

Medical Reserve Corps

2023 Operational Readiness Awards

Final Report

May 2024



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University of Texas MRC, Tier I Awardee

Summary of the 2023 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 (ORAs) 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.

The ORAs are 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.

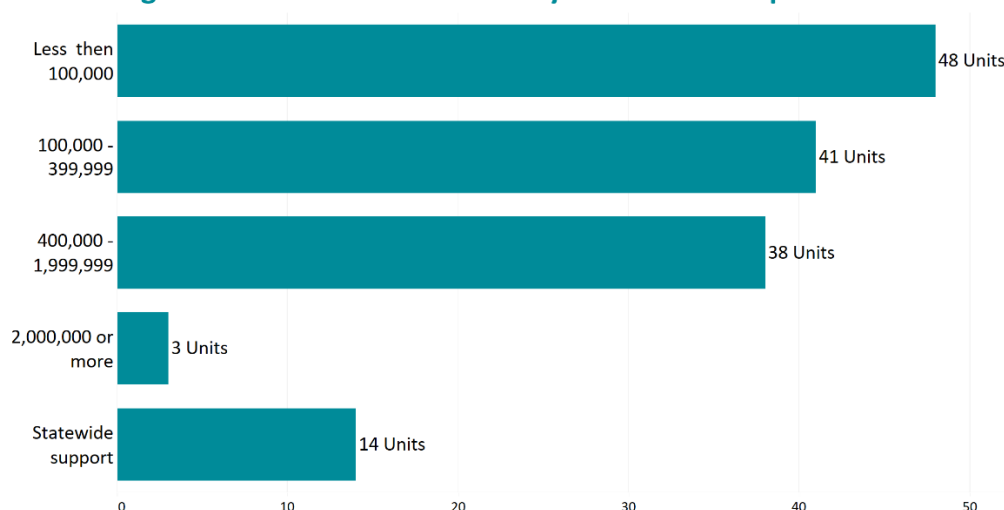
At the end of the project year, awardees were asked to complete a final program evaluation survey to provide insights about the impacts and outcomes of their 2023 Operational Readiness Award activities. This report includes the results of that evaluation survey for the 2022-2023 award year.

Award Tiers

In 2023, NACCHO awarded **144 MRC Operational Readiness Awards**, totaling \$1,235,000, via two funding tiers:







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

Figure 1: 2023 ORA Awardees by Jurisdiction Population Size



2023 Operational Readiness Awards Impacts and Outcomes

Fast Facts

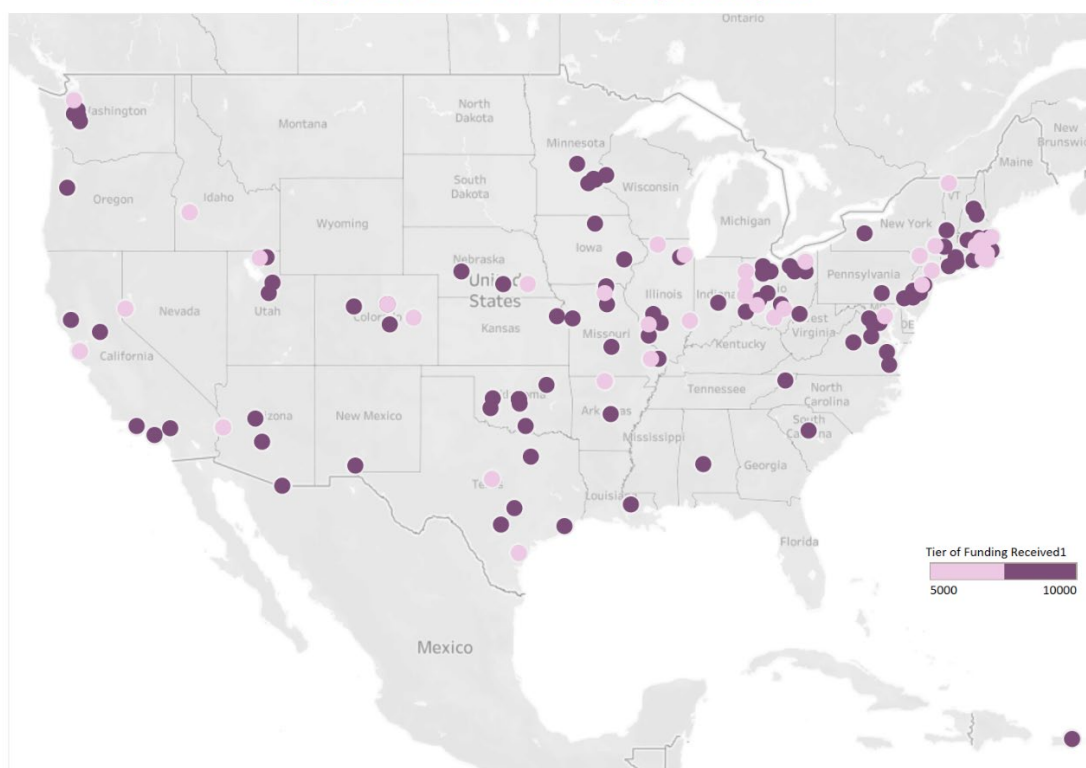
 <p>144 awardees, or 100% of all awardees, completed the final report survey which informed this report.</p>	 <p>97% of respondents felt that their award activities improved the capability/capacity of their MRC unit.</p>
 <p>88% of respondents developed resources as part of their Operational Readiness Award activities.</p>	 <p>83% of respondents evaluated the impact and/or outcomes their Operational Readiness Award activities.</p>
 <p>Of responding units, 10,378 MRC volunteers contributed to 2023 Operational Readiness Award activities.</p>	 <p>Of responding units, 83,347 hours were dedicated to Operational Readiness Award activities.</p>

Geographic Impact

n=114

ORA projects spanned 38 states, the District of Columbia, and Puerto Rico, representing all ten HHS regions. Figure 2 shows the locations of 144 Operational Readiness Awardees.

Figure 2: 2023 ORA Geographic Impact



ASPR Priorities for the MRC

2023 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.

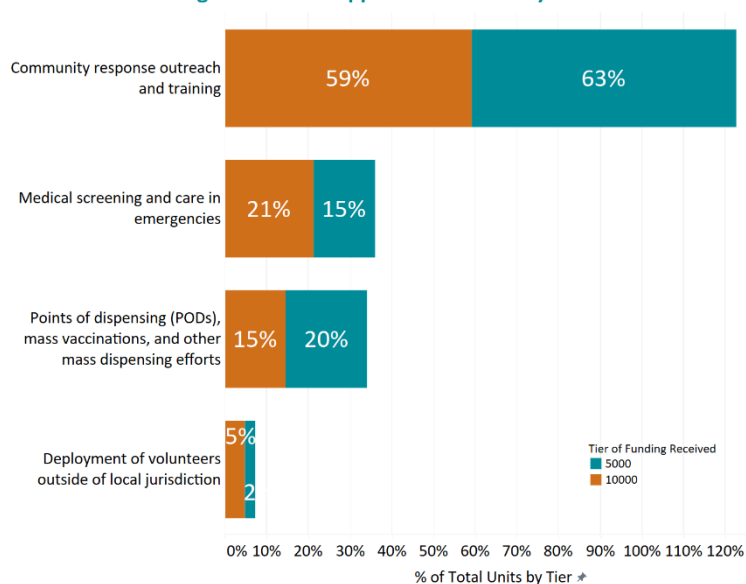
Table 1: ASPR Supported Priorities	
Community response outreach and training	60% of all units
Medical screening and care in emergencies	19% of all units
Points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts	16% of all units
Deployment of volunteers outside of local jurisdiction	4% of all units

All awardees identified how their award activities supported at least one of the ASPR priorities. Out of all respondents, 60% selected community response outreach and training, 19% selected points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts, 16% selected medical screening and care in emergencies, and 4% selected deployment of volunteers outside of local jurisdiction (Table 1).

