

Medical Reserve Corps

2020 Operational Readiness Awards Final Report

August 2021

PROMOTE, SUPPORT, AND BUILD CAPACITY IN THE MEDICAL RESERVE CORPS

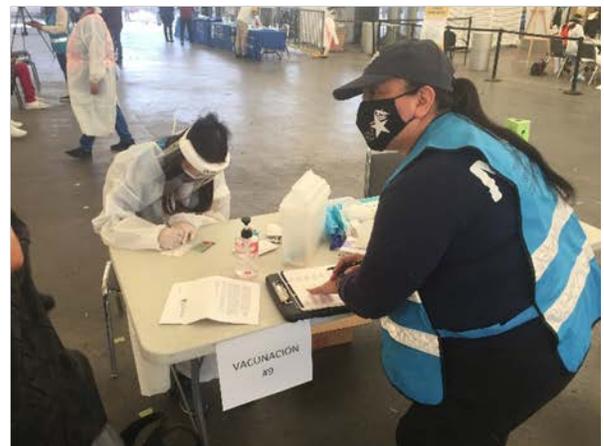




Table of Contents

Summary of the 2020 Operational Readiness Awards	3
What are the Operational Readiness Awards?	3
Award Tiers	3
Impacts of COVID-19 on the Operational Readiness Awards	3
2020 Operational Readiness Awards Impacts and Outcomes (All Tier Levels)	4
Fast Facts.....	4
Geographic Impact.....	4
ASPR Priorities for the MRC	5
Personnel	5
Evaluation	6
Resources.....	7
Tier I Awards	8
Personnel	8
Award Activities	9
Evaluation	9
Resources.....	10
Tier II Awards	11
Personnel	11
Award Activities	12
Evaluation	12
Resources.....	13
MRC Unit Leader Recommendations and Lessons Learned	14
Success Stories from the Field	15
Next Steps	17
Acknowledgements.....	17

Summary of the 2020 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 between the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), and Medical Reserve Corps Program.

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 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. 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 include 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 report survey to provide insights about the impacts and outcomes of their 2020 Operational Readiness Award activities. This report includes the results of that evaluation survey for the 2019-2020 award year.

Award Tiers

In 2020, NACCHO awarded **202 MRC Operational Readiness Awards**, totaling \$1.1 million, via two funding tiers:

- ❖ **(83 units) Tier I: \$2,500** – Projects designed to strengthen MRC volunteer capabilities
- ❖ **(119 units) Tier II: \$7,500** – Projects designed to strengthen MRC unit response capabilities

Impacts of COVID-19 on the Operational Readiness Awards

It is worth noting that the 2019-2020 award year was extremely challenging for MRC units and local health departments due to the emergence of the coronavirus disease 2019 (COVID-19) pandemic in March 2020. Therefore, many planned 2020 Operational Readiness Award activities were impacted. While 43% 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 (96%) have plans to continue or complete planned activities in 2021.

Due to the profound impacts of COVID-19, NACCHO allowed awardees to modify their original award plans. Beginning in May 2020, 114 MRC units submitted and were approved for modified award plans (including modified activities and/or timelines) to reflect their involvement in COVID-19 response activities such as contact tracing, personal protective equipment (PPE) distribution, establishing and staffing call centers/help lines, COVID-19 screening and testing, disaster behavioral and mental health, and community outreach.

Additionally, awardees were asked to complete the final report survey between February and May 2021. During this time, MRC units and local health departments were focused on the rapid administration of COVID-19 vaccines, and thus responses may have been impacted.

2020 Operational Readiness Awards Impacts and Outcomes (All Tier Levels)

Fast Facts

 <p>185 awardees, or 92% of all awardees, completed the final report survey which informed this report.</p>	 <p>85% of respondents felt that their award activities improved the capability/capacity of their MRC unit.</p>
 <p>65% of respondents developed resources as part of their Operational Readiness Award activities.</p>	 <p>52% of respondents evaluated the impact and/or outcomes their Operational Readiness Award activities.</p>
 <p>Of responding units, 14,823 MRC volunteers contributed to 2020 Operational Readiness Award activities.</p>	 <p>Of responding units, over 369,850 total volunteer hours were dedicated to Operational Readiness Award activities.</p>

Geographic Impact

Operational Readiness Award projects spanned 40 different states and all ten HHS regions. Figure 1 shows the locations of all 202 of the 2020 Operational Readiness Awardees.

