

Medical Reserve Corps

2021 Operational Readiness Awards

Final Report

August 2022



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Summary of the 2021 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 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. 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 provide insights about the impacts and outcomes of their 2021 Operational Readiness Award activities. This report includes the results of that evaluation survey for the 2020-2021 award year.

Award Tiers

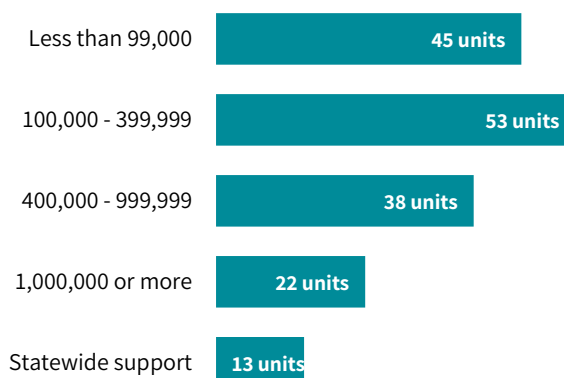
In 2021, NACCHO awarded **174 MRC Operational Readiness Awards**, totaling \$1,560,000, via two funding tiers:

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

Continued Impacts of COVID-19 on the Operational Readiness Awards







It is worth noting that the 2020-2021 award year was challenging for MRC units and local health departments due to ongoing COVID-19 pandemic responses efforts. While 63% of awardees who responded to the final report survey stated that their unit was not able to complete planned award activities, nearly all of those units (98%) have plans to continue or complete planned activities in 2022.

Figure X: Awardees served jurisdictions of all sizes.



2021 Operational Readiness Awards Impacts and Outcomes

Fast Facts

 <p>172 awardees, or 99% of all awardees, completed the final report survey which informed this report.</p>	 <p>93% of respondents felt that their award activities improved the capability/capacity of their MRC unit.</p>
 <p>83% of respondents developed resources as part of their Operational Readiness Award activities.</p>	 <p>74% of respondents evaluated the impact and/or outcomes their Operational Readiness Award activities.</p>
 <p>Of responding units, 48,577 MRC volunteers contributed to 2021 Operational Readiness Award activities.</p>	 <p>Of responding units, over 3 million total volunteer hours were dedicated to Operational Readiness Award activities.</p>

Geographic Impact

ORA projects spanned 40 states and all ten HHS regions. Figure 1 shows the locations of all 174 of the 2021 Operational Readiness Awardees.



Figure 1: Location map of all 2021 ORA awardees.

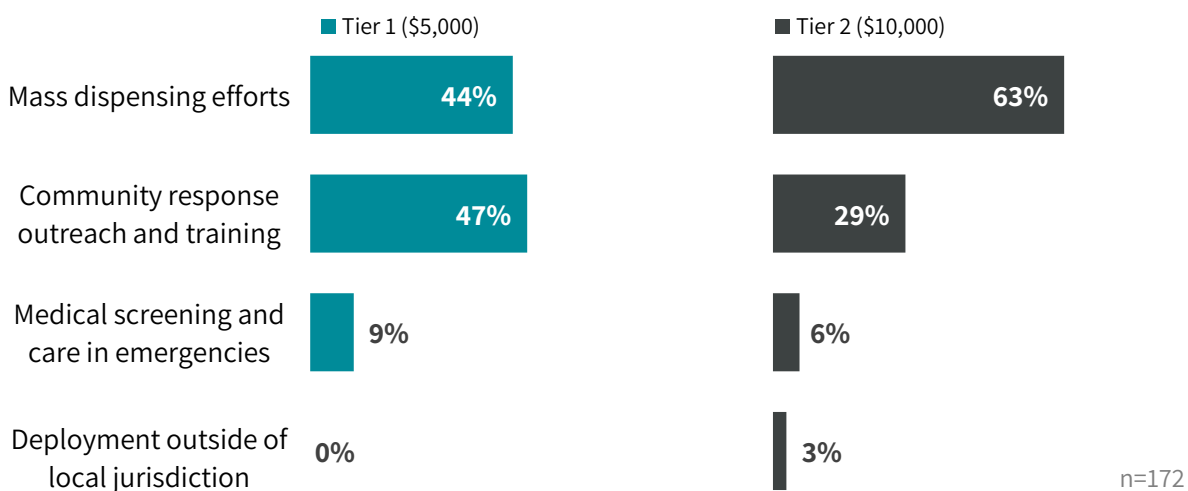
ASPR Priorities for the MRC

2021 Operational Readiness Awardees were asked to describe which of the four ASPR priorities for the MRC 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 successfully identified how their award activities supported at least one of the ASPR priorities, with 59% of respondents selecting PODs, mass vaccinations, and other mass dispensing efforts as the focus so their activities. The next most popular priority was community response outreach and training, with 32% of respondents selecting it as their focus. Additionally, due to the differing intention of the two award tiers, the rate at which awardees in each tier selected an ASPR priority varied, as shown in Figure 2. For example, Tier 1 awardees were more likely to choose community response outreach and training whereas Tier 2 awardees were much more likely to choose mass dispensing efforts. Furthermore, only four awardees, all in Tier 2, choose deployment of volunteers outside of their local jurisdiction as their priority of focus. This reflects the various capabilities of awarded units and their need to either build or strengthen these capabilities.

Figure 2: Respondents tended to focus on ASPR priorities that aligned with the goals of their award tier, with mass dispensing and community outreach being the most popular.



Personnel & Monetary Value

Both the number of personnel and hours devoted to support the 2021 MRC ORA activities was astounding. On average, each MRC unit that responded to the final survey had 282 MRC volunteers who each provided 65 hours to ORA activities. Each responding MRC unit also benefited from partnership with an average of 17 community agencies to support ORA activities. Overall, 48,577 MRC volunteers contributed 3,133,386 hours and worked with 3,000 community response partners.