Additionally, the ASPR priority selection rate varied only slightly between the two award tiers, shown in Figure 3.

Both award tiers chose community response outreach and training as their most focused ASPR Priority. Tier 1 (\$5,000) focused less on medical screening and care in emergencies, and deployment of volunteers outside of local jurisdiction (15%), but had 20% of respondents focused on PODs, mass vaccinations, and other mass dispensing efforts. This shows the capabilities of these awardees with the allotted funds and reflects that more funding may be needed to support medical screening and care in emergencies (e.g. mobile disaster hospitals, alternate care sites, patient movement, etc.) and deployment of volunteers outside of local jurisdiction.

Figure 3: ASPR Supported Priorities by Tier



Personnel & Monetary Value

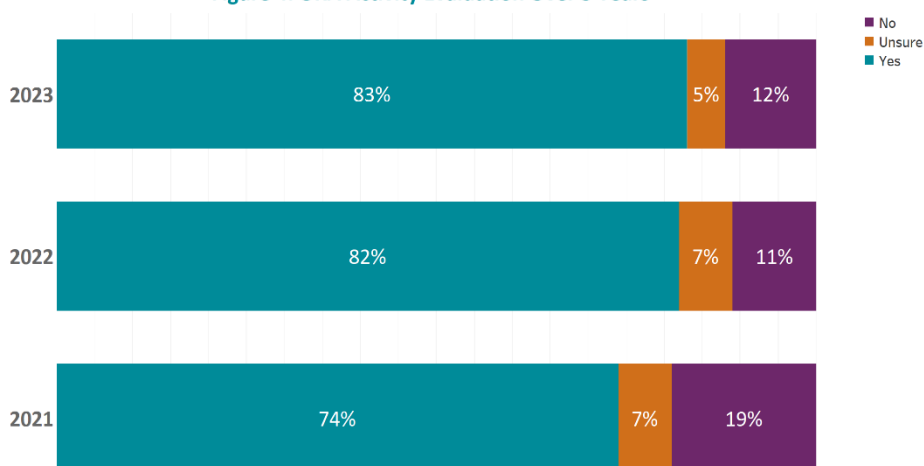
In 2023, the number of personnel and hours devoted to support the 2023 MRC ORA activities were significant. On average, MRC unit awardees, had **72 MRC volunteers** who each supported about **579 hours** to the ORA activities with an average of **8 community partners** supporting ORA activities. Overall, **10,378 MRC volunteers** contributed **83,347 hours** and worked with **1,169 community response partners**.

According to final report respondents, the monetary value of 2023 ORA activities totaled over **\$4.7 million**, or more than **\$33,215 per awardee**. **Overall, this constitutes an estimated return on investment of 287%.**

Evaluation

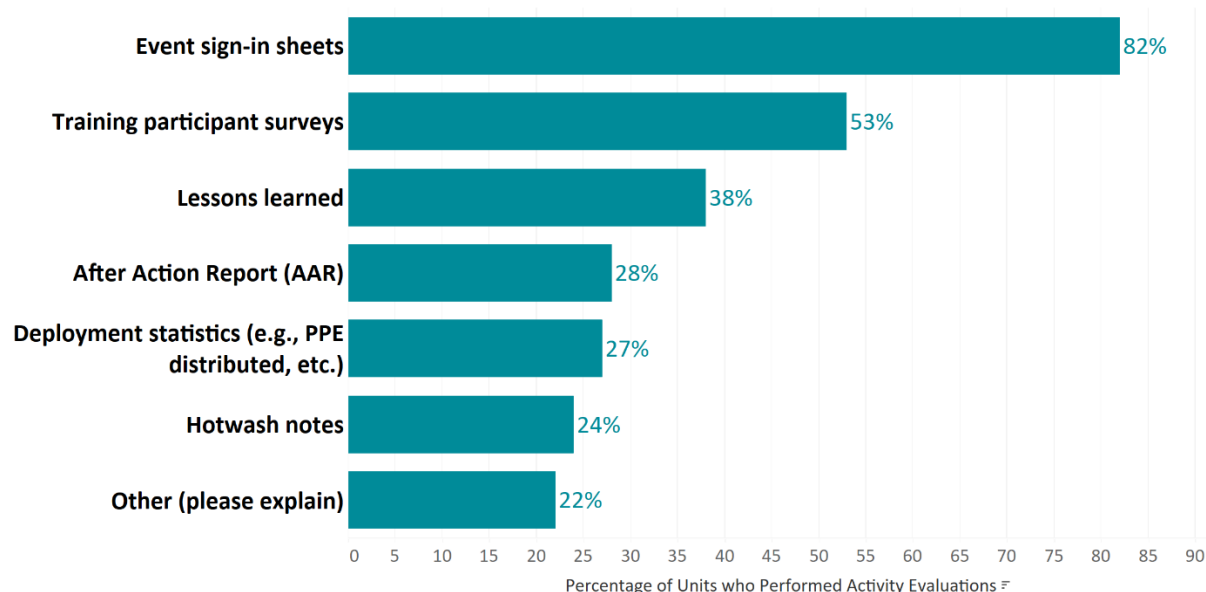
When asked whether ORA activities were evaluated, 120 awardees (83%) did conduct an evaluation, 17 (12%) did not, and 7 (5%) were unsure. Most of the 2023 awardees answered yes to evaluating their ORA activities, up 1% from last year and 9% from 2021. Respondents who reported "no" or were "unsure," had the opportunity to explain their responses including evaluation activities not completed yet, staffing challenges, (no evaluation). Units who were unsure of whether their activities were evaluated explained, they were a new unit leader, and few were unclear of how to evaluate their activities.

Figure 4: ORA Activity Evaluation Over 3 Years



Maryland Responds MRC, Tier I Awardee

Figure 5: Activity Evaluation Methods



One hundred twenty units evaluated their 2023 ORA activities. Eighty-two percent of these units reported using event sign-in sheets, 53% training participant surveys, 38% lessons learned, and 28% after action reports. The least common methods of evaluation were deployment statistics (e.g., PPE distributed, etc.) (27%), hotwash notes (24%), and other (6%). Those who selected “other” evaluation methods reported using ESAR-VHP data, testimonials through email, data from social media posts, informal discussions with participants, monthly activity trackers, and website view/clicks. This data highlights a need for further information and education on what evaluations look like for different activities, and the importance of having evaluation for activities to help with sustainability and improvement of MRC units and award activities. Overall, the usage of ORA activity evaluation methods for 2023 was consistent with previous years.

