PROMOTE, SUPPORT, AND BUILD CAPACITY IN THE MEDICAL RESERVE CORPS
Background on MRC Awards
The National Association of County and City Health Officials (NACCHO) provides Medical Reserve Corps (MRC) Operational Readiness Awards (ORAs) through a cooperative agreement between the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), and Medical Reserve Corps Program. The 2021 award year marked the second iteration of NACCHO’s MRC ORAs. In 2020, NACCHO transitioned from the MRC Challenge Awards, a community-based project focused award, to the MRC ORAs which shifted the focus of the award to preparedness and response capabilities.

This report includes an overview of the 2021 MRC ORAs and the results of the Interim Project Survey. The interim project evaluation is typically completed by awardees approximately six months after they receive notice of award. The survey provides an opportunity for MRC units to share progress or challenges on planned activities and provide feedback on the award process. The 2021 MRC ORAs were distributed in two separate rounds of funding. The first round of awards was announced in January 2021 and the second round in May of 2021. The second round of awards included 42 MRC units which did not have the full six months after receiving notice of award to complete the Interim Project Survey, which may have impacted their ability to start planned project activities.

2021 MRC Operational Readiness Awards
The MRC ORAs aim 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 MRC capabilities, and identify or sustain integration of the MRC into local, state, and/or regional emergency response plans.

In 2021, a total of $1,575,000 was awarded to 174 MRC units through two funding tier levels:
- Tier 1: 33 units received $5,000 each to build MRC response capabilities
- Tier 2: 141 units received $10,000 each to strengthen MRC response capabilities.

ASPR Priorities for the MRC
2021 MRC ORA applicants were expected to align their project goals and activities to support at least one of the four ASPR priorities for the MRC which include:
1. Medical screening and care in emergencies
   a. Examples: medical support at shelters, clinics, alternate care sites, evacuee resource centers, and community outreach sites; and medical screening and surveillance during disease outbreaks
2. Points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts
   a. Examples: medical countermeasure PODs, mass vaccination clinics, and commodity distribution
3. Deployment of volunteers outside of local jurisdiction
   a. Examples: activation across city and/or county lines and Emergency Management Assistance Compact deployments across state lines
4. Community response outreach and training
   a. Examples: STOP THE BLEED®, You are the Help Until Help Arrives, CPR/AED, and naloxone administration training events

MRC Mission Sets
Released in 2019, the MRC Deployment Readiness Guide outlines a number of deployment readiness tools for unit leaders and training resources for MRC volunteers. It also introduced the concept of Mission Sets. A Mission Set is “a scalable response and recovery capability for MRC units and volunteers that is organized, developed, trained, and exercised prior to an emergency or disaster for local, state, and/or regional deployment purposes.” While Tier 1 awardees were funded to develop volunteer-level capabilities, Tier 2 awardees were funded to develop unit-level capabilities, including to identify new or evolving response missions and draft corresponding Mission Sets. A template and examples of Mission Sets developed through ORAs are featured on NACCHO’s MRC website.
### 2021 MRC ORA Fast Facts

Awardees developed a range of projects which included recruiting new MRC volunteers, procuring deployable medical equipment, improving efficiency and coordination of MRC volunteers at mass vaccination sites, and conducting volunteer and community training and educational events.

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<th>174 total awardees in 37 states</th>
<th>$1,575,000 awarded in two tiers:</th>
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<tr>
<td></td>
<td>• Tier 1 ($5,000) – 33 units</td>
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<tr>
<td></td>
<td>• Tier 2 ($10,000) – 141 units</td>
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| 93,304 volunteers are anticipated to directly benefit from award activities |
| $475,000 more in ORA funding was provided compared to the 2020 project year |