According to final report survey respondents, the monetary value of 2021 ORA activities totaled over \$34 million, or more than \$199,000 per awardee. **Overall, this constitutes an estimated return on investment of 2,098%.**

Evaluation

When asked whether ORA activities were evaluated, 127 awardees (74%) did conduct an evaluation, 33 (19%) did not, and 12 (7%) were unsure. Respondents who reported ‘no’ or were ‘unsure,’ had the opportunity to explain their responses including some of the following:

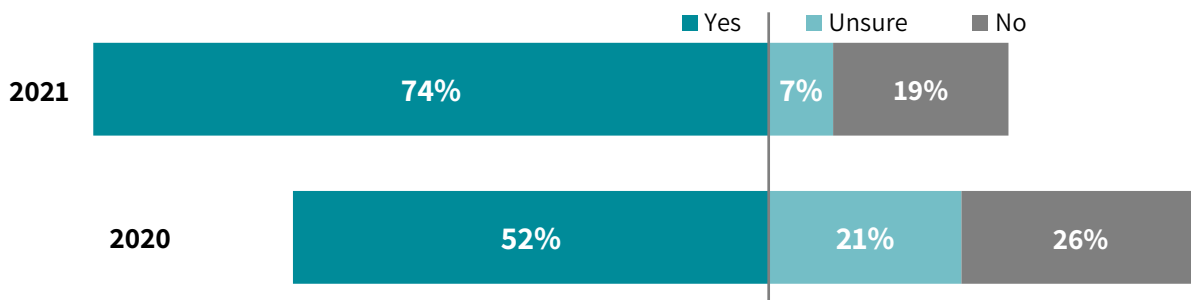
No evaluation:

- Evaluation is pending or upcoming.
- Time constraints due to COVID-19 response activities.

Unsure about evaluation:

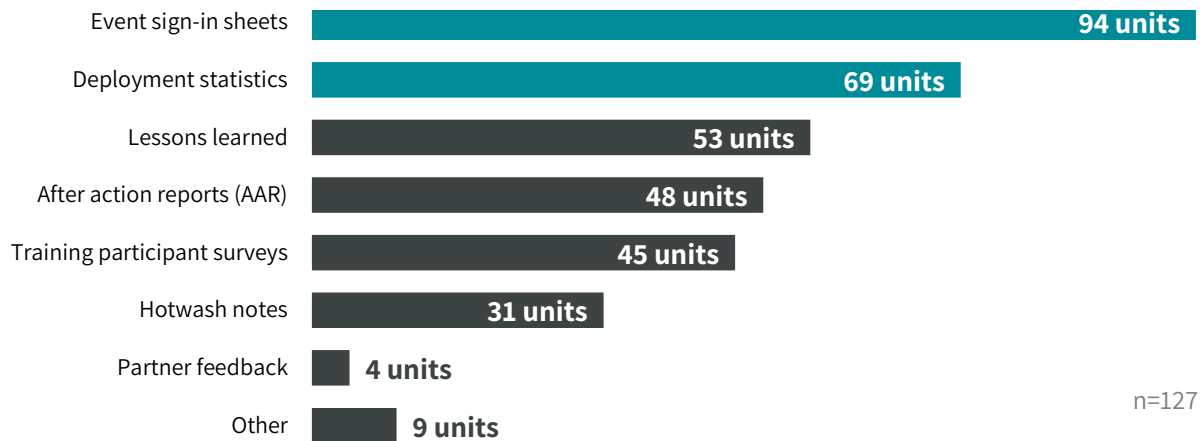
- MRC leadership changes.
- Informal evaluative methods used.

Figure 3: When asked if award activities were evaluated, the vast majority of 2021 ORA respondents answered **yes, up 22% from last year’s awardees.**



Of the 127 awardees who evaluated their activities, 75% reported utilizing more than one type of evaluation method. Event sign-in was the most common evaluation method, used by 74% of evaluating MRC units. Deployment statistics were used by about half and lessons learned, after action reports (AAR), and training participant surveys were each used by about a third of evaluating MRC units. The 7% of evaluating units who reported “other” evaluation methods tracked supply inventory and website and social media visits and published a peer reviewed paper. Figure 4 illustrates the utilization of different evaluation methods by the 127 evaluating MRC units. The usage of each evaluative method by 2020 and 2021 awardees is largely consistent.

Figure 4: Overall, 85% of evaluating respondents utilized event sign-in sheets and/or deployment statistics to assess the effects and impacts of their award activities.



Resources

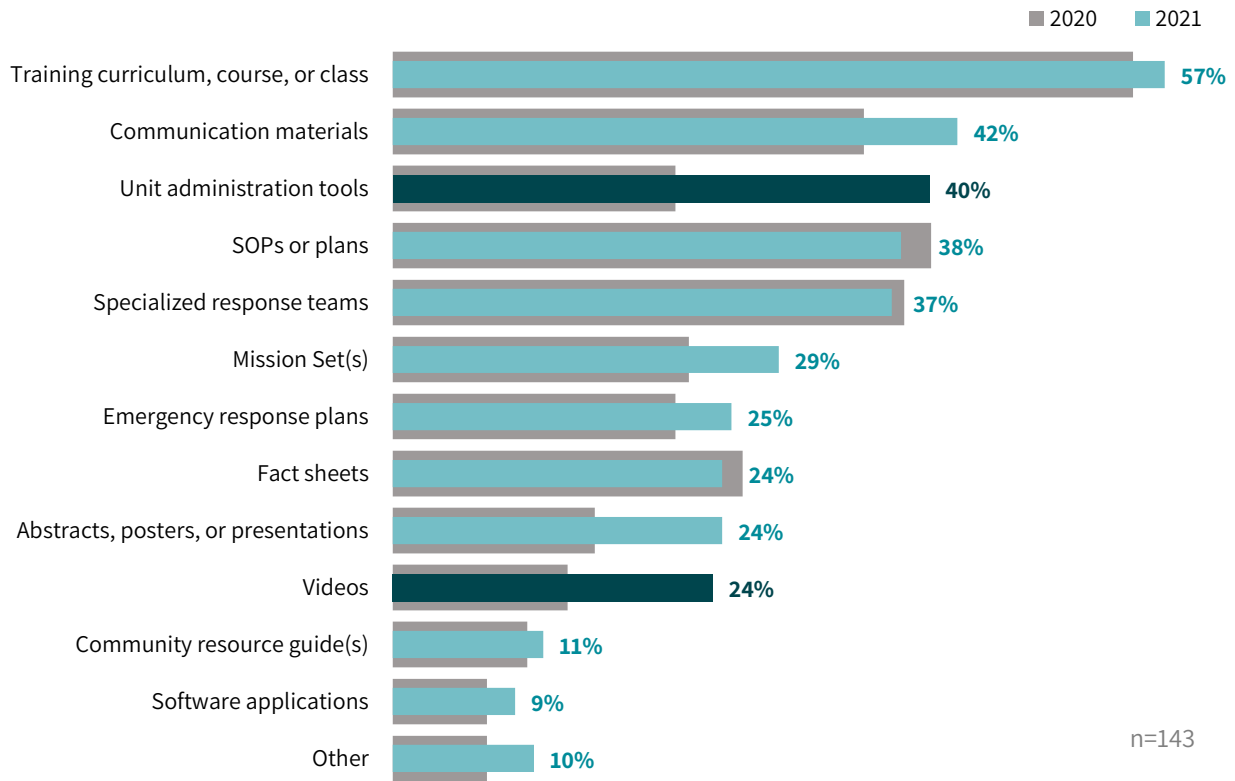
Respondents of the final evaluation were asked whether they developed resources and if so, what types. Most respondents (83%) reported developing at least one type of resource. Of the 143 respondents who produced resources, 84% reported developing more than one different type of resource with the average number of different types of resources produced being 3.7 per unit.