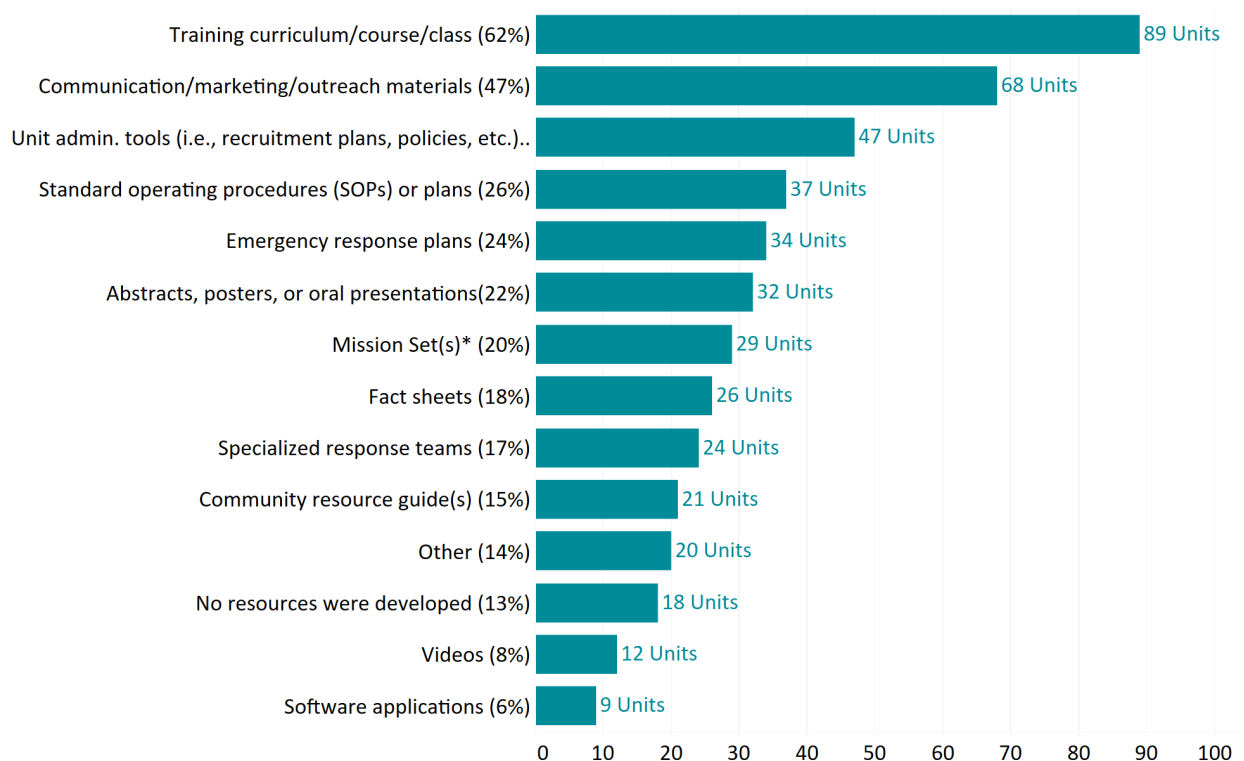


Mercer MRC (NJ), Tier II Awardee

Resources

Awardees were asked whether they developed resources and if so, what types. A total of 126 units developed at least one type of resource using ORA funds. The most common type of resource developed was training curriculum/course/class, with 62% of the units developing this resource. The next most common resources developed were communication materials (47%), unit administration tools (33%), and standard operating procedures (SOPs) or plans (26%). The least common resources developed were software applications (6%), and videos (8%). Twenty MRC units reported creating “other” resources which included volunteer management platforms, volunteer badging, response supplies, monthly newsletters, and websites.

Figure 6: ORA Resources Developed



Notable Resources Developed by the 2023 Operational Readiness Awardees:

- [Volunteer Training Plan, Volunteer Handbook, District Distribution Center Orientation, Emergency Call Center Orientation, Epi Response Team Orientation, and Competency Checklists](#) – Central District Health MRC, Tier I Awardee
- [Job Action Sheets, Mission Sets, JIT Examples, and Training Plan](#) – Yavapai County MRC, Tier II Awardee
- [After Action Report](#) – Duxbury Bay Area Regional MRC, Tier II Awardee

Ability to Sustain Unit Activities

Of the 2023 ORA award recipients, 100 units reported whether they felt their unit could sustain activities beyond the award cycle, and 96% of units reported feeling “confident,” “somewhat confident,” or “very confident.” Forty percent of these units attributed their confidence to ongoing trainings for volunteers. Specifically, units referenced the trainings required for incoming volunteers and adopting sustainable methods such as investing in “train the trainer” courses, making future trainings of no cost to the unit. The Minnesota Veterinary MRC noted that these methods provide “much more flexibility to offer [classes] statewide,” and several other units shared this perspective.

Table 2. Level of Confidence in Sustaining ORA Activities

Confidence in Sustaining Activities after Award	% of Units in Sustaining Activities after Award	Count of Units Sustaining Activities after Award
Very confident	34%	49
Confident	33%	47
Somewhat confident	31%	44
Not confident at all	3%	4

Other units noted that previously developed resources (24%) and purchased equipment (10%) will help them sustain MRC activities. Equipment, such as AEDs, CPR manikins, and response go-bags were largely a one-time investment made with funding from the ORA, and now units feel confident that these tools will last for years to come. A variety of resources were also mentioned, including program plans, websites, volunteer protocol, and more. In addition, nine units specifically mentioned continuously referring to and enhancing their mission sets to sustain activities. **The Central District Health MRC (ID) explained that their documents are comprehensive and are “written for any person to pick up and be able to use.” They shared that this will allow their unit to thrive even in the midst of any leadership changes.**

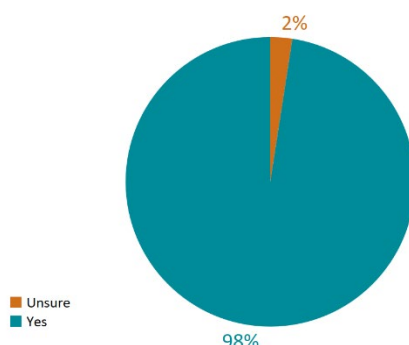
Several units referenced volunteer recruitment methods (13%) and utilizing their volunteer network (13%) to maintain activity levels for years to come. Recruitment methods were often mentioned alongside training plans and organizational structures. Similarly, retaining current volunteer networks is possible through trainings, communication, and other engagement. Many units have spent a considerable amount of time and energy building up this network. **Fairfield County MRC (OH) shares their success, stating they have “a great group of dedicated volunteers who are committed to sustaining and furthering the development of the MRC unit.”**

MRC networks often include partner organizations, and several units (21%) note these relationships as contributing to future success and sustainment. Aside from local health departments, MRC units have partnered with churches, community groups, hospitals, and other region-specific stakeholders. Moreover, MRC units that are near one another have historically shared resources, volunteers, and other tools. **Rappahannock MRC (VA) reflected on these relationships, “We have support from neighboring MRC units, and guidance from the state MRC team. We keep each other accountable.”**

Of the units that felt confident in sustaining activities in the future, 13 units explained the need for continued funding. Eleven of these units shared alternatives to the ORA, which included health departments, private donations, and other local grants. The other two units noted their commitment to applying for the ORA each year, and how it is a vital part of their functioning. In addition, the four units who do not feel confident in sustaining activities also shared the need for additional funding for training, leadership, supplies, and outreach. However, these units did not specify a funding source, leading to the low confidence.

Tier I Awards

Figure 7: Tier 1 - Capability and Capacity Improvement



Tier I Awards (\$5,000) were intended for projects that strengthened MRC unit capabilities through retention, recruitment, training events, and logistical resources. In 2023, there were 41 total Tier I Awards and 41 Tier I final survey respondents, a 100% survey response rate, which was a higher response rate than in 2022 and 2021.

Overall, 98% of Tier I Awardees felt their Operational Readiness Award helped their MRC unit build capacity and/or capability, 2% reported feeling “unsure,” and none reported that their award did not improve the capability or capacity of their MRC units – as illustrated in Figure 7. Of the respondents who answered “unsure,” one unit stated the unit leader has just started in their position and another unit has had delays completing their activity.