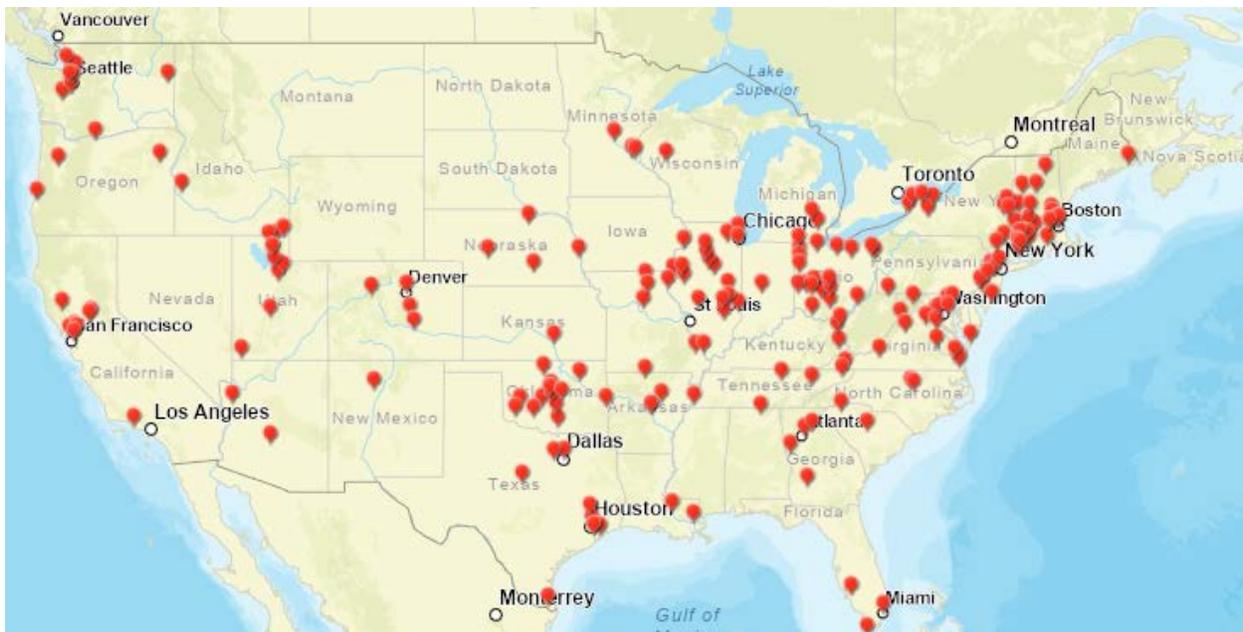


Figure 1: Locations of all 2020 Operational Readiness Awardees.

ASPR Priorities for the MRC

Applicants for 2020 Operational Readiness Awards were asked to describe how their project supported at least one of the four ASPR priorities for the MRC:

- 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®, You are the Help Until Help Arrives, CPR/AED, and naloxone administration training events

All awardees successfully identified how their planned activities supported at least one of the ASPR priorities with a collective emphasis on community response outreach and training as well as PODs, mass vaccinations, and other mass dispensing efforts. However, this information was collected before the COVID-19 pandemic. In late spring of 2020, awardees had the opportunity to modify their award activities and corresponding ASPR priority of focus in order to best respond to the public health emergency.

Personnel

Both the number of personnel and hours devoted to support the 2020 MRC Operational Readiness Award activities was astounding. On average, each MRC unit that responded to the final survey had 80 MRC volunteers providing 2,000 hours to MRC Operational Readiness Award activities. Each responding MRC unit also benefited from an average of 10 individuals from community partner agencies who supported Operational Readiness Award activities.

According to final report survey respondents, the monetary value of 2020 Operational Readiness Award activities totaled over \$7 million, or nearly \$38,000 per awardee. **Overall, this constitutes an estimated return on investment of 585%.**



Upper Merrimack Valley MRC, Tier II Awardee

Evaluation

When asked whether Operational Readiness Award activities were evaluated, one awardee (0.5%) did not respond and of those who did respond, 97 awardees (52%) did conduct an evaluation, 49 (26%) did not, and 38 (21%) were unsure. Respondents who reported ‘no’ or were ‘unsure,’ had the opportunity to explain their responses including some of the following:

No Evaluation:

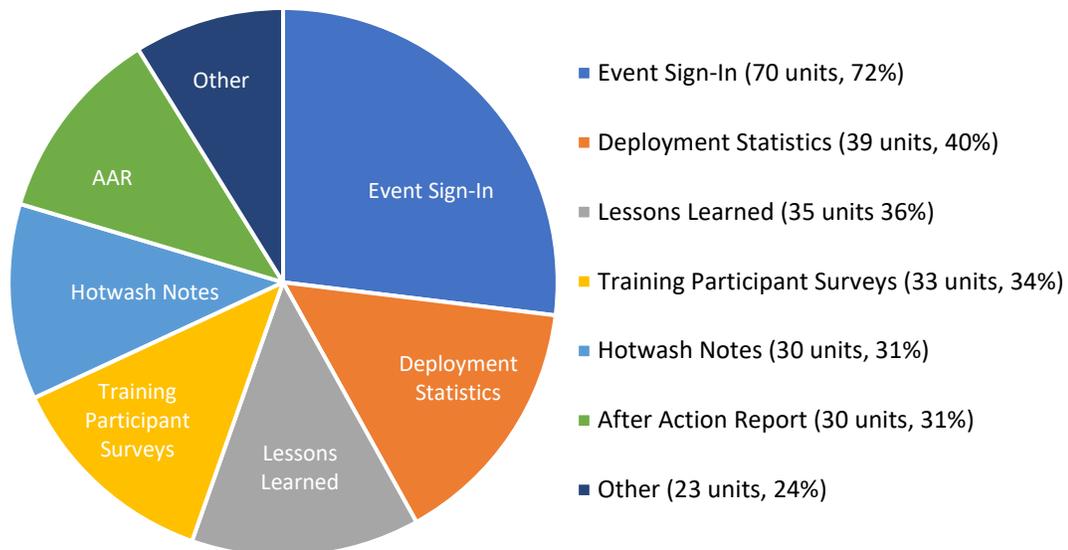
- Award activities were not complete.
- Limited resources were available to conduct an evaluation due to the COVID-19 pandemic.

Unsure About Evaluation:

- Evaluation is pending or upcoming.
- Objectives changed due to the COVID-19 pandemic.
- MRC leadership changed.
- Confusion over which entity would have evaluated the award activities.