Of the units who produced resources, 82, or 57%, created a training curriculum, course, or class. The next most common resources were communication materials, unit administration tools, and standard operations procedures (SOPs) or plans, with 60, 57, and 54 resource developing awardees respectively creating each of these resources. Fifteen MRC units reported creating “other” resources which included a frontline health worker mental health support group handbook.

Notable Resources Developed by the 2021 Operational Readiness Awardees:

- [Shelter Orientation Website](#) - Hampshire County MRC, Tier II Awardee
- [Mission Set: Influenza PODs during COVID-19](#) - Ventura County MRC, Tier I Awardee
- [Warming or Cooling Center Deployment Guide](#) - Norfolk County-8 Coalition MRC, Tier II Awardee
- [PPE Training PowerPoint](#) - Southwest Utah MRC, Tier II Awardee
- [MRC Volunteer Handbook](#) - Eastern Oregon Regional MRC, Tier I Awardee

Figure 5: 2021 awardees were 19% more likely to develop unit administration tools and 11% more likely to produce videos compared to 2020 awardees.



Tier I Awards

Figure 4



Figure 4 depicts the number of Tier I operational readiness awardees that felt the award improved their capabilities

Tier I Awards (\$5,000) were intended for projects that strengthened MRC unit capabilities through retention, recruitment, training events, and logistical resources. In 2021, there were 33 total Tier I Awards and 32 Tier I final survey respondents, an 97% survey response rate which is up almost 10% from 2020 ORA final surveys.

Overall, 90% of Tier I Awardees who responded to the final survey felt their Operational Readiness Award helped their MRC unit to build capacity and/or capability, 10% reported feeling ‘unsure,’ and zero units reported that their award did not improve the capability or capacity of their MRC units – as illustrated by Figure 4. Of the three respondents who answered ‘unsure’ 2 explained that they had some logistical delays in implementing the established award goals.

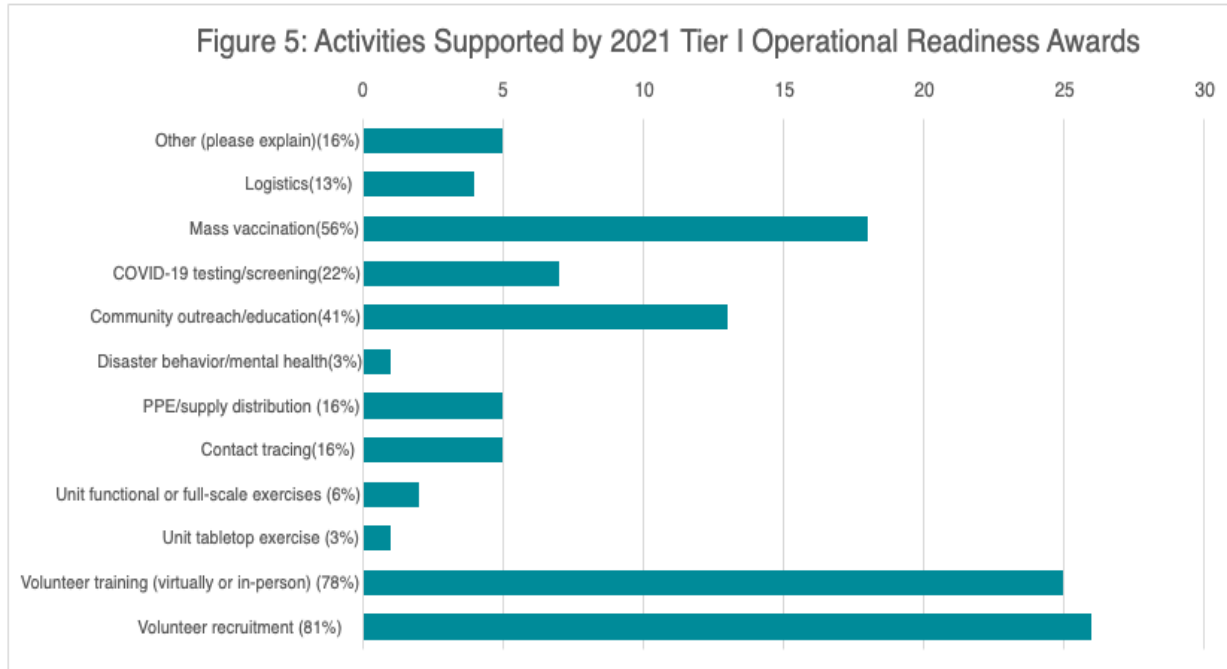
According to respondents of the final report survey, the monetary value of 2021 Operational Readiness Award activities for Tier I awardees totaled nearly \$2.3 million, or over \$74,000 per Tier I awardee. **This constitutes a 2,360% return on investment for Tier I awards.**

Personnel

Of the responding Tier I awardees, Operational Readiness Award activities were carried out by a total of 2,421 MRC volunteers who collectively served over 51,992 hours. On average, each Tier I respondent benefited from 76 MRC volunteers who each provided over 21 hours to their MRC unit’s award activities. Additionally, respondents reported that 597 individuals from community partner agencies supported Tier I Operational Readiness Award activities, or about 19 per respondent.