According to final survey respondents, the monetary value of the 2023 Operational Readiness Award activities for Tier I awardees totaled nearly \$351,573, or over \$8,500 per Tier I awardee. **This constitutes a 71.5% return on investment for Tier I awards.**

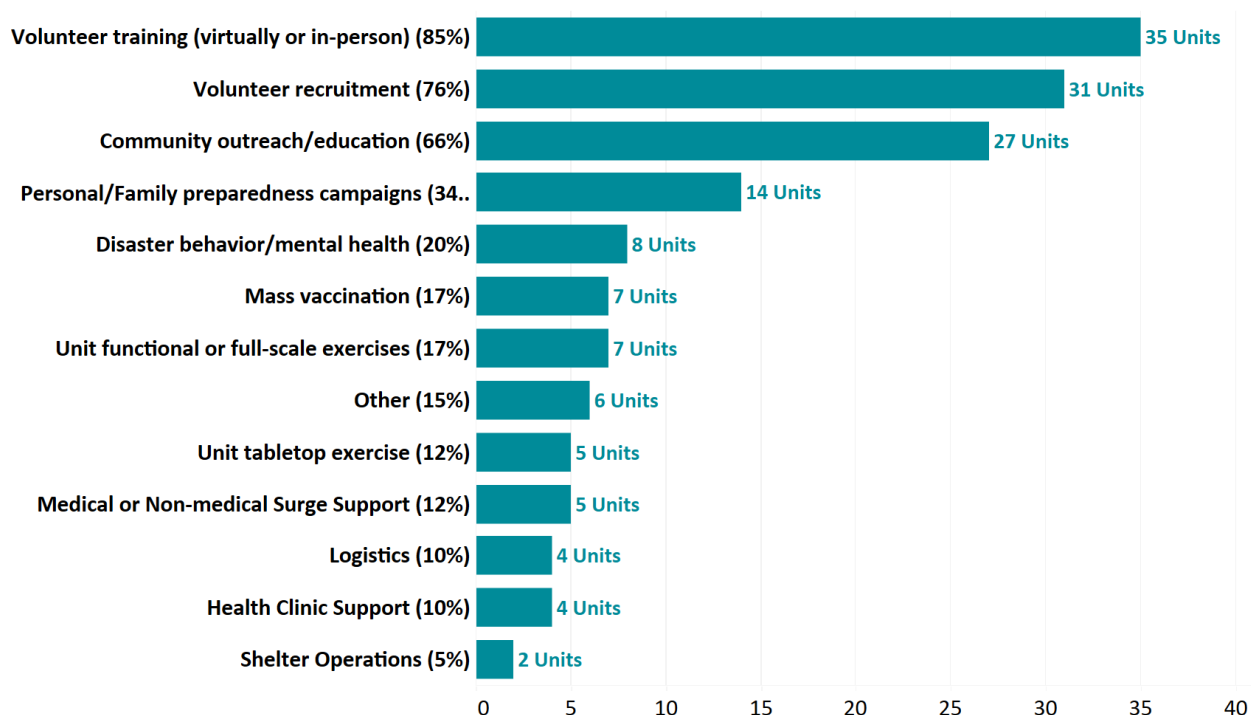
Personnel

Of Tier I awardees, ORA activities were carried out by a total of 1,302 MRC volunteers who collectively served over 37,688 hours. On average, each Tier I respondent benefited from 32 MRC volunteers who each provided over 29 hours to their MRC unit’s award activities. Additionally, respondents reported that 263 individuals from community partner agencies supported Tier I Operational Readiness Award activities, or about six per respondent.

Award Activities

Tier I respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 8 below. A majority (81%) of Tier I respondents used their Operational Readiness Award to support Volunteer training (virtually or in-person). Thirty-one units (76%) reported using the ORA to support volunteer recruitment, followed by 27 (66%) units using funds for community outreach/education and 14 for community outreach/education. The least supported activity by the ORAs for Tier 1 was shelter operations (5%). Those in Tier I who chose “other” listed activities such as volunteer credentialing, background checks, and volunteer and unit assessments.

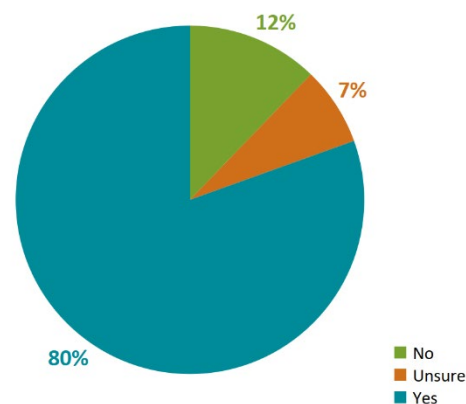
Figure 8: Activities Supported by 2023 ORA Tier I



Evaluation

A majority (80%) of Tier I respondents reported evaluating their 2023 Operational Readiness Award activities, 7% of units were “unsure” and 12% of units did not evaluate their award activities – as illustrated in Figure 9. The number of awardees who reported evaluating their 2023 ORA activities is an 2.5% decrease from last year, and 31% increase from 2020. Of the units who reported they were “unsure” or did not evaluate their activities, reasons stated were as follow: *evaluations not completed yet, activities have not been completed, staffing changes, exercise rescheduled, equipment was purchased, new unit leader, and unit unclear on how to evaluate their activities.*

Figure 9: Tier I - ORA Activity Evaluation

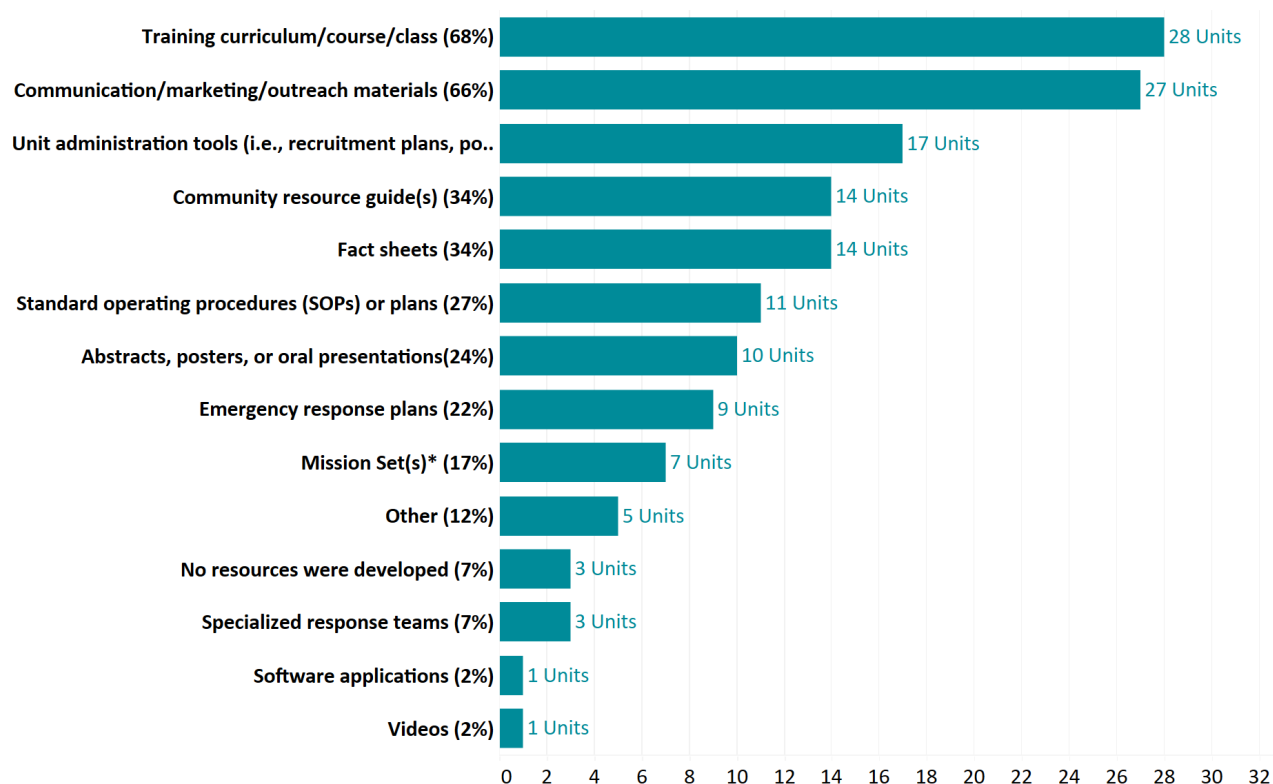


Similar to 2020, 2021, and 2022 ORA evaluations, event sign-in sheets were the most common evaluation method with 29 (71%) of Tier 1 respondents reporting their utilization. The next most common methods were training participant surveys and lessons learned with 46% and 34%, respectively.

