache County fairgrounds in Logan Utah. During the event coverage we had over 40 hours of volunteer time donated, we had one spontaneous volunteer sign up and volunteer, we collaborated with incident command and Logan PD, radio communications were established and utilized for assisting incident command and MRC became a medical division. We had 89 patient contacts with a variety of complaints ranging from heat exhaustion, insect stings/bites, blisters, horse bites, falls, small scrapes and cuts, and allergic reactions. We worked in conjunction with the local EMS department Logan Fire Department for furthering patient care and transports.” – Bear River MRC Cache, Unit 158

### **Community Engagement**

“BLS instructor certification has allowed emergency preparedness training, by offering no-cost BLS training to our MRC and community members. One particular event stands out - we partnered with a local foundation that offered BLS/First-Aid training to community members caring for young children. Many of the community members were Spanish-speaking, so we had an interpreter available for skills testing.” – Summit County Utah MRC, Unit 544

“MRC Members were able to partner with the San Antonio PHEP Team and took part in the Annual SNS Pod Exercise. Over 300 members of the San Antonio Community received their flu shot during the Pod Exercise. Many of the individuals that received their vaccine were from underserved communities and otherwise would not have received their flu shot.” – Alamo Area MRC, Unit 1891

“Because we are a small elderly community it is critical that our community has a deep understanding of how we will operate in an emergency. We offer all of our training to community members so that they understand psychological first aid, sheltering of people and pets along with participation in drills to improve our capacity for triage, sheltering and treatments. We offered ICS 100 to our community members and are offering ICS 700 next month. We want our community members to understand everyone's roles so that we will have the best possible outcomes. We just conducted a community potluck where we discussed the Lahaina and Pacific Palisades fires and what people felt were the take-home messages: communication, evacuation planning and drills, being prepared ourselves, do not wait to be told to evacuate; be ready and go.” – Cannon Beach MRC, Unit 2628

## Next Steps

NACCHO will use the information collected in this report to continue developing the benefits of the ORA and to support MRC Program growth and development through the following next steps:

- ❖ The Operational Readiness Awards will be highlighted in the 2024 MRC Network Profile
- ❖ Continuation of the ORA program with funds and projects for the first round of the 2025 award year already well underway
- ❖ Publishing feature articles about ORA awardees in the MRC InTouch eDigest Newsletters
- ❖ Adding resources developed through the ORA to the NACCHO MRC Toolkit
- ❖ Further identifying and promoting MRC units for their outstanding work

## Acknowledgements

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