Award Activities

Tier I respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 5 below. A majority (81%) of Tier I respondents used their Operational Readiness Award to support three or more activities. All units indicated at least one activity their award supported.



Evaluation

A majority (75%) of Tier I respondents reported evaluating their 2021 Operational Readiness Award activities while 3% were ‘unsure’ and 5% did not evaluate their award activities – as illustrated in Figure 6. The number of awardees who reported evaluating their 2021 ORA activities is a 16% increase from last year. Of the eight units who reported they were ‘unsure’ or did not evaluate their activities, three of the awardees reported that their activities or evaluation efforts were hindered by the COVID-19 pandemic. Similar to the 2020 ORA evaluations, event sign-in sheets were the most common evaluation method with 56% of evaluating Tier I respondents reporting their utilization. The next most common methods were deployment statistics and after-action reporting (AAR) with 44% and 28%, respectively, of evaluating units utilizing these methods. These statistics are consistent with the overall evaluation trends identified earlier in this report.

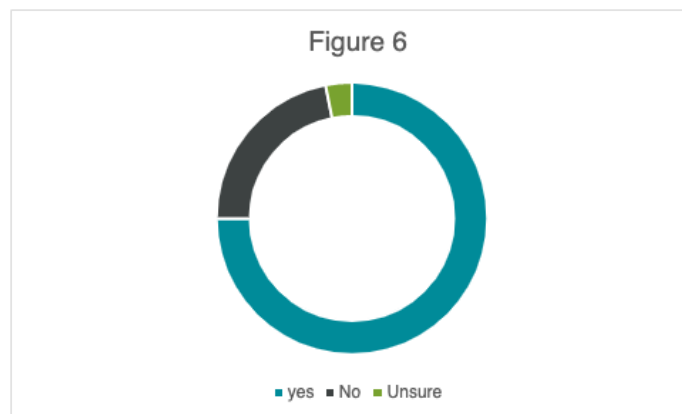
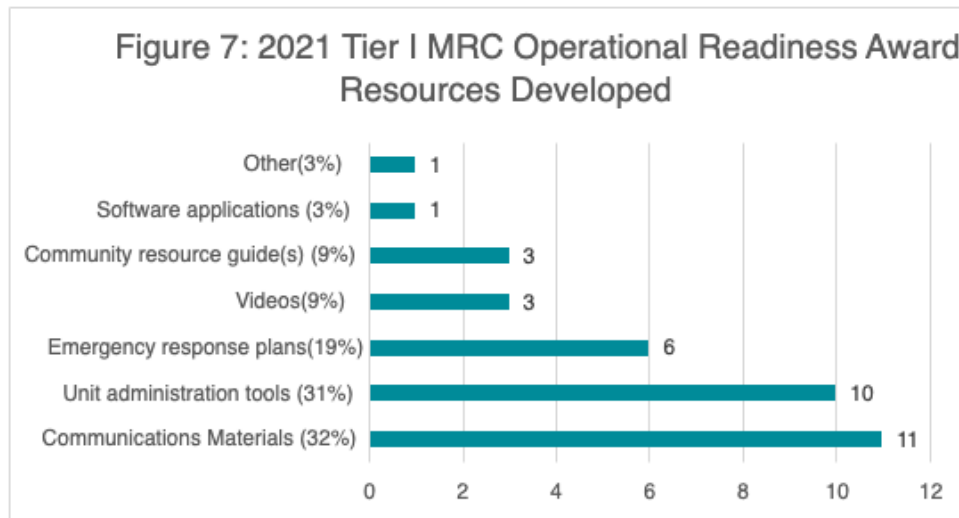


Figure 6 depicts the amount of Tier I units that evaluated their 2021 Operational Readiness Award activities

Resources

A majority (72%) of Tier I respondents developed at least one type of resource as a part of their 2021 Operational Readiness Award activities. Of the 23 units who developed resources, 74% developed more than one type of resource with the average number of types of resources developed standing at 2.2 per unit.

Figure 7 illustrates the types of resources developed by Tier I respondents. Of the units who did produce resources, 41% created a training curriculum, course, or class which was also the most common resource produced in 2020. The next most common resources were communication, marketing, or outreach materials as well as unit administration tools with about 34% and 31% of resource developing Tier I respondents respectively creating each of these resources. One Tier I respondent reported creating “Other” resources which included a student handbook.



Mission Sets

Three (9%) Tier I respondents developed a total of nine mission sets as a part of their Operational Readiness Award activities. All three units developed more than one mission set. As shown in figure 8, the most common mission set developed related to medical PODs or mass vaccination as well as Logistics, similar to 2020 ORA.