Resources

A majority (93%) of Tier I respondents developed at least one type of resource as a part of their 2023 Operational Readiness Award activities, the same as 2023 Tier I respondents, and 11% higher than 2021 ORA Tier I respondents. Figure 10 illustrates the types of resources developed by Tier I respondents. Of the units who did produce resources, 68% created a training curriculum, course, or class which was also the most common resource produced from 2020 to 2022. The next most common resources developed were communication, marketing, or outreach materials as well as unit administration tools with about 66% and 41% of Tier I respondents respectively. Of the units who responded creating “other” resources, their responses included using already made tools and resources from the ASPR website and volunteer badging.

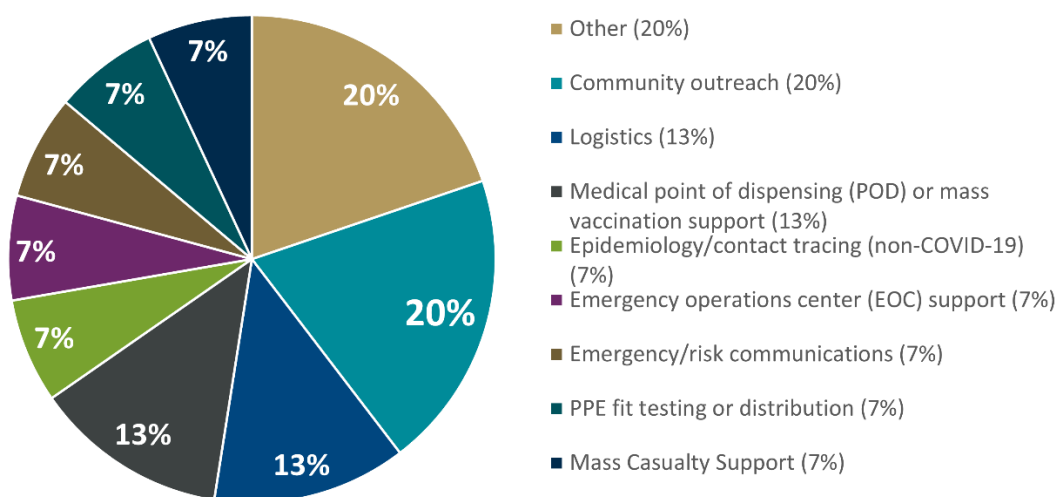
Figure 10: Resources Developed by 2023 Tier I ORA



Mission Sets

Fifteen new mission sets were developed from Tier I respondents as a part of their Operational Readiness Award activities. As shown in Figure 11, the most common mission sets developed were those relating to community outreach and "other." Those who selected "other" in Tier I referenced creating mission sets on response to radiological materials or device event, community reception center, and behavioral health support.

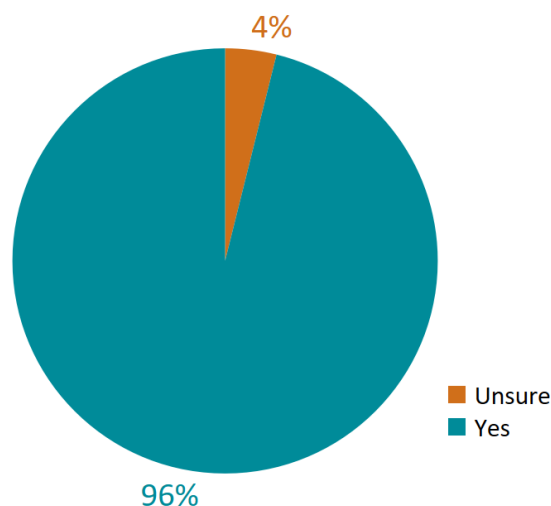
Figure 11: Mission Sets Developed by Tier I Awards



Bear River MRC (UT), Tier I Awardee

Tier II Awards

Figure 12: Tier 2 - Capability and Capacity Improvement



Tier II Awards (\$10,000) were designed to fund projects that strengthen MRC unit response capabilities. In 2023, there were 103 Tier II awardees and all Tier II awardees responded to the final evaluation survey, a 100% survey response rate, a new record.

Overall, 96% of Tier II awardees felt their Operational Readiness Award helped their MRC unit to build capacity and/or capability, none reported feeling “unsure,” and 4% of units reported that their award did not improve the capability or capacity of their MRC unit – as illustrated by Figure 12.

According to respondents, the monetary value of the 2023 ORA activities for Tier II awardees totaled nearly \$4.4 million, or over \$43,000 per Tier II respondent. **This constitutes a 330% return on investment for Tier II awards.**

Personnel

Tier II Operational Readiness Award activities were carried out by a total of 75,194 MRC volunteers who collectively served over 75,707 hours. On average, each Tier II respondent benefited from 730 MRC volunteers. Additionally, respondents reported that 845 individuals from community partner agencies supported Tier II ORA activities, or about eight community response partners per unit.

The average number of volunteers per Operational Readiness Award in Tier II was higher in 2023 than for 2022 (average of 87 volunteers per unit) and 2021 (average of 330 volunteers per unit). This could be attributed to all 103 Tier II units responding to the final evaluation survey.

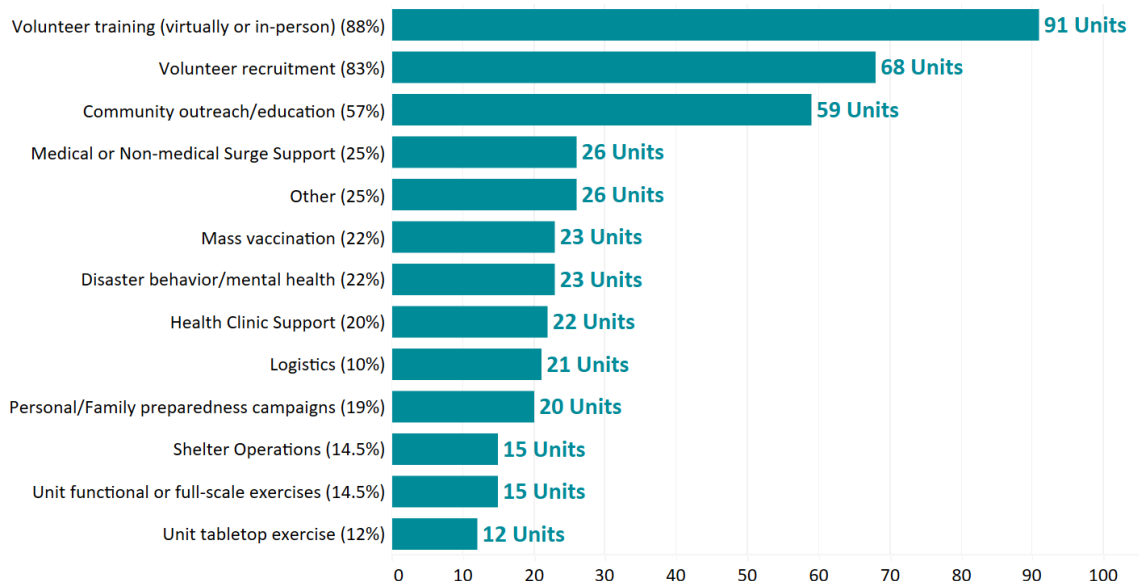
Award Activities

Tier II respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 13. Volunteer training (85%) and recruitment (76%) were the most frequently reported award activities of Tier II respondents. The activities least supported by the 2023

ORA for Tier II were shelter operations, unit functional or full-scale exercises, and unit tabletop exercise, with 14.5% of units, 14.5% of units, and 12% of units respectively. Twenty-five percent of Tier II respondents reported participating in "other" activities. Some of the "other" activities reported are:

- Funding for Unit Coordinator
- Supplies
- SOP for Emergency Shelter and Warming/Cooling Station
- Harm Reduction Kits
- Volunteer Engagement
- MRC Celebration
- Deployed AED's