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<th>86% of awardees had begun their ORA projects at the time of the Interim Project Survey.</th>
<th>13% of awardees, or 22 units, had yet to start their ORA projects at the time of the survey. They reported the following barriers to beginning award activities:</th>
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<td>• 55% - Limited staff due to COVID-19 response activities</td>
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<td></td>
<td>• 45% - Staff turnover</td>
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<td></td>
<td>• 36% - Inability to meet or train in person due to COVID-19</td>
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### Delayed Projects

86% of awardees reporting having already begun their award activities at the time of the Interim Project Survey, which is consistent with 2020 MRC ORA awardees at the same time point. 13% of units reported they had not yet begun and 1% did not indicate if they had or had not started. The reasons that units gave for not being able to start their projects are described in the Fast Facts chart above. However, it is worth noting that 45% of these units were in round 2 of funding, and thus received their award checks later in the project year which may have hindered their ability to begin. Of the 22 units who not yet started, the vast majority (72.7%) reported that they plan to begin their ORA projects between July 1 and September 30, 2021 (i.e., Q3 2021). The other six units’ anticipated start dates are illustrated in Figure 1 below.

![Figure 1: Anticipated ORA Project Start Dates for Units that had not Yet Started at the Time of the Interim Project Survey (n=22)](image-url)
MRC Volunteer Engagement

ORA awardees were asked how many MRC volunteers were expected to contribute to the implementation of ORA projects and how many MRC volunteers were expected to directly benefit from the projects. The average number of volunteers per unit, listed below, show an increase in volunteers expected to contribute and benefit from the funding for Tier 2 awardees compared to Tier 1 awardees. This likely is due to the nature of the two award tiers and the fact that Tier 1 awards are designed for new, rebuilding, and/or smaller MRC units that need to build, versus strengthen, their response capabilities. Overall, 21,823 MRC volunteers are expected to contribute to ORA projects and 93,304 MRC volunteers are expected to directly benefit from ORA projects.

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<th>Number of volunteers per unit expected to contribute to project</th>
<th>Number of volunteers per unit expected to benefit from project</th>
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<tr>
<td>Average across all awardees</td>
<td>126</td>
<td>539</td>
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<tr>
<td>Averages for Tier 1/2 awardees</td>
<td>20/151</td>
<td>49/655</td>
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Feedback on Award Processes

ORA awardees were asked a series of questions to help NACCHO’s MRC staff evaluate the usefulness and ease of the MRC ORA process on a scale of 1 (not useful/unsatisfied) to 5 (very useful/very satisfied). On average, most units (>55%) reported feeling “very satisfied” with the information provided in the ORA application, request for applications (RFA) announcement, online application process, and contract processing. Additionally, each metric had a median score of 5 and mean scores are shown below in Figure 2. Compared to the 2020 ORA Interim Project Survey, the proportion of units who answered 5 (very satisfied) increased by an average of 9% across all metrics.

However, these results indicate that NACCHO can improve the award process for ORA awardees. Qualitative feedback from this section illustrates that units experienced long delays before receiving award checks, confusion and discrepancies regarding the award timeline, and issues registering on SAM.gov. NACCHO is actively working to address these concerns for the 2022 MRC ORA cycle.

Figure 2: Satisfaction of ORA Awardees on Award Processes (n=174)
Success Stories

OKMRC Tulsa County MRC, Oklahoma: “Thanks to these funds we were able to purchase some MUCH-needed supplies to support the HUGE influx of new volunteers to help with the COVID-19 response. We simply would not have been able to do that without these funds. THANK YOU!!”

Lakes Region MRC, New Hampshire: “We were able to onboard 275 volunteers for the LR Covid Response Team in a very short period of time! It was incredible seeing these volunteers step up and flawlessly do 600+ people clinics for our region’s school staff, while the school was in session. Even a snowstorm couldn’t deter this team from getting these vaccinations done! So proud of all of them! We had members of the team volunteer all week long at the State-run Fixed Sites, two regional hospitals, and mobile clinics all over our region. We definitely couldn’t do it without them! We continue to rely on our volunteers with homebound vaccinations and clinics at various businesses. We are trying very hard to make sure that everyone who wants to get vaccinated has access to it.”