Of the 97 awardees who evaluated their activities, 79% reported utilizing more than one type of evaluation method. Event sign-in was the most common evaluation method, used by 72% of evaluating MRC units. Deployment statistics were used by 40%, lessons learned were used by 36%, training participant surveys were used by 34%, and both hotwash notes and after action reports (AAR) were used by 31% of evaluating MRC units. The 24% of evaluating units who reported “other” evaluation methods utilized such methods as onsite observation, MRC Factors for Success score, and learning management system usage statistics. Figure 2 illustrates the utilization of different evaluation methods by the 97 evaluating MRC units.

Figure 2: Evaluation Methods used by Evaluating MRC Units

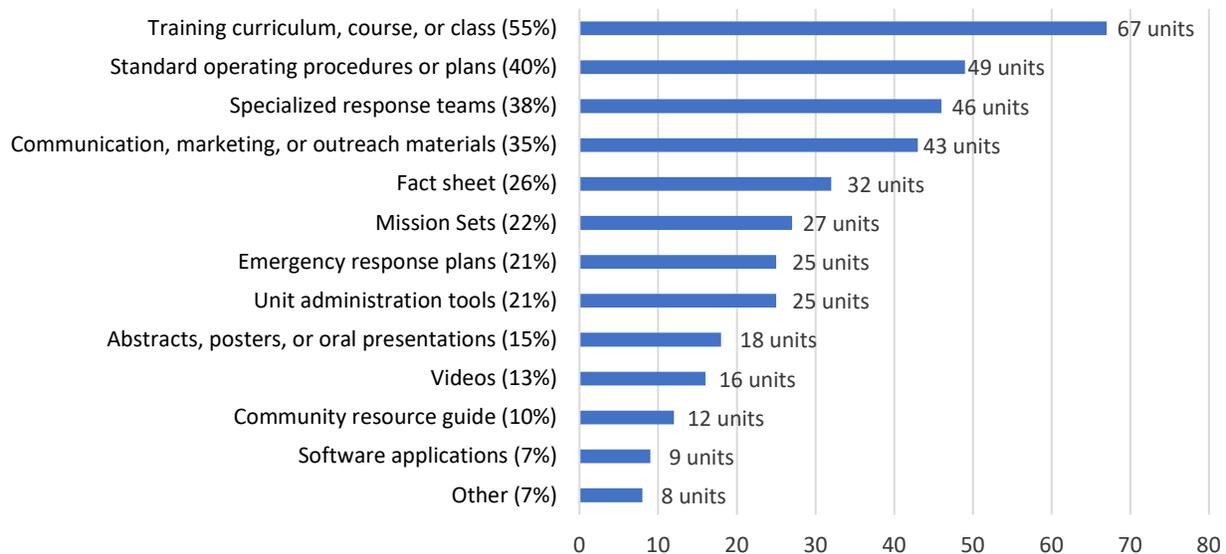


Resources

Respondents to the final survey were asked whether they developed resources and if so, what types. Most respondents (65%) reported developing at least one type of resource. Of the 121 respondents who produced resources, 74% reported developing more than one different type of resource with the average number of different types of resources produced being 3.2 per unit.

Of the units who produced resources, 55% created a training curriculum, course, or class. The next most common resources were standard operating procedures or plans; specialized response teams; and communication, marketing, or outreach materials, with about 40%, 38%, and 35% of resource developing awardees respectively creating each of these resources. Eight MRC units reported creating “other” resources which included Just in Time Teaching resources, POD resources, a volunteer survey letter, stickers for volunteers, an MRC handbook, alerts and messages to volunteers, admin remote/fieldwork station, and pet shelter kits. Figure 3 illustrates the different types of resources developed by the 121 MRC units.

Figure 3: 2020 MRC Operational Readiness Award Resources Developed



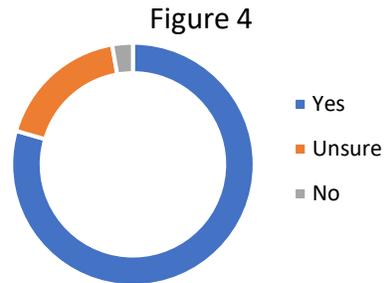
Notable Resources Developed by the 2020 Operational Readiness Awardees:

- [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
- [Public Health Acupuncture Just in Time Training](#) – NM Integrative Wellness MRC, Tier II Awardee
- [Mobile Command Post Guide](#) - Capitol Region MRC, Tier II Awardee
- [Responder Rehabilitation Program](#) - Orange County MRC, Tier II Awardee
- [COVID-19 Response MRC Volunteer Economic Impact Tool](#) – Franklin County and Columbus MRC, Tier II Awardee

Tier I Awards

Tier I Awards (\$2,500) were intended for projects that strengthened MRC unit capabilities through retention, recruitment, training events, and logistical resources. In 2020, there were 83 total Tier I Awards and 73 Tier I final survey respondents, an 88% survey response rate.

