**INFOGRAPHIC: MRC CAPABILITIES SNAPSHOT**

**DEMOGRAPHIC INFORMATION COLLECTED:**
- 89% collect demographic information about volunteers
- 97% of units verify medical credentials of volunteers
- 73% are verified through their state registry or Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

**MRC units that conduct background check screening for all volunteers increased in 2020, despite increased influx of new volunteers during the pandemic**

**AVERAGE NUMBER OF VOLUNTEER HOURS:**
- **321** Non-emergency
- **1535** Emergencies including COVID-19
- **1352** COVID-19-only emergency responses

**TOP COVID-19 CAPABILITIES DEVELOPED AND DEPLOYED:**
- COVID-19 testing at clinics or drive-through: 53%
- Mass vaccination or Points of Dispensing: 44%
- Contact tracing: 38%

**TOP MISSION SETS DEVELOPED:**
- Mass vaccination or mass dispensing
- Emergency Operations Center support
- General and medical shelter support

**TOP UNIT CAPABILITIES:**
- **Non-emergency:**
  - Community trainings: 45% (82% capabilities developed, or activities supported)
  - Preparedness information campaigns: 34% (81%)
  - Support at health clinics or medical/First Aid stations: 40% (76%)

**EMERGENCY PREPAREDNESS:**
- Mass vaccination or mass dispensing: 51% (89%)
- Disaster resilience: 19% (71%)
- Emergency Operations Center: 32% (70%)

**TRAINING:**
- 97% conduct training for their volunteers
- 78% have a written volunteer training plan

**TOP THREE TRAINING PARTNERS:**
- 43% Local health departments
- 43% Emergency management agencies
- 38% Fire/emergency medical services

**TOP THREE TRAINING DEVELOPMENT METHODS:**
- 44% Informed by the MRC Core Competencies
- 32% Informed by local needs/gaps assessments
- 29% Supplied by our sponsoring organization (all or part)

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