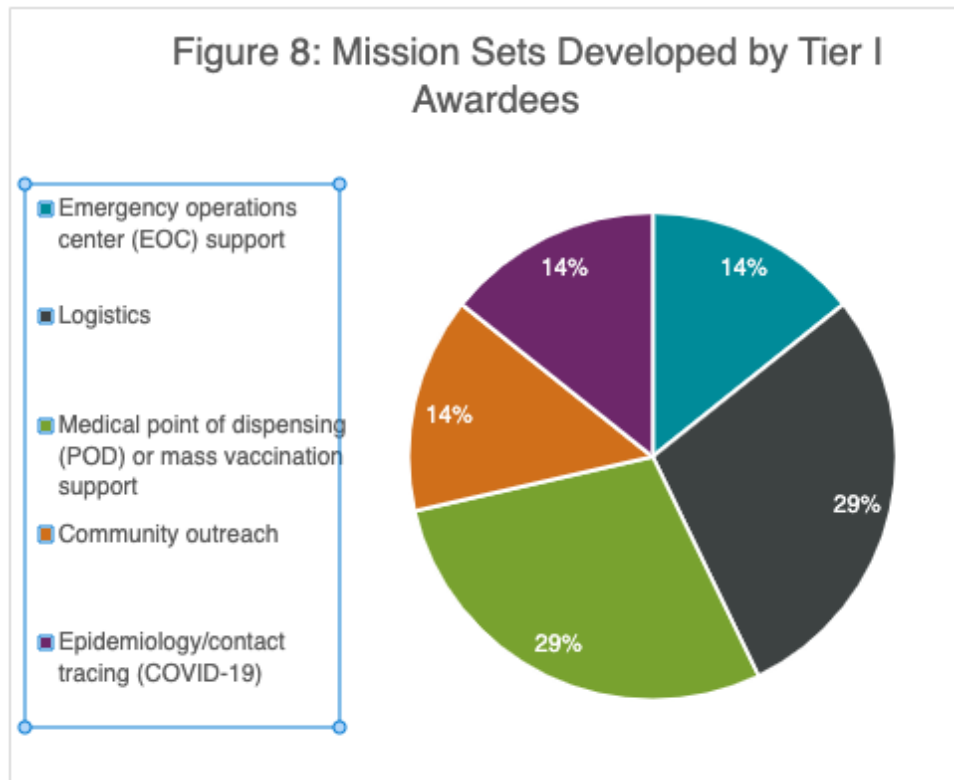


Figure 8 shows the most commonly used mission sets among Tier I MRC respondents

Tier II Awards

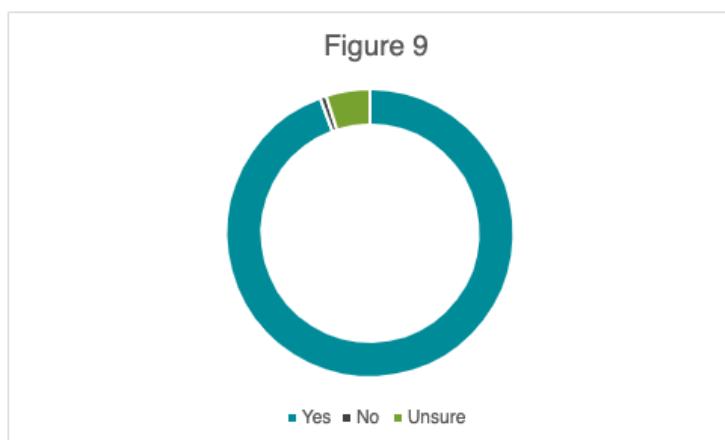


Figure 9 depicts the number of Tier II operational readiness awardees that felt the award improved their capabilities

Tier II Awards (\$10,000) were designed to fund projects that strengthen MRC unit response capabilities. In 2021, there were 141 Tier II awardees and 140 Tier II final survey respondents, a 99% survey response rate.

Overall, 96% of Tier II awardees who responded to the final survey felt their Operational Readiness Award helped their MRC unit to build capacity and/or capability, 5% reported feeling ‘unsure,’ and only one unit reported that their award did not improve the capability or capacity of their MRC unit – as illustrated by Figure 9. Of the seven units who answered ‘unsure,’ four units (57%) explained that they were not able to implement their award activities as planned due to the ongoing COVID-19 pandemic, and three units (43%) explained that they were only just receiving award money and/or had not had time to fully evaluate outcomes of the award.

According to respondents of the final report survey, the monetary value of 2021 ORA activities for Tier II awardees totaled nearly \$32 million, or over \$200,000 per Tier II respondent. **This constitutes a 1,394% return on investment for Tier II awards.**

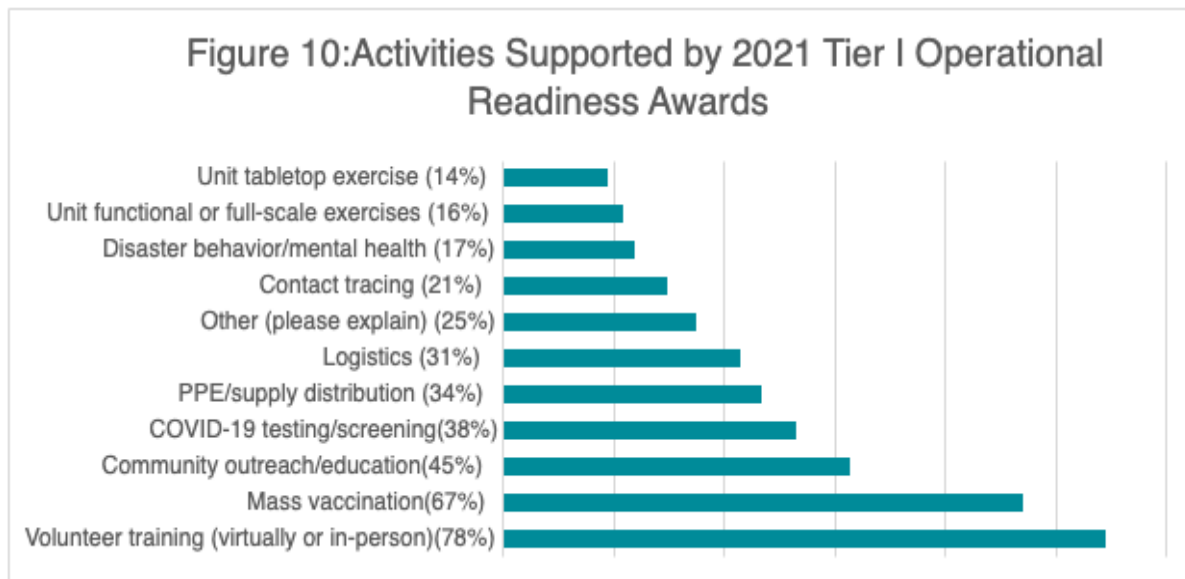
Personnel

Of the responding Tier II awardees, Operational Readiness Award activities were carried out by a total of 46,156 MRC volunteers who collectively served over 3,081,394 hours. On average, each Tier II respondent benefited from 330 MRC volunteers who each provided around 63 hours to their MRC unit’s award activities. Additionally, respondents reported that 2,403 individuals from community partner agencies supported Tier II ORA activities, or about 17 individuals per respondent.