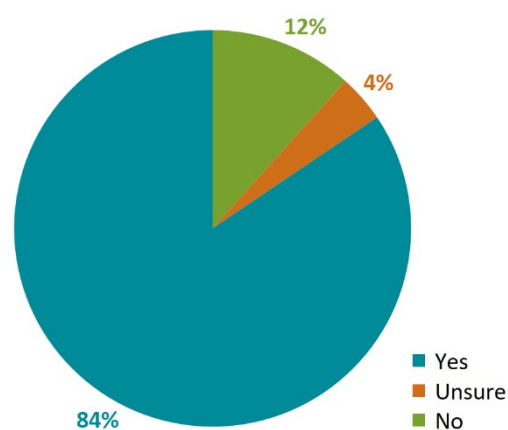
Figure 13: Activities Supported by 2023 ORA Tier II



Evaluation

A majority (84%) of Tier II respondents reported evaluating their 2023 Operational Readiness Award activities while 4% were "unsure" and 12% did not evaluate their award activities – as illustrated in Figure 14. The rate of respondents that reported evaluating their ORA activities rose slightly from 2022 with 82% to 2023 with 84%. Of those who did not evaluate their activities, respondents explained, not yet having completed their activities, challenges with a contracting company, changes in leadership and work location within the housing agency, unclear of how to evaluate their activities, and planning to evaluate once activities concluded. Event sign-in sheets were the most common evaluation method with 67% of evaluating Tier II respondents reporting their utilization. The next most common methods were training participant surveys and lessons learned with 44% and 30%, respectively. These statistics are consistent with the overall evaluation trends identified in the first part of this report.

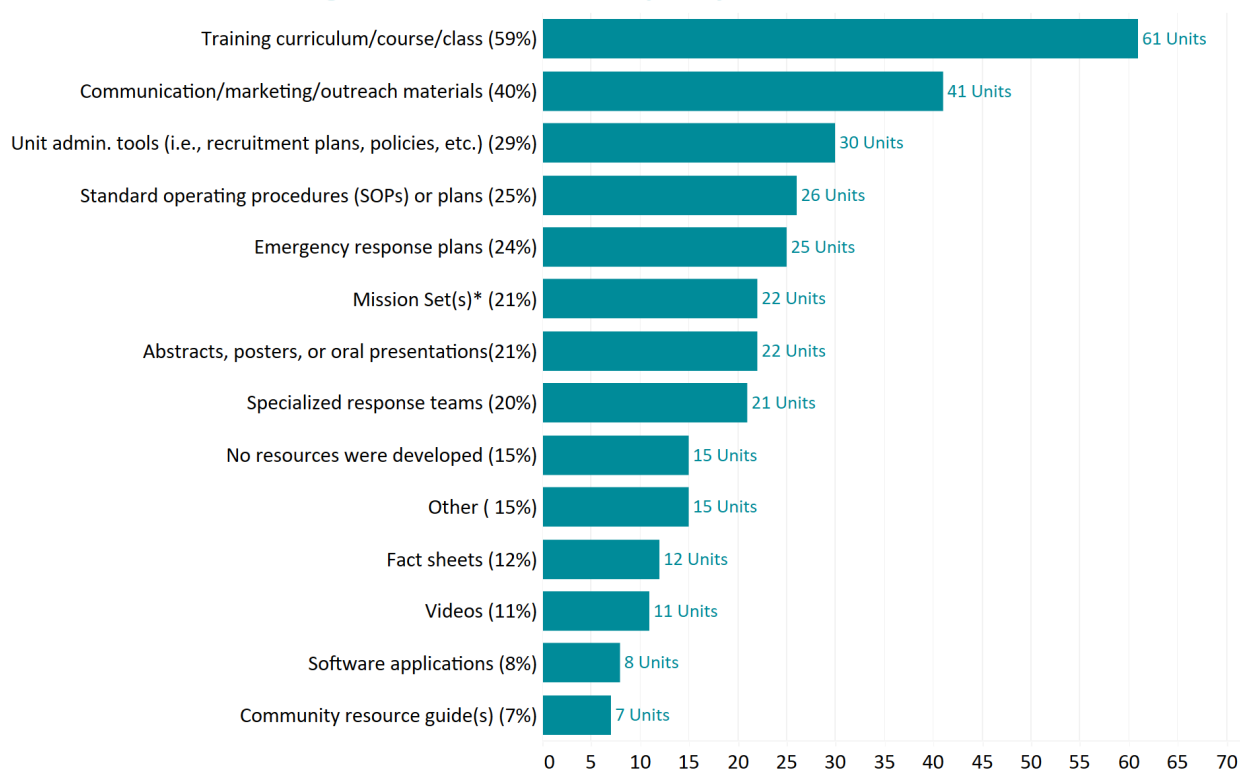
Figure 14: Tier II - ORA Activity Evaluation



Resources

A majority (86%) of Tier II respondents developed at least one type of resource as a part of their 2023 Operational Readiness Award activities. Figure 15 illustrates the types of resources developed by Tier II respondents. Of the units who did produce resources, 59% created a training curriculum, course, or class, 6% more than Tier II awardees in 2022. The next most common resources were communication/marketing/outreach materials with 40% of units creating these and unit administrative tools (i.e. recruitment plans, policies, etc.) with 29% of respondents creating these resources. Fifteen percent (15%) of Tier II MRC units reported creating “other” resources such as volunteer management platform, response supplies, equipment, and monthly newsletter and website.

Figure 15: Resources Developed by 2023 Tier II ORA

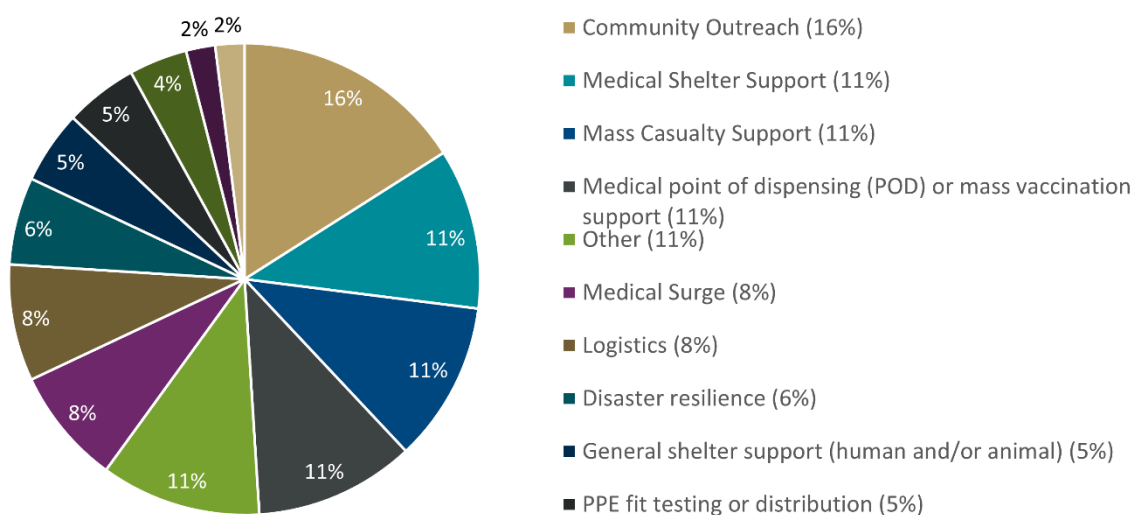


Mission Sets

About 19% of Tier II awardees developed a total of 33 mission sets as a part of their ORA activities. Of those units, 70% developed more than one mission set. As shown in Figure 16, the most common mission set developed was community outreach at 16%. Followed by Medical Shelter Support, Mass Casualty Support, Medical Point of Dispensing (POD) or mass vaccination support, and Other, all at 11% of the units creating these mission sets. The least common mission sets developed were General Shelter Support (human and/or animal) and PPE fit testing of distribution, both at 5%. Those who chose "other" noted developing mission sets on:

- Volunteer Communication
- Animal Rabies Clinic
- Personal Emergency Preparedness (Go Bag)
- Outreach/AFN & Vaccinator

Figure 16: Mission Sets Developed by Tier II Awards



Colorado Veterinary MRC West, Tier II Awardee



MRC Unit Qualitative Responses

Respondents were asked about their experience developing and implementing their award activities. Responses were reviewed, identifying the following themes: Skill Building, Success Stories, New and Improved Resources, Volunteer Recruitment and Engagement, Strengthened Partnerships and Community Outreach, Internal Planning and Administration, and Multi-Sector Efforts.