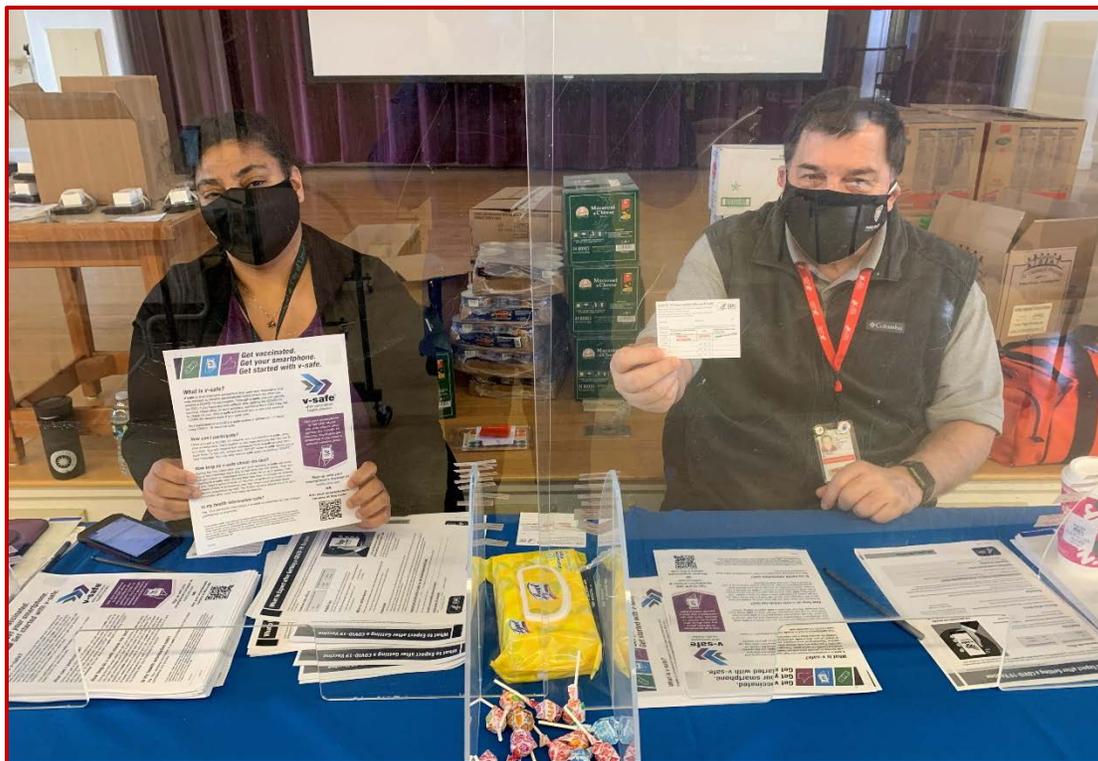
Overall, 79% of Tier I Awardees who responded to the final survey felt their Operational Readiness Award helped their MRC unit to build capacity and/or capability, 18% reported feeling 'unsure,' and only two units (3%) reported that their award did not improve the capability or capacity of their MRC units – as illustrated by Figure 4. Of the 15 respondents who answered 'unsure' or 'no,' 11 units (73%) explained that they were not able to implement their award activities as planned due to the COVID-19 pandemic.



According to respondents of the final report survey, the monetary value of 2020 Operational Readiness Award activities for Tier I awardees totaled nearly \$2.1 million, or over \$28,000 per Tier I awardee. **This constitutes a 1,037% 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 3,473 MRC volunteers who collectively served over 53,000 hours. On average, each Tier I respondent benefited from 47 MRC volunteers who each provided over 15 hours to their MRC unit's award activities. Additionally, respondents reported that 550 individuals from community partner agencies supported Tier I Operational Readiness Award activities, or about 7 per respondent.



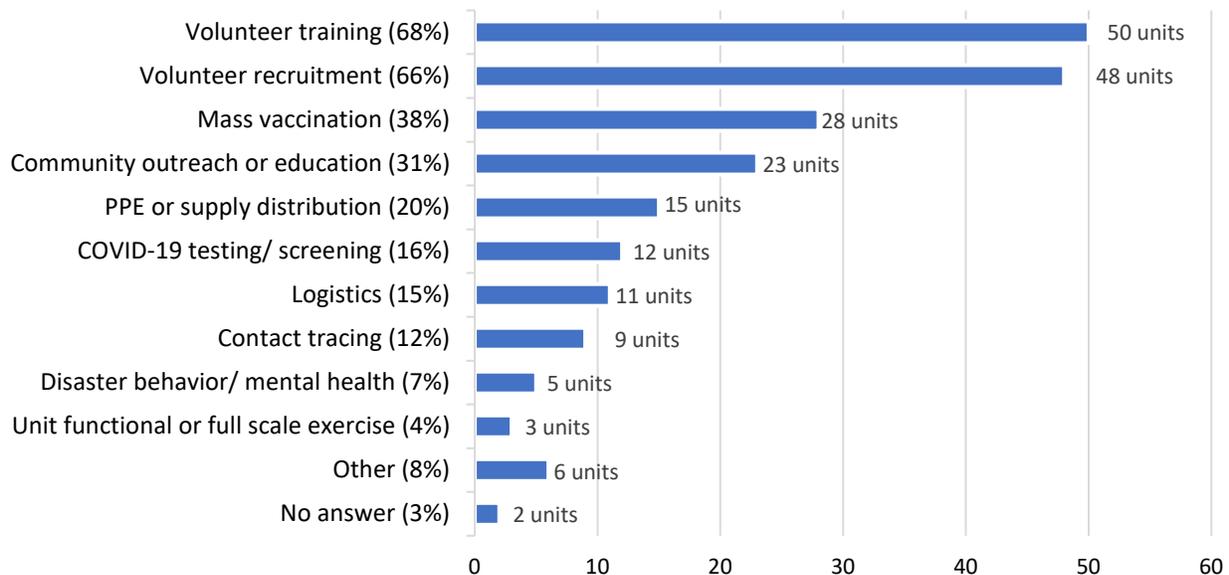
Upper Merrimack Valley MRC, Tier II Awardee

Award Activities

Tier I respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 5 below. 81% of Tier I respondents used their Operational Readiness Award to support multiple activities, with the average Tier I respondent participating in three different award activities.