Both the average number of volunteers and average volunteer hours per Operational Readiness Award were higher for 2021 Tier II respondents compared to the averages for 2020 Tier II respondents.

Award Activities

Tier II respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 10 below.



Volunteer training and recruitment were the most frequently reported award activities, with over 70% of Tier II respondents participating in each of these activities. This aligns with the 2020 ORA final survey where over two thirds of respondents also reported volunteer training and recruitment as award activities. 35 Tier II respondents reported participating in ‘Other’ activities. The most common ‘Other’ activity among these respondents was homeless shelter staffing (20%). This is a change from last year where the majority of respondents who reported ‘Other’ activities primarily listed supporting an isolation/quarantine facility, staffing call centers, and providing responder support and rehabilitation.

Evaluation

A majority (74%) of Tier II respondents reported evaluating their 2021 Operational Readiness Award activities while 8% were ‘unsure’ and 19% did not evaluate their award activities – as illustrated in Figure 11. The rate of respondents that reported evaluating their ORA activities rose from the previous year while, conversely, the rates of those who reported that they were ‘unsure’ or did not evaluate their award activities declined. Of the 26 units who reported they did not evaluate their activities, 12 (46%) reported that their activities or evaluation efforts were either in progress or planned for 2022. Event sign-in sheets were the most common evaluation method with 54% of evaluating Tier II respondents reporting their utilization. The next most common methods were deployment statistics and lessons learned with 39% and 33%, respectively, of evaluating respondents utilizing these methods. These statistics are consistent with the overall evaluation trends identified earlier in this report.

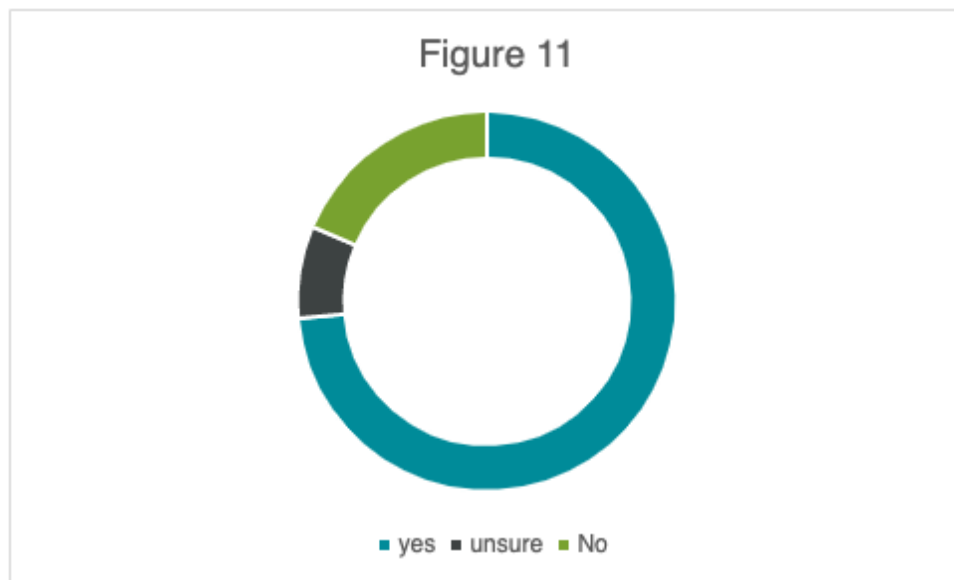
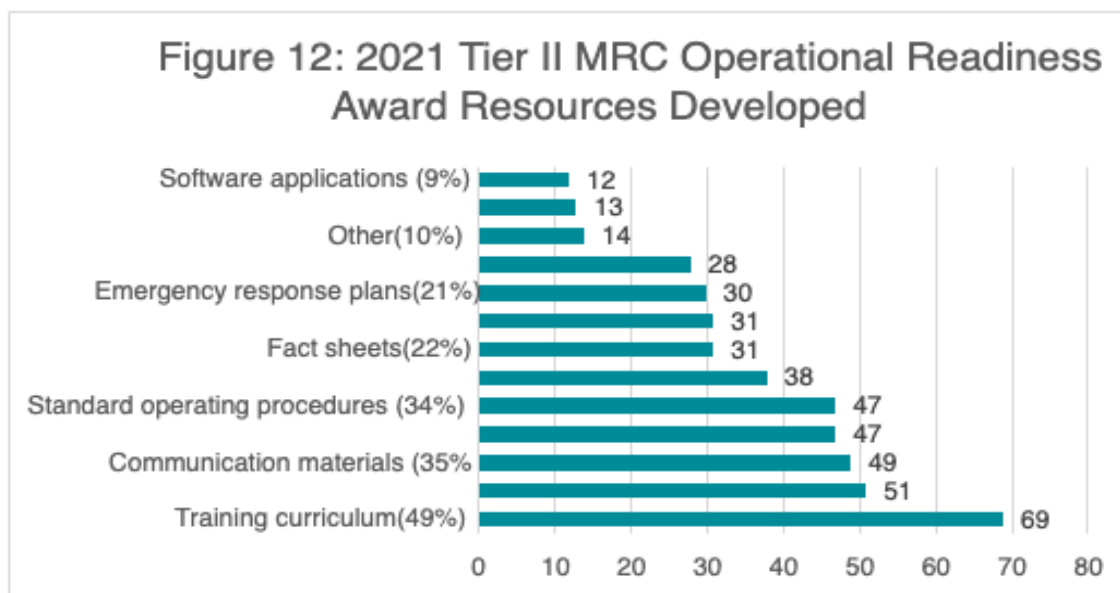


Figure 11 depicts the amount of Tier II units that evaluated their 2021 Operational Readiness Award activities

Resources

A majority (86%) of Tier II respondents developed at least one type of resource as a part of their 2021 Operational Readiness Award activities. Of the 120 units who developed resources, 86% developed more than one different type of resource with the average number of different types of resources developed standing at 3.8 per unit.