Among awardees, 95% felt that unit capacity improved through the ORA, and 95% of units shared at least one best practice that they have adopted in the past year. The feedback provided is meant to evaluate the effectiveness of the ORA and for units to share advice and tips with one another. A summary of the evaluation and unit examples are below.

Skill Building

A total of 75 units (53%) reported improved capacity through skill building. Units took this opportunity to incorporate new trainings into their curriculum for volunteers. With the shift away from the COVID-19 related response, units were finding greater flexibility with developing training schedules and listening to volunteer and community feedback. In addition, nearly 30% of units who listed a best practice mentioned a specific training or skill building method. Many units specifically mentioned in person trainings that provide a more engaging experience than the online trainings used during the pandemic. Also, finding volunteers that are willing to become leaders and trainers for specific skills was recommended by multiple units.

“The Three Rivers Health District community now has 80 more CPR/AED trained community members than it did prior to the 2023 ORA, and an additional 16 MRC volunteers who either renewed their certifications, re-certified, or gained certification in CPR/BLS/AVERT for the first time.” – Three Rivers Health District MRC (VA), Unit 1520

“MRC volunteers learned how to co-facilitate [The Readys!] and it has been a great way to re-invigorate the MRC unit post-COVID and get back into the community to educate groups about resilience for emergencies and disasters. It has proven to be a win-win situation.” – Northeast Tennessee MRC (TN), Unit 1340

New and Improved Resources

A total of 42 units incorporated new resources or improved existing resources into unit operations with ORA funding, which in turn increased unit capacity. Efforts focused on both virtual or planning materials, such as software for unit management, or purchasing new response equipment. Thirty-five units mentioned a specific resource that they have adopted in their operations that they consider a best practice. Most of these resources were pre-existing, but newly incorporated into the unit.

“The procurement of safety uniforms and accessories ensures that our MRC Unit looks professional and is safe on deployments. It is our goal and our responsibility to promote and enable MRC volunteers to be a deployable resource, and these items can help them be well-protected in the field and recognizable to the public and response partners.” – Chester County MRC (PA), Unit 1606

“Our project from the 2023 ORA Award was the Duxbury Bay Area Regional MRC Emergency Sheltering Standard Operating Guidance (SOG) document. The SOG proved to be of benefit for

deployment and allowed for a quick way to access our Emergency Shelter materials for volunteers, as well as providing our standards and capabilities for supporting our local emergency preparedness partners.” – Duxbury Bay Area Regional MRC (MA), Unit 451

“Honestly, one of the best practices we have is using SignUp Genius to announce and register attendees for trainings, programs, and exercises. This has helped us to organize and communicate with our MRC and other partnering agencies. We can easily share offered programs and track participation electronically.” – Northern Nevada Public Health MRC (NV), Unit 443

“One focus for this ORA was on the development and production of a podcast series to focus on issues and concerns that directly impact the local community, with a focus on using local experts and community members whenever possible. Currently seven episodes have been released with several more community member guests and topics identified to create additional episodes. Some of the topics include physiology of addiction, post-COVID community resilience, dementia, COVID experience in theatre performance, dance and self-care, emergency planning locally, and emergency planning/medicine/care in rural areas.” – Franklin MRC (MA), Unit 106

Volunteer Recruitment and Engagement

Around 1 in 5 units (19%) focused on volunteer recruitment to improve unit capacity. Many units experienced a dip in volunteer numbers and hours of service after the need for COVID-19 response diminished. Now, many units are trying to find ways to rebuild these numbers for future deployments.

While only nine units specifically felt volunteer engagement improved in 2023, the strategies mentioned by units were thoughtful. Twenty-two units (16%) mentioned best practices for volunteer recruitment, and twenty-two (16%) mentioned best practices for volunteer engagement. Recruitment methods included using different types of media, attending community events, and having open channels of communication. Engagement methods included channels for feedback, consistent communication, and reserving time to celebrate volunteer accomplishments.

“Participating in award activities enabled our unit to interact more consistently and proactively with our MRC volunteers. Although we are currently in the revitalizing phase and do not have goals directly affecting the community, we have enhanced volunteer engagement and established standardized plans to ensure uniformity within our unit.” —Hennepin County MRC (MI), Unit 247

“I would recommend going onto your local radio station and informing your local community about the Medical Reserve Corps. During our interview we discussed the history of the MRC, how citizens could volunteer for our local unit, who to contact if they would like to volunteer, what types of emergency situations they may be asked to volunteer for, and why it’s so beneficial to have a MRC unit. I thought this was a unique method of trying to reach out to citizens within our county to help build the capacity for the Darke County MRC unit.” —Darke County General Health District MRC (OH), Unit 307

“We felt the ‘meet and greet’ registration event which was held over two days at the end of June was a huge success. We offered a morning and an afternoon session to accommodate schedules. We were able to onboard 18 volunteers into Illinois Helps volunteer platform and

register them in MRC TRAIN for future training purposes. Introductions of our Unit Leader and Unit Designee and a brief history of MRC was given at the event. Light refreshments were served.” – Monroe County MRC (IL), Unit 2781

“Having meet and greet with new and seasoned volunteers really helps with the importance of what is needed to be a volunteer. Many new recruits do not understand why the ICS 100 and 200 are important. Having a seasoned volunteer explain this really helps get across the importance of this course. They also have teamed up and helped each other from time to time.” – Middlefolk MRC (MA), Unit 2803

Strengthened Partnerships

Over 1 in 8 units felt that their capacity improved in building and strengthening partnerships with other organizations. Many units were able to find new groups to partner with in 2023, and others found ways to maximize resources with organizations with which they were already are familiar. A common theme across best practice recommendations was that strengthened partnerships with other community organizations will help for future deployments and keep a stronger support system. Furthermore, these partnerships occurred at some or all stages of response, including training, planning, deployment, recruitment, and more.

“The pediatric popup dental clinics expanded our community outreach to partnerships that are new to our MRC Unit including Stratton Foundation, Neighborhood Connections, GNAT (independent local TV station), the Vermont Dental Society, the YMCA, and our Federally Qualified Health Center. We also partnered with our local Free Clinic to bring a large field hospital to our area to provide dental, vision, and medical assistance for free to the entire county over a three-day period. This work involved raising awareness and critical data to the state level to better allocate funding and resources to southern Vermont.” – MRC of South West Vermont, Unit 171

“Collaboration with other agencies is the key. Providing new and updated trainings that include local emergency agencies and animal shelters helps provide planning and engagement for current MRC volunteers, and recruiting new volunteers. This also helps local agencies plan and prepare for disasters.” – Colorado Veterinary MRC West (CO), Unit 2432

“Find ways to collaborate with established community organizations and educational institutions to develop the MRC unit with fresh ideas and youthful perspectives. We found many positive outcomes in the development of plans through multi-generational interactions.” – Bond County MRC (IL), Unit 2308

“The ORA helped the Coordinator dedicate time and energy toward assessing current training needs, determining the gaps, and making a plan for closing those gaps. This included a comprehensive training needs assessment, gap analysis, and the design and development a training plan. Throughout this process, the unit had the opportunity to partner with internal programs and external agencies to discuss best practices in volunteer management and training development, share ideas, and brainstorm solutions. Collaboration with these stakeholders further strengthens the response capabilities, should the MRC unit need support during a incident response. Overall, this project enabled the unit to outline its response goals and how to achieve them.” – Central District Health MRC (ID), Unit 229

“I had heard that public schools in our county wanted all teachers to be CPR certified as well as have STOP THE BLEED® training but wanted the teachers to pay for this out of their pocket. I reached out to our teachers asking if there was an interest. The response was amazing; so much that we stayed very busy doing that in 2023 and into 2024. “– San Bernardino County Sheriff MRC (CA), Unit 47

Community Outreach

Twenty-six units reported using ORA funds to improve capacity through community outreach. This refers to any events, activities, or services that extended beyond the unit’s baseline. In addition, a handful of units (14%) mentioned public health outreach efforts in their success stories. These efforts included preventive actions taken to improve community health and raise awareness of risk factors among the public.. There were also 11 units who focused MRC efforts on serving populations that has historically been under-supported. Some groups mentioned include people who are unhoused, people with physical and mental disabilities, teen mothers, and older adults with different impairments.