Tier I respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 5 below. 81% of Tier I respondents used their ORA to support multiple activities, with the average Tier I respondent participating in three different award activities. Two units did not indicate which activities their award supported.

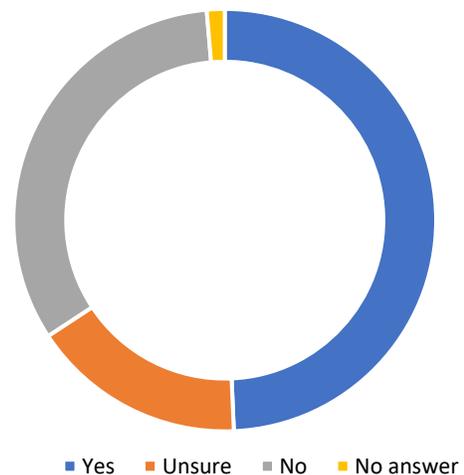
Figure 5: Activities Supported by 2020 Tier I Operational Readiness Awards



Evaluation

49% of Tier I respondents reported evaluating their 2020 Operational Readiness Award activities while 16% were 'unsure' and 33% did not evaluate their award activities – as illustrated in Figure 6. Of the 36 units who reported they were 'unsure' or did not evaluate their activities, 12 (33%) of awardees reported that their activities or evaluation efforts were delayed due to the COVID-19 pandemic. Event sign-in sheets were the most common evaluation method with 69% of evaluating Tier I respondents reporting their utilization. The next most common methods were deployment statistics and lessons learned with 39% and 36%, respectively, of evaluating units utilizing these methods. These statistics are consistent with the overall evaluation trends identified earlier in this report.

Figure 6

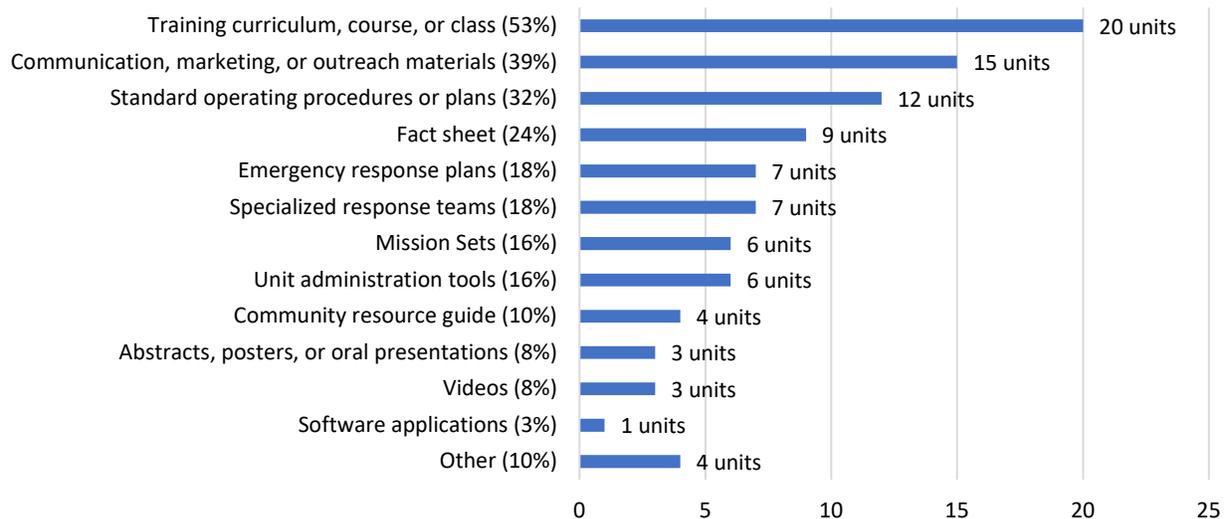


Resources

51% of Tier I respondents developed at least one type of resource as a part of their 2020 Operational Readiness Award activities. Of the 37 units who developed resources, 73% developed more than one different type of resource with the average number of different types of resources developed standing at 2.6 per unit.

Figure 7 illustrates the different types of resources developed by Tier I respondents. Of the units who did produce resources, 53% created a training curriculum, course, or class. The next most common resources were communication, marketing, or outreach materials as well as standard operating procedures or plans with about 39% and 32% of resource developing Tier I respondents respectively creating each of these resources. Four Tier I respondents reported creating “Other” resources which included Just in Time Teaching resources, a volunteer survey letter, stickers for volunteers, and alerts and messages to volunteers.

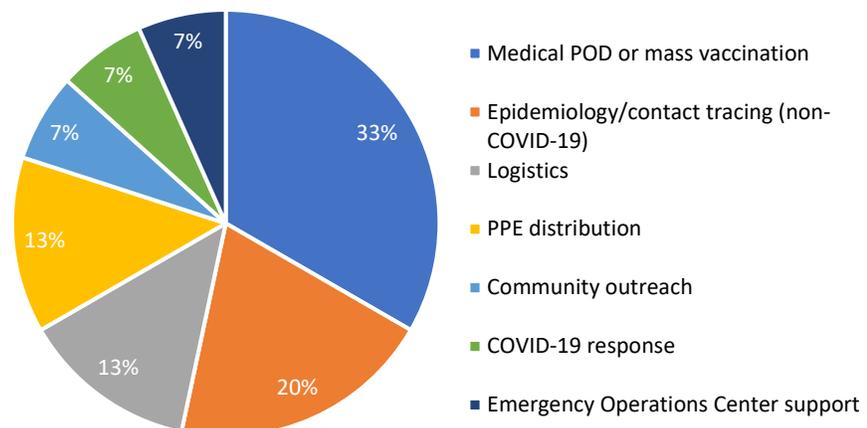
Figure 7: 2020 Tier I MRC Operational Readiness Award Resources Developed



Mission Sets

Six (8%) Tier I respondents developed a total of 15 mission sets as a part of their Operational Readiness Award activities. Of those six units, 50% developed more than one mission set. As shown in figure 8, the most common mission set developed related to medical PODs or mass vaccination.

