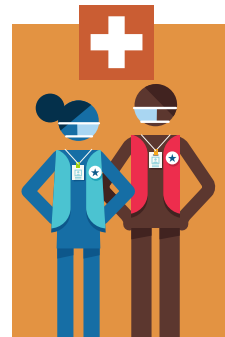


INFOGRAPHIC: MRC UNIT SNAPSHOT

UNIT DEMOGRAPHICS:



64%

of units are housed in Local Health Departments (a decrease compared to 68% in 2017)



85%

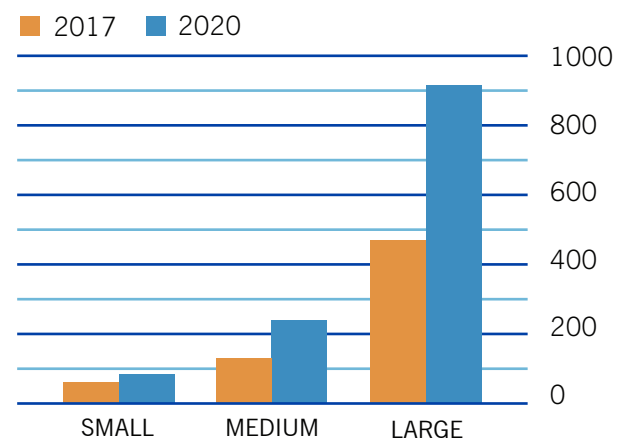
of units have been with their housing organizations for five or more years (compared to 74% in 2017)



91%

of units are integrated into their housing organization's emergency plan (a slight increase compared to 89% in 2017)

AVERAGE NUMBER OF VOLUNTEERS:



COMMUNITIES SERVED BY MRC UNITS:



43% **SMALL** serving fewer than 100,000

19% **MEDIUM** serving 100,000–250,000

38% **LARGE** serving more than 250,000

RESPONDED TO COVID-19 DURING THE PAST YEAR:



84% of units overall:

SMALL 76%

MEDIUM 89%

LARGE 91%

UNIT LEADERS:



22%

of unit leaders are volunteers (a slight decrease compared to 23% in 2017)

40%

of current unit leaders have served in their role as MRC unit leader for six or more years (an increase compared to 34% in 2017)

69%

of unit leaders devote, on average, five or more hours per week to the MRC (a sharp increase compared to 59% in 2017)

43%

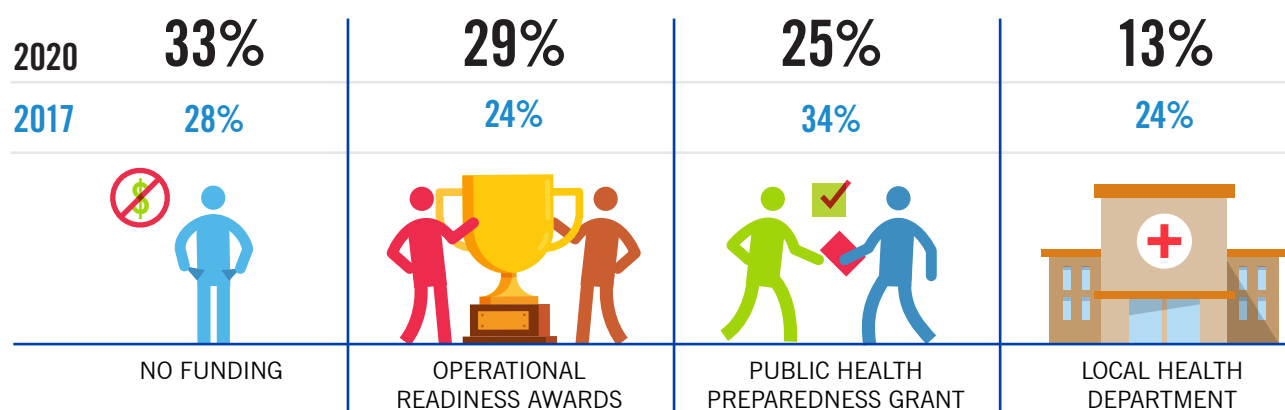
of unit leaders have advanced degrees (Master's or higher) (an increase compared to 37% in 2017)

36%

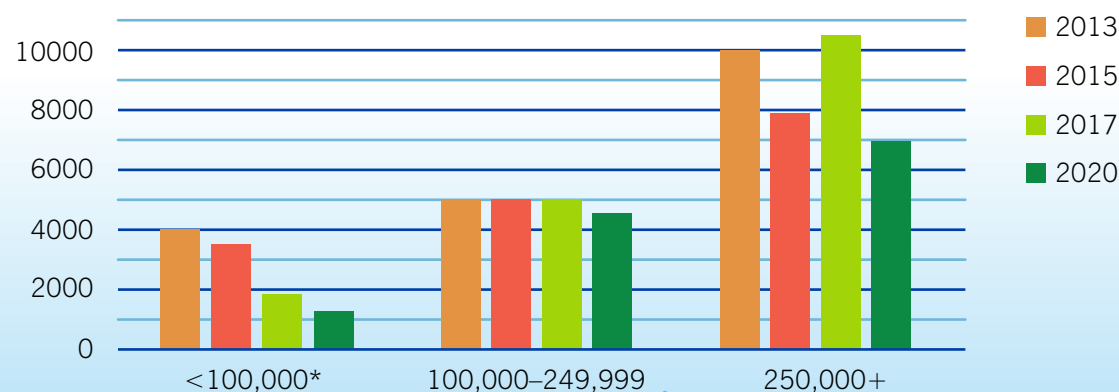
of advanced degrees are in Public Health/Administration (a sharp decrease compared to 55% in 2017)



TOP 4 FUNDING SOURCES:



MEDIAN OPERATING BUDGET:



DISTRIBUTION OF UNITS: Urban 16%

Suburban 35%

Rural/Frontier/Remote** 41%

State-wide 6%

Tribal 1%

*Small units operating on only 31% of original 2013 budget in 2020.

**Rural: In metropolitan statistical area (MSA) of 10,000 to 49,999 population that are not Frontier and Remote. Frontier and Remote: Populations up to 25,000 people that are: 45 minutes or more from an area of 25,000–49,999 people; and 60 minutes or more from an area of 50,000 or more people.