Delaware County MRC, Pennsylvania: “Being awarded this grant was a great success!!! Under the current circumstances of our local COVID-19 response, it is remarkable. This grant will support mobile, drive through, [and] volunteer staffed medical countermeasures operations for COVID-19 and flu. It will help with our continued success. Our county MRC program, run by our Emergency Services Department, has grown from 500 to about 2,000 active volunteers during COVID-19. Providing PPE and related safety gear has been a challenge as supply has been diminished and funding has not been reliable. NACCHO has provided this assistance needed with this grant. Thank you!!”

MRC of Southwestern Vermont: “We were able to hire a new coordinator to work with our Unit at a higher pay scale because of the ORA grant. This enabled us to start planning in late July and have brought our MRC Unit Advisory Council up to speed on the grant deliverables. We created and sent out surveys to both our members (83) and to our stakeholders (29 agencies and organizations) in the community to engage in feedback. Survey results are coming-in through August. We are in the midst of creating our Mission Sets as we meet with our stakeholders and members for possible strike-teams.”

COVID-19 Response Activities

95.4% of ORA awardees reported participating in at least one type of COVID-19 pandemic response activity. Of those 166 units, the most common activities included staffing vaccination clinics (95.8%), conducting community outreach (69.9%), and facilitating COVID-19 testing (65.1%). The Figure 3 includes one or more response activities reported by each unit. Some of the 39 ‘Other’ responses included providing support to children and elders, supporting food pantries and food delivery services, providing infection control education, conducting fit testing, and distributing personal protective equipment.
Challenges to Complete Goals and Objectives due to COVID-19

Units were asked to describe how the COVID-19 pandemic or other challenges impacted their ability to complete planned activities. The feedback below is a representative sampling of the challenges MRC units faced with responses divided into the following three categories:

1. **Limited Staff Time Due to COVID-19**
   - **Dade County MRC, Florida**: “Due to COVID-19, we have limited staff availability on site as most staff are partially working remotely. We are also experiencing staff turn and that includes our MRC coordinator position which is now vacant. We are currently assessing applicants and looking to fill the position as soon as possible. Furthermore, our preparedness staff is assisting with response efforts to the Surfside building collapse in addition to COVID-19 response efforts. We will start this project as soon as we hire an MRC coordinator, this funding is crucial to our MRC program functioning and being part of COVID-19 response efforts.”
   - **Monroe County MRC, New York**: “COVID-19 has slowed the process down immensely. It took much longer for the approval process to get the contract signed, receive the funds, and to be able to use the funds. We have been extremely busy with COVID-19 response, so the time that would have normally been put into development of project deliverables, purchasing, etc. was simply not available.”

2. **Inability to Meet/Train**
   - **Village of Schaumburg MRC, Illinois**: “COVID-19 made it impossible to meet in person to develop our training plan, as well as impacted our recruitment efforts. However, with loosening restrictions, we have met twice live - including an actual training session. Additionally, it has been difficult to plan for live events in the community. However, we are starting to see firm scheduling of events, whereas in the past things were tentative.”

3. **Staff Turnover**
   - **Holmes County MRC, Ohio**: “The new surge in COVID-19 cases has had an impact on our progress on this project. Holmes County General Health District is a small agency with two nurses currently on staff. A third nurse (who was also the MRC Unit Coordinator) resigned in July and we have not been able to fill the position. At this current moment, the Deputy Health Commissioner and Director of Nursing are working together to fulfill the MRC Unit Coordinator role, but the surge in COVID cases has made it difficult to prioritize this project. We have recently hired an Emergency Response Planner who will join our team in early October. Our intent is for this position to assume the role of the MRC Unit Coordinator and pick up this project.”