Figure 12 illustrates the types of resources developed by Tier II respondents. Of the units who did produce resources, 58% created a training curriculum, course, or class. The next most common resources were specialized response teams as well as communications materials with about 43% and 41% of resource developing Tier II respondents respectively creating each of these resources. Fourteen (12%) of Tier II MRC units reported creating “other” resources which most commonly included uniforms or other team recognition items and COVID-19 response. One Tier II MRC unit also reported using the award to purchase mental health handbooks for frontline health workers.



Mission Sets

About a quarter (26%) of Tier II respondents developed a total of 250 missions sets as a part of their ORA activities. Of those 36 units, 69% developed more than one mission set, with seven units creating 20 or more mission sets. As shown in figure 13, the most common mission set developed related to medical PODs or mass vaccination which were also the most common mission set developed among 2020 ORA recipients.

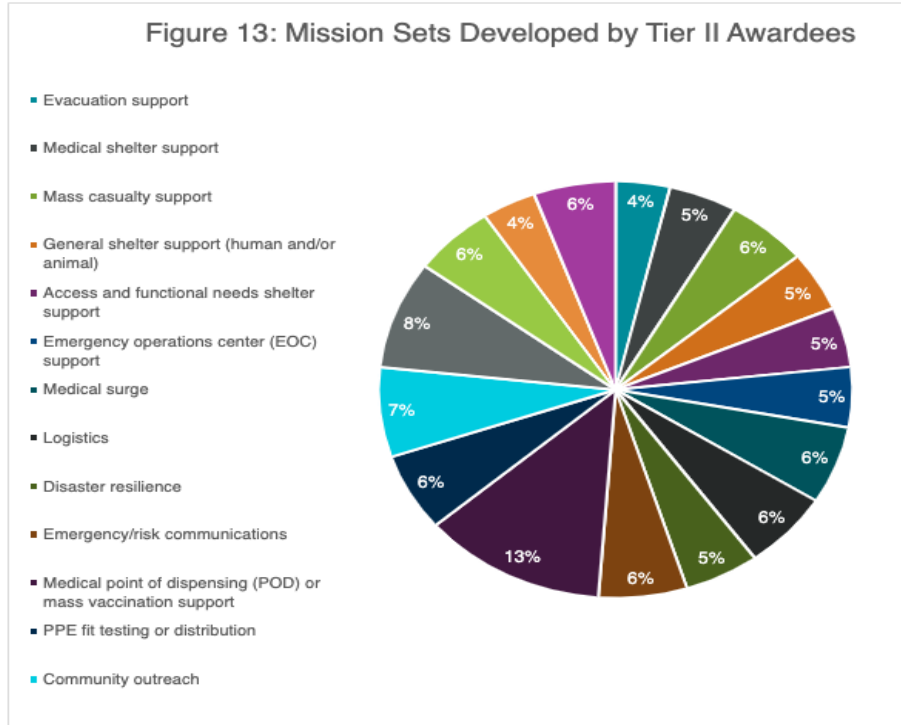


Figure 13 shows the most commonly used mission sets among Tier II MRC respondents

MRC Unit Leader Recommendations & Lessons Learned

Respondents were asked about their experience developing and implementing their award activities. Responses were reviewed, identifying the following three themes: Volunteer Recruitment, Volunteer Management, and Community Engagement via events.

Volunteer Recruitment

1. Utilize all community events including community clinics for recruitment by providing sign-up sheets.
2. Outreach to former medical personnel and retirees.
3. Provide certifications and trainings such as CPR certifications as motivation to sign up for volunteering.
4. Ensure that volunteer demographics reflect the community served by recruiting from within the community.
5. When MRC volunteers are deployed in public spaces, ensure they are recognizable (e.g., vest, t-shirts, lanyards) as these are opportunities to recruit new MRC volunteers.
6. Engage the community via presentations, events, and community partners to promote the MRC team and need for volunteers.

Volunteer Management

1. Utilize technology wherever possible to increase efficiency of volunteer management.
 - a. Allow interested persons to register to become an MRC volunteer on your website so that their information is entered directly into your database.
 - b. Utilize social media to circulate calls for volunteers.
 - c. Develop a separate database or purchase a volunteer management program that you can use offline.
 - d. Utilize media materials that reach retirees as they are often more likely to be available for volunteering.
 - e. Create remote volunteer opportunities.
 - f. Recommended services:
 - i. [FirstNet](#) – Public safety communications platform
 - ii. [Powtoon](#) - Web-based animation/video creation tool
 - iii. [SignUp.com](#) – Free web-based signup sheets
 - iv. [Constant Contact](#) – Email distribution service
 - v. [Coursera](#) – Website with various free and paid courses including [Johns Hopkins University COVID-19 Contact Tracing](#)
 - vi. [ID Creator](#) – Online ID service
 - vii. [Webex](#) & [Zoom](#) – Video conferencing services
2. Continue momentum around expanding access to online training events to not be so heavily dependent on in-person classroom-based training sessions. This practice will not only increase the adaptability of MRC units, but also increase accessibility.
3. Offer Psychological First Aid training to all MRC volunteers and be prepared to support the mental health of MRC volunteers and their families.
4. Stay on top of volunteer emails and try to respond to all concerns within 24 hours.
5. Have tools in place to identify burnout like check-in surveys.

Community Partnership

1. Partnership opportunities can come from a wide variety of agencies and individuals: community leaders, faith-based organizations, schools (K-12 and institutes of higher education), emergency responders, clinics/hospitals, local government, businesses, non-profits, local clubs (e.g., radio clubs), and senior centers.
 - a. Local universities and colleges have a wealth of resources including programming, guest speakers, subject matter experts, and other professionals that are motivated to assist and volunteer with local organizations.
2. Community partnerships are also great opportunities for recruiting new MRC volunteers. Always bring recruitment materials to partnership events.