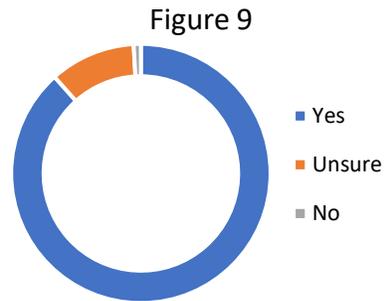
Figure 8: Mission Sets Developed by Tier I Awardees



Tier II Awards

Tier II Awards (\$7,500) were designed to fund projects that strengthen MRC unit response capabilities. In 2020, there were 119 Tier II awardees and 112 Tier II final survey respondents, a 94% survey response rate.

Overall, 88% 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, 11% 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 12 units who answered 'unsure,' five units (42%) explained that they were not able to implement their award activities as planned due to the COVID-19 pandemic, and two units (17%) explained that MRC staff turnover impacted their award activities.



According to respondents of the final report survey, the monetary value of 2020 ORA activities for Tier II awardees totaled nearly \$5 million, or over \$44,000 per Tier II respondent. This constitutes a 488% 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 11,350 MRC volunteers who collectively served over 316,000 hours. On average, each Tier II respondent benefited from 101 MRC volunteers who each provided around 28 hours to their MRC unit's award activities. Additionally, respondents reported that 1,412 individuals from community partner agencies supported Tier II ORA activities, or about 13 individuals per respondent.

Both the average number of volunteers and average volunteer hours per Operational Readiness Award were higher for each Tier II respondents compared to the averages for Tier I respondents. Relative to the average Tier I respondent, each Tier II respondent benefited from 2.1 times more volunteers and 3.8 times more volunteer hours.



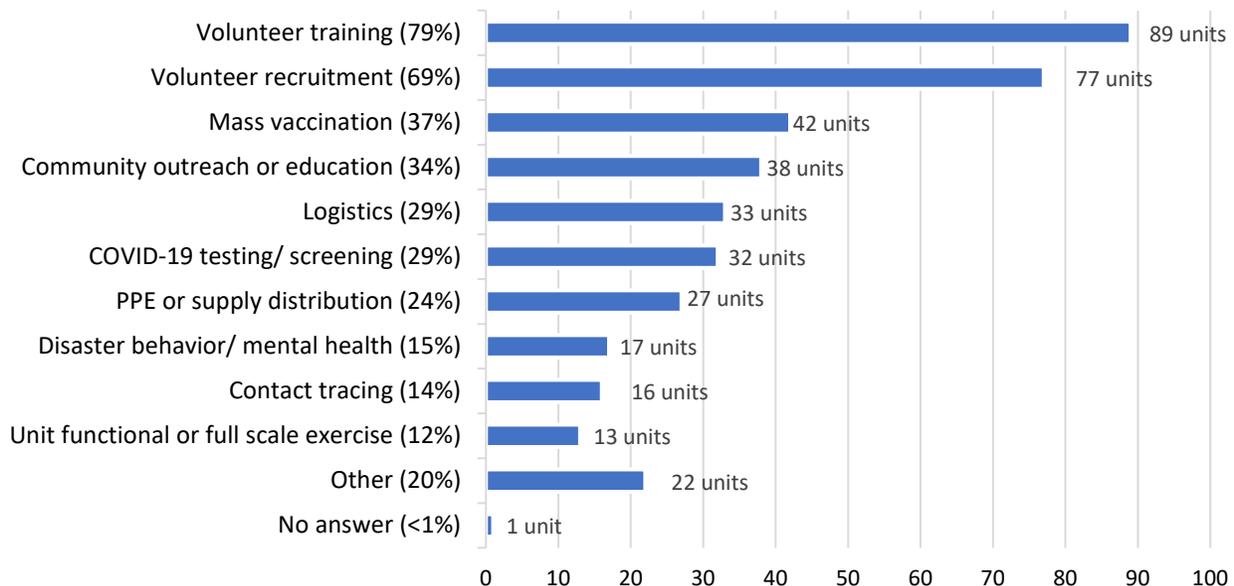
Niagara County MRC, Tier II Awardee

Award Activities

Tier II respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 10 below. 87% of Tier II respondents used their ORA to support multiple activities, with the average Tier II respondent participating in 3.7 different award activities.

Volunteer training and recruitment were the most frequently reported award activities, with well over two thirds of Tier II respondents participating in each of these activities. 22 Tier II respondents reported participating in ‘Other’ activities which included supporting an isolation/quarantine facility, staffing call centers (four units), providing responder support and rehabilitation (three units), providing clerical assistance to their local health department (two units), and purchasing volunteer uniforms, shelter kits, a mobile field office, and equipment (four units). One unit did not indicate which activities their award supported.