**NACCHO Observations/Lessons Learned**

Observations: Despite the challenges that the COVID-19 pandemic presented with training and non-emergency in-person activities, most units cited progress towards their project plans. In many cases, units were able to align their project plans to support their capacity to the COVID-19 response efforts, which is a testament to the value of the awards and the focus to build or strengthen volunteer response capabilities.

Lessons Learned: Reviewing the results of the Interim Project Survey makes clear the need for NACCHO to simplify the award process for ORA awardees. Awardees reported delays in contract and check processing which meant many units did not receive award payments until the project year was nearly over. As one unit put it, “it would be helpful if the units could receive their funding earlier in the year to allow for more time to complete the grant project and distribute all the funds” (Pierce County MRC, Washington). Other administrative hurdles awardees faced included changing MRC unit leadership and long contract processing times of housing agencies.

NACCHO is actively working to streamline future ORAs beginning with those for the 2022 project year. For instance, the RFA contains a comprehensive timeline and details of the contract and contract modification process to help units decide before applying if the ORA is right for them. Additionally, the ORA application will
require proof of active SAM.gov registration and provide instructions for reporting changes in points of contact
to NACCHO. Finally, awards funds will be distributed to units in one, full payment.

During one of the most critical years for the MRC since its inception, NACCHO was pleased to see the
outstanding work of units and encourages them to maintain an open line of communication with NACCHO.

**List of 2021 MRC Operational Readiness Award Recipients by Award Tier and State**

**Tier 1 Awardees ($5,000)**
- **Arkansas** – Marion County MRC
- **California** – Cal Poly MRC, San Mateo County MRC
- **Colorado** – Front Range Veterinary MRC
- **Florida** – Florida Keys MRC
- **Illinois** – St. Clair County MRC, Village of Schaumburg MRC, McDonough County Health Department
  MRC, Douglas County Health Department MRC, Rock Island County MRC, Maine Township MRC
- **Massachusetts** – Norfolk County 8 MRC, Stoughton-Holbrooke-Avon-Randolph MRC
- **Michigan** – Oceana County MRC
- **Missouri** – Cape Girardeau County MRC, Schuyler County MRC, Pleasant Hill MRC
- **Nebraska** – Eastern Nebraska MRC
- **New York** – Yates County Public Health MRC
- **North Carolina** – NC Baptist Men MRC Central Region
- **Ohio** – Fairfield County MRC, Paulding County MRC, Hancock County MRC, Ashland County-City MRC
- **Oklahoma** – OKMRC District 1 MRC Northwest OK
- **Oregon** – Eastern Oregon Regional MRC
- **Pennsylvania** – Philadelphia MRC
- **Texas** – Brown County MRC
- **Utah** – Summit County MRC, Bear River MRC Cache County, Bear River MRC Box Elder County, Bear Lake
  Responds
- **West Virginia** – Grant County MRC