Success Stories from the Field

Respondents were asked to share stories that captured the impact of their Operational Readiness Award activities on the people and communities that their MRC unit serves. Examples of these stories are shared below within four main categories: training in action, volunteer recruitment and retention, public health, and capacity to serve.

Training in Action

Sacramento Medical Reserve Corps, Tier II Awardee

“Although we have not been able to implement the entire training plan, we were able to provide on the job training for several members of our Team during the deployments. In one instance, our Team Members provided direct logistical support for several drive-thru PPE PODs, distributing kits to over 60,000 families in three days. Without our Logistics Team’s support, the Office of Emergency Management would not have been able to complete this mission.”

Central Utah MRC, Tier II Awardee

“My favorite story for this program, was when we were recording our STOP THE BLEED training and building the kits. I came up with the idea of creating and putting the training on Utrain in passing. The HOSA students immediately took this opportunity and just ran with the project, they created the QR codes, got their high school media team involved, and even teachers involved and started creating the training. When they were planning the project, I thought it would take months, I got a call one weekend morning at 7:00 AM to come down to the school, I came down, and they had the media team, a media room, all the kits made, and were recording videos for the training. They finished the training program that afternoon, and to see them work together, collaborate, and create the plans themselves was quite an experience I won't forget. After they finished, they drove around and dropped off the kits to the malls! It was awesome. That day was the day I learned, the MRC isn't just about "Us," it's all about who we engage to get the job done, it's all about our partners!”

Volunteer Recruitment and Retention

Central Nebraska MRC, Tier II Awardee

“We were able to recruit retired nurses who reactivated their lapsed licenses and perform specific functions that would assist our 23 counties in multiple avenues. Specifically, we assisted in the initial SNS distribution, asset allocation, and distribution and the administration of testing and vaccination clinic support. From the March 20th Grand Island Independent Newspaper, "There’s a whole workforce that’s untapped right now because they are in retirement that have the skills, the knowledge and can greatly assist during a crisis time like this," said Central Nebraska Reserve Corps Coordinator, Ron Pughes.”

Rock Island County Medical Reserve Corps Tier I Awardee

“I believe that the Billboard photos to recognize and recruit volunteers made an impact. We had two billboards put up in high traffic areas in the two largest cities in the county. These billboards had a photo of two Rock Island County volunteers with the caption "Thank you Rock Island County Medical Reserve Corps for helping vaccination the community against COVID-19!", the Rock Island County MRC

logo, Rock Island County Health Department logo, and the health department website where they can apply to become a volunteer. The two MRC volunteers pictured were so happy to be a part of the campaign! And other volunteers have expressed how much they appreciated the recognition, as well as being part of this mammoth public health response.”

Public Health

Pickaway MRC, Tier II Awardee

“Pickaway County is a smaller, rural/agricultural county in Ohio. We primarily serve those who are working class, white, 25-64 years of age, and with a median household income of \$62,214. Our Health Department slightly mirrors these statistics with us having a smaller workforce, and even smaller group that is able to offer vaccinations. The MRC ORA 2021 award allowed us to recruit members, recognize their accomplishments, and purchase items to help the vaccination process be as comfortable as possible for our residents. Through these efforts, we saw several days in 2021 where we were able to successfully vaccinate over 500 people. None of this could have been accomplished without the help of our MRC Unit. We've had volunteers helping at outdoor drive-thru clinics, assisting with distributing COVID-19 test kits, traveling to homebound patients that needed vaccinated, and visiting schools, teachers, local companies, and the Developmentally Disabled population to administer vaccine. Through the MRC Unit we were able to respond and continue to respond to the pandemic in a robust way that made an impact in getting our County vaccinated.”

Fairfax County MRC, Tier II Awardee

“During the fall of 2021, a total of 92 Fairfax MRC vaccinators consistently helped to support the Fairfax County Government Center Vaccination Clinic as well as several other community coordinated clinics that address equity in the county. This award gave these volunteers the opportunity to meet the Virginia Department of Health training standards for vaccinators and they dedicated approximately 5,900 hours in support of the critical COVID-19 vaccination mission.”

Increased Capacity to Serve

Kane County MRCs, Tier II Awardee

“Our MRC volunteers have provided a level of service that was appreciated by those served at our vaccination clinics. Our volunteers take the extra time and effort to make clients comfortable throughout the process, ensuring that questions are answered, and needs are met. From those that are afraid of needles, families with special needs children, and more, our volunteers have done an amazing job of handling these situations and providing a level of service beyond our expectations”

Shoreline County Medical Reserve Corps, Tier II Awardee

“Shoreline MRC was called to assist on a mass vaccination clinic for teachers for nearby school districts. This was the largest vaccination clinic we deployed to in 2021. We deployed over 25 volunteers in shifts schedules and had over 150 volunteer hours served. The volunteers varied by their experience levels, with some volunteering for the first time. The volunteers were able to work together and assist when others may not know the full capability of their role at times. There was also troubleshooting by the volunteers in their sections when others did not show up for their shift, such as maneuvering to different positions or relieving others when it was their time for a break. Hundreds of

faculty and staff members were vaccinated that day. It was great to see volunteers of all backgrounds come together and help in such a large event, especially as this was a time of a large demand for vaccine distribution.”

Next Steps

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

- ❖ Continuation of the ORA program with funds and projects for the first round of the 2022 award year already well underway
- ❖ Publishing MRC InTouch eDigest Newsletter feature articles
- ❖ Adding resources developed to the NACCHO MRC Toolkit
- ❖ Further identifying and promoting MRC units for their work

Additionally, findings from this report have been helpful in developing future MRC ORAs. For example, many substantive projects with unique resources and evaluation efforts were developed by Tier II Awardees which influenced the decision to increase 2021 ORA tiers to \$5,000 and \$10,000 for Tiers I and II, respectively.

Acknowledgements

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