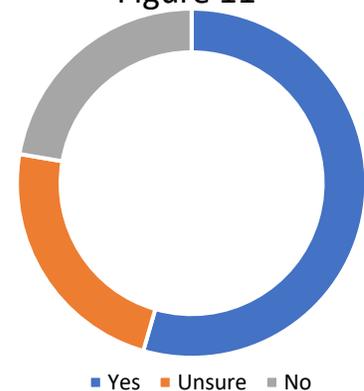
Figure 10: Activities Supported by 2020 Tier II Operational Readiness Awards



Evaluation

54% of Tier II respondents reported evaluating their 2020 Operational Readiness Award activities while 23% were ‘unsure’ and 22% did not evaluate their award activities – as illustrated in Figure 11. Of the 51 units who reported they were ‘unsure’ or did not evaluate their activities, 14 (27%) reported that their activities or evaluation efforts were delayed due to the COVID-19 pandemic. Event sign-in sheets were the most common evaluation method with 75% of evaluating Tier II respondents reporting their utilization. The next most common methods were deployment statistics and training participant surveys with 43% and 41%, respectively, of evaluating respondents utilizing these methods. These statistics are consistent with the overall evaluation trends identified earlier in this report.

Figure 11

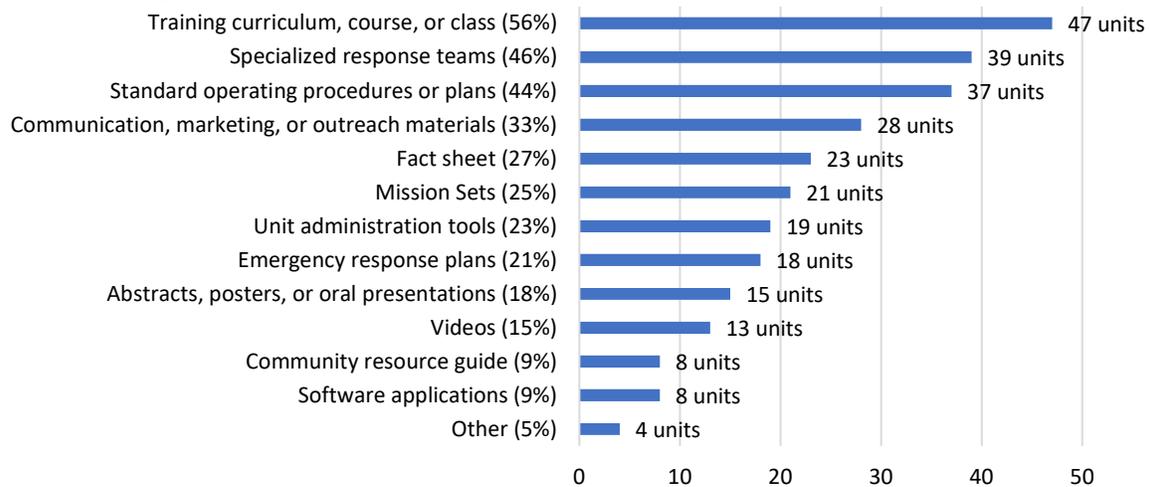


Resources

75% of Tier II respondents developed at least one type of resource as a part of their 2020 Operational Readiness Award activities. Of the 84 units who developed resources, 73% developed more than one different type of resource with the average number of different types of resources developed standing at 3.3 per unit.

Figure 12 illustrates the different types of resources developed by the 84 Tier II respondents. Of the units who did produce resources, 56% created a training curriculum, course, or class. The next most common resources were specialized response teams as well as standard operating procedures or plans with about 46% and 44% of resource developing Tier II respondents respectively creating each of these resources. Four Tier II MRC units reported creating “other” resources which included POD resources, an MRC handbook, admin remote/fieldwork station, and pet shelter kits.

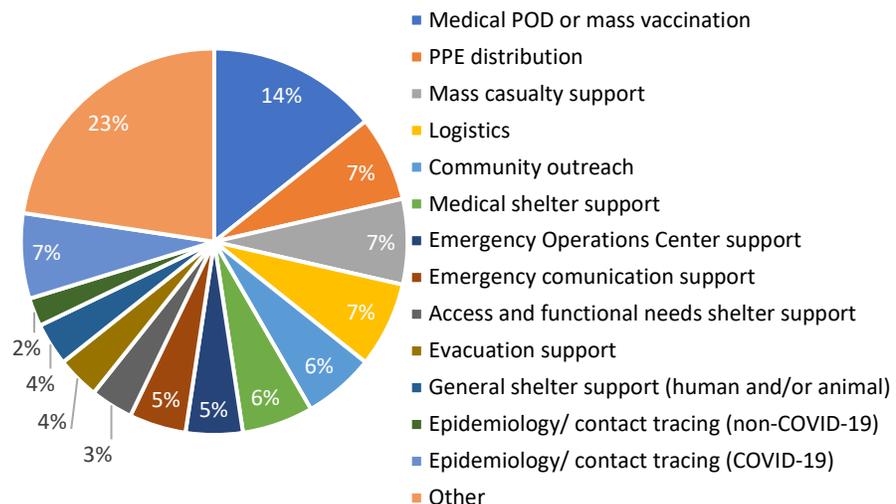
Figure 12: 2020 Tier II MRC Operational Readiness Award Resources Developed



Mission Sets

21 (19%) Tier II respondents developed a total of 84 mission sets as a part of their ORA activities. Of those 21 units, 76% developed more than one mission set, with one unit creating 25 mission sets. As shown in figure 13, the most common mission set developed related to medical PODs or mass vaccination.