**Tier 2 Awards ($10,000)**
- **Arizona** – Maricopa County Department of Public Health MRC, Az Animals and Humans in Disaster
- **Arkansas** – River City Ministry of Pulaski County MRC, White County MRC
- **California** – Ventura County MRC, San Diego County MRC, Alameda County (ALCO) MRC, Santa Cruz
  County MRC, Contra Costa MRC, Sacramento MRC, San Bernardino County MRC, Berkeley MRC,
  California Veterinary MRC, Marin County MRC
- **Colorado** – Colorado Acupuncture MRC, SW Colorado Regional MRC, Colorado Muslim Society MRC,
  Colorado Radiation Response Volunteer MRC, Colorado Veterinary MRC West, MRC of El Paso County
- **Connecticut** – Shoreline MRC, Torrington Area Health District MRC, Pomperaug Health District MRC,
  Capitol Region MRC, Sacred Heart University Emergency Reserve Corps, Chesprocott MRC, Uncas Health
  District MRC
- **District of Columbia** – Capitol City Pharmacy MRC
- **Florida** – Miami-Dade County MRC, Martin County MRC, Manasota MRC
- **Georgia** – MRC GEM
- **Hawaii** – Oahu MRC
- **Idaho** – South Central Idaho MRC, North Idaho MRC
- **Illinois** – Kane County MRC
- **Indiana** – Hendricks County MRC
- **Iowa** – Johnson County Iowa MRC, North Iowa MRC
• **Kansas** – Jefferson County Kansas Health Department MRC
• **Louisiana** – Louisiana State Animal Response Team Veterinary MRC, New Orleans MRC
• **Maryland** – Maryland Responds MRC, Prince George’s County Health Department MRC
• **Massachusetts** – Northern Essex County MRC, Mystic Valley MRC, North Shore Cape Ann MRC, Greater Fall River MRC, Greater New Bedford MRC, Middleboro-Bridgewater Area MRC, Greater Taunton MRC, Berkshire MRC, Franklin MRC, Mass Task Force MRC, East Longmeadow MRC, Wachusett MRC, Upper Merrimack Valley MRC, Hampshire County MRC, Greater Westfield Western Hamden County MRC, Duxbury Bay Area Regional MRC, Bristol-Norfolk MRC
• **Michigan** – Macomb County Health Department MRC
• **Minnesota** – Minnesota Behavioral Health MRC
• **Mississippi** – Mississippi Veterinary MRC
• **Missouri** – MRC of Greater Kansas City, Northeast Missouri (NEMO) MRC, St. Louis City MRC
• **Nebraska** – West Central Nebraska MRC, Central Nebraska MRC
• **Nevada** – MRC Washoe County
• **New Hampshire** – Lakes Region MRC
• **New Jersey** – Middlesex County MRC
• **New York** – MRC of Dutchess County, Essex County MRC, Niagara County MRC
• **New Mexico** – New Mexico Native Health Initiative, NM Integrative Wellness MRC
• **North Carolina** – Onslow County MRC
• **Ohio** – Pickaway County MRC, Lake County MRC, Delaware County MRC, Greene County MRC, Franklin County and Columus MRC, Union County MRC, Medina County MRC, Holmes County MRC, Belmont County MRC, Wood County MRC
• **Oklahoma** – Tulsa County MRC, Oklahoma MRC Nurses, Oklahoma County MRC, OKMRC Stress Response Team, Norman/Cleveland County MRC, OKMRC District 6 MRC East, OKMRC Statewide MRC, OKMRC District 6 MRC West
• **Oregon** – Linn County MRC, Coos County MRC, Marion County MRC, City of Cannon Beach MRC
• **Pennsylvania** – Delaware County MRC, South Central PA MRC, South Central PA Regional MRC
• **Rhode Island** – Rhode Island MRC
• **Texas** – University of Texas MRC, Tarrant County MRC, Galveston County MRC, Alamo Area MRC, Dallas County MRC, Williamson County MRC, Brazoria County MRC, Harris County MRC, Fort Bend County MRC
• **Utah** – Central Utah MRC, Weber County MRC, Salt Lake County MRC, Utah County MRC, Wasatch County MRC
• **Vermont** – MRC of SW Vermont
• **Virginia** – Fairfax MRC, Loudoun MRC, Rappahannock-Rapidan MRC, Norfolk MRC, Southwest Virginia MRC, Virginia Beach MRC, Chesapeake MRC, Three Rivers MRC, Rappahannock MRC, Chesterfield Health District MRC, Mount Rogers Health District MRC, Peninsula MRC
• **Washington** – Snohomish County MRC, Vashon Island MRC, Pierce County MRC, Kitsap Department of Emergency Management MRC, Bainbridge Island MRC, Public Health Reserve Corps of Seattle and King County
• **West Virginia** – Cabell Wayne MRC, Mountaineer MRC, Mid-Ohio Valley MRC
• **Wisconsin** – Greater La Crosse Area MRC