“Outreach is a big component to developing sustainable friendships with the communities we serve and to keeping sustainable collaborations with governments and agencies of each community that we serve. The result is that volunteers meet and greet residents that they may serve in an emergency event one day and communities meet and greet the MRC getting to know who we are and how we can help.” – Wachusett MRC (MA), Unit 437

“At the Appalachian Trail Festival, a member of the community visited our booth with his children to learn about keeping safe from ticks. They were attentive, asked a lot of questions, and left armed with tweezers and a bag they got from our booth. Thirty minutes later, they came back to tell one of our volunteers that they found a tick on themselves and had removed it using the knowledge they had learned at our booth. They also gave us the tick so that we had a real, live, example of what we were talking about for the remainder of the event.”—Loudoun MRC (VA), Unit 165

“A compelling example of our project's impact stems from our collaboration with the Disability Access and Functional Needs (DAFN) Unit in Public Health Emergency Management. By securing the first DAFN sensory equipment, our partnership facilitated the acquisition of vital resources for our mobile sensory trailer. This investment enables tailored support for individuals with disabilities during emergencies, reflecting our steadfast commitment to inclusivity. Additionally, our initiative extends to developing mission sets specifically designed to address the needs of this community, further bolstering our comprehensive emergency preparedness efforts. Through ongoing training initiatives, our volunteers are equipped with the skills and knowledge to effectively assist individuals with disabilities during crises. Heartfelt letters of gratitude from community members underscore the tangible impact of our project, affirming our role in enhancing accessibility and support for vulnerable populations. These expressions of appreciation reaffirm our dedication to fostering a more inclusive and resilient society.” – Long Beach MRC (CA), Unit 1269

“The Dementia Care trainings were incredibly impactful on a personal level to members of our unit. Our unit got to take the trainings alongside paid and unpaid caregivers of people living with dementia. This strengthened empathy for caregivers of folks living with dementia, as well as

people living with dementia. It also gave our volunteers skills on how to work with individuals living with dementia, which may help for future emergency activations. Additionally, one of our OKMRC volunteers has been taking care of his mother, who has dementia. He said the training helped inform how he will care for her in the future.” – OKMRC Oklahoma County (OK), Unit 335

Internal Planning and Administration

Nineteen units improved capacity by elevating their internal planning and administration activities. This included having increased ability to pay leadership roles, creating new paid roles, and reimagining existing logistics. Best practices related to internal planning or administration efforts were reported by 13 units in 2023. These efforts often involved completing a needs assessment or incorporating different stakeholders in the planning process.

“The Logistics Unit needed new leadership that could rebuild a group of dedicated and trained volunteers capable of supporting field operations, could evaluate and inventory the Capitol Region MRC (CR-MRC) equipment and supplies, and could assess and reduce the trailer/storage footprint of the CR-MRC. The Logistics Leader and his team respond to requests from the Director, Medical Director, and trainers in a timely manner and makes certain the proper equipment and supplies are delivered to a mission or meeting site.” – Capitol Region MRC (CT), Unit 54

“We would definitely recommend that units go through a strategic planning process and include volunteers as well as their housing agency and other responder and community organizations in the process. Tearing apart and examining the unit's present situation; examining its strengths and weaknesses; performing an environmental analysis; and, coupling this with the unit's wants and needs in order to develop a disciplined path forward, will provide valuable insight to unit leadership and volunteers, as well as provide a guided momentum forward to build and strengthen any MRC unit.” – Macon County Community Volunteer Corps (MO), Unit 2354

Multi-Sector Efforts

Half of the award recipients felt capacity improved in multiple areas, and over 38% of success stories spanned many themes. This is representative of the MRC's overall work, given that efforts in one space often improve others. For example, resources developed can improve capacity and training efforts can help recruit and retain volunteers. In addition, many internal changes influenced outreach and collaboration abilities.

“By identifying and hiring part-time Training and Logistics Coordinators, we enhanced our organizational structure and bolstered our readiness to respond to emergencies. Additionally, implementing a new vehicle maintenance software program streamlined our logistics operations, ensuring the reliability and functionality of our fleet. Achieving 100% asset enrollment in the new vehicle management system and 20% enrollment of medical caches in the asset control system enhanced our asset management capabilities. Furthermore, by strengthening three emergency response plans and updating Memorandums of Understanding with key agencies, we improved coordination and collaboration in emergency response efforts. Lastly, conducting 24 New Member Orientations and adding 252 new members expanded our volunteer base, increasing our overall capacity to support emergency response activities.”
Rhode Island MRC, Unit 148

“We have a non-profit pregnancy resource center (PRC) in our community that provides pregnancy testing, ultrasounds, birthing and parenting classes, and assists moms with baby furniture, clothing, diapers, formula, breast pumps, and maternity clothing. They have limited resources, and we have a high teen pregnancy rate as well as a huge population of Haitian immigrants who have no insurance and are pregnant. The Family Child Maternal Health (FCMH) handed out empty baby bottles to their congregations to fill with money to support the PRC. They collected over \$4,000 for the PRC and donated diapers, blankets, clothing, and more. Another story is when the FCHM team gave out food, clothing, and school supplies at a food pantry. While doing so, volunteers conducted blood pressure screenings, called 911 for a person experiencing homelessness with severe hypertension, and assisted another individual to be placed in a homeless shelter.” – Clark County MRC (OH), Unit 274

Success Stories

Many success stories (over 30%) captured the training programs in action. These stories encapsulate the value of training investments and highlights the need to continue these trainings moving forward. Some units shared moments during deployment that highlighted volunteer skills, while others explained training sessions in detail.

“The University of Oklahoma requested support for the first home football games with cooling stations, first aid, and water support. The first games of the season are usually in 100 degree weather and the fans outside the gate are exposed to extreme heat while waiting to enter the stadium. The unit was asked to fill the gap and support that period. This developed into medical support teams on foot assisting the emergency medical with fans in the stands as situations occur. This ranges from those who are just over heated to assisting in back boarding patients out of the stadium to a waiting ambulance.” – District 10 Cleveland County/Norman OK MRC, Unit 333

“Following completion of the Mental Health First Aid training, two volunteers were able to successfully provide help and resources to people experiencing mental health crisis. The training provided them the necessary skills and resources to promptly and efficiently assist the person in need.” – Medina County MRC (OH), Unit 485

Key Findings

- The capabilities of these awardees with the allotted funds reflects that more funding may be needed to support medical screening and care in emergencies (e.g. mobile disaster hospitals, alternate care sites, patient movement, etc.) and deployment of volunteers outside of local jurisdiction.
- This data highlights a need for further information and education on what evaluations look like for different activities, and the importance of having evaluation for activities to help with sustainability and improvement of MRC units and award activities.
- The qualitative stories highlight the value and diversity of training investments and activities funded by the ORA and the need to continue these trainings/activities moving forward.

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:

- ❖ Highlight the MRC Operational Readiness Awards in the 2024 MRC Network Profile.
- ❖ Continue the ORA program with funds and projects for the 2024 award year already well underway.
- ❖ Publish MRC InTouch eDigest Newsletter feature articles highlighting ORA awardees.
- ❖ Add resources developed to the NACCHO MRC Toolkit.
- ❖ Continue to identify and promote MRC units for their work.

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Upper Merrick Valley MRC (MA), Tier II