Figure 13: Mission Sets Developed by Tier II Awardees



MRC Unit Leader Recommendations and 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 Partnerships.

Volunteer Recruitment

1. Capitalize on existing MRC volunteers by asking them to refer their friends and colleagues.
2. Conduct outreach to non-medical as well as young professional potential volunteers to ensure unit capabilities are balanced and a diversity of experiences are present.
3. Perform an audit of current MRC volunteer demographics and identify the ways in which the unit can better reflect the community they serve.
4. 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.
5. Always have recruiting materials with you – you never know when an opportunity may present itself!

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. 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.

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. Ensure to 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 equipment/materials.

Training in Action

Medina County Medical Reserve Corps, Tier II Awardee

“An MRC Volunteer who signed up for the [Mental Health First Aid] course happened to be speaking with a soldier who was depressed and considering suicide at the time. The volunteer completed the course and was able to utilize the tools, mechanisms, and resources learned from the course to actually save the soldier's life.”

Shelby County Medical Reserve Corps, Tier II Awardee

“While working on the Shelby County COVID-19 response, a group of non-medical [MRC] volunteers were working filing charts... when a staff member collapsed. There were two paramedics in the room who immediately begin rendering aid to the staff member. The volunteers who recently became CPR certified were standing by, feeling confident enough to assist if needed. Their assistance was not needed, but it was a great feeling to all to know that they had learned the skills to assist in such situations.”

Volunteer Recruitment and Retention

Bear River Medical Reserve Corps – Rich County, Tier I Awardee

“Two participants in one of our STOP THE BLEED® classes were brand new members of their local volunteer fire department. The class not only helped recruit them to join our MRC program, but it also helped serve as a retention tool for their fire department. Both are now students in an [Emergency Medical Technician] class because of the interest generated by our [STOP THE BLEED®] class. This not only helps their fire department, but the added education and experience they receive will only further benefit the MRC.”

Metro East Medical Reserve Corps, Tier I Awardee

“We were fortunate enough to assist with the COVID-19 vaccination clinics for the Perkins School for the Blind. A client that went through our clinic asked me about my MRC shirt and mentioned that everywhere they turn, they see MRC volunteers assisting. They mentioned that they received their fall flu shot from an MRC volunteer, were tested for COVID-19 from an MRC volunteer, and now are receiving their COVID-19 vaccination from an MRC volunteer... It has been years since our members had anything to make them recognizable as an MRC volunteer; now that they have these t-shirts, our



communities are able to see all that they can accomplish, and that will not only help us recruit valuable members, but also strengthen our legitimacy.”

Public Health

Medical Reserve Corps of West Georgia, Tier II Awardee

“The Healthcare Intervention Team (HIT) was deployed to a skilled nursing facility, where the facility was on its third outbreak in three months. The HIT had a volunteer epidemiologist attached and provided recommendations on how to reduce the spread of COVID-19 using standard cleaning techniques and serial testing for six weeks. I am proud to say that the facility managed to reduce its number of [residents] who caught COVID-19 to below four over the next six months.”

Franklin Medical Reserve Corps, Tier I Awardee

“Several of our newly vetted and trained medical volunteers provided hundreds of hours staffing at The Tent Project, a pop-up isolation tent operation for members of the homeless community. Volunteers had such moving stories of helping in this hectic environment, some saying it was the most meaningful service they ever provided. The organizers of the operation... continually expressed gratitude and let us know they were very impressed with MRC professionalism, flexibility and spiritedness. MRC volunteers invested hundreds of hours helping COVID-19 positive homeless individuals receive the care they deserved.”

Equipment/Materials

Berkshire Medical Reserve Corps, Tier II Awardee

“We wanted to find a way to keep [the Children's Response Team] engaged during [the pandemic]. We partnered with Children's Disaster Services to train our volunteers about particular items used for therapeutic play. We then procured these items to make 100 MRC Kid's Kits - which we are donating to an organization that serves kids who have experienced domestic violence (DV) related trauma. Our volunteers were so excited to stuff these bags knowing they would help children heal. We labeled the kits from MRC and included a card inside the kits that had creative ideas for what to do with some of the toys in the kits. We are thrilled to have established a new collaboration with Children's Disaster Services (our trainers) as well as the DV organization in our county. We know 100 kids will begin healing through play with our new MRC Kid's Kits.”

Oklahoma Region 3 - Comanche/Cotton Counties Medical Reserve Corps, Tier II Awardee

“The 2020 summer months in Oklahoma were brutal and COVID-19 testing had to be completed outside. The fans that were purchased with ORA funds were literally lifesaving. Staff was able to take a hydration break to drink water and be sprayed with a light mist of water from the industrial misting fans and cooled off enough to resume work. Transversely, outdoor COVID-19 testing had to be conducted under cover in an open area in subzero temperatures. The industrial kerosene heaters proved invaluable to provide a warmup to staff while they continued testing in all types of weather.”

Next Steps

NACCHO will use the information collected in this report to continue developing the benefits of the Operational Readiness Awards 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 2021 award year already well underway and second round funding beginning
- ❖ 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 Operational Readiness Awards. 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.

Since 2020 was the first year that NACCHO administered Operational Readiness Awards, a change from previous years' Challenge Awards, there was confusion among some MRC units about expected award activities and reporting procedures. Therefore, NACCHO will take steps to clarify award expectations and procedures moving forward.

Acknowledgements

This project was supported by the cooperative agreement (grant #6 HITEP150032-02-13) from the Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. NACCHO is grateful for this support. The contents of this report do not necessarily represent the official views of the sponsor.