

Medical Reserve Corps

2022 Operational Readiness Awards

Final Report

June 2023



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Summary of the 2022 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.

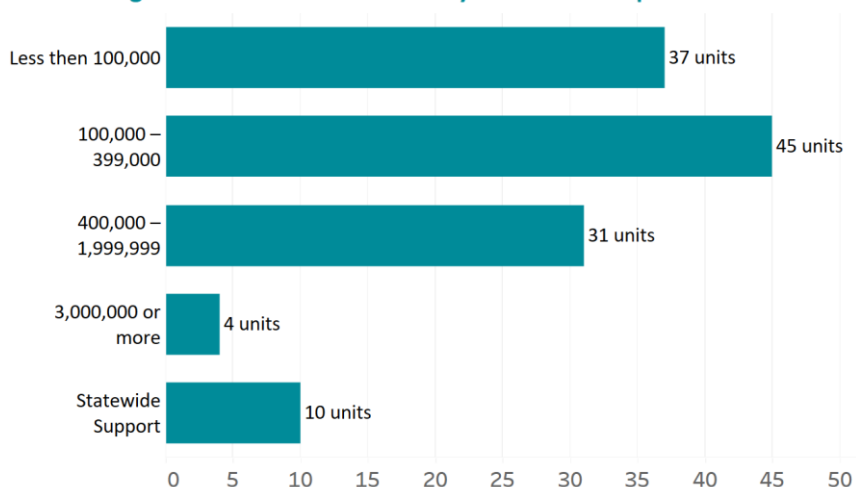
At the end of the project year, awardees were asked to complete a final program evaluation survey to provide insights about the impacts and outcomes of their 2022 Operational Readiness Award activities. This report includes the results of the evaluation survey for the 2021-2022 award year.

Award Tiers

In 2022, NACCHO awarded **128 MRC Operational Readiness Awards**, totaling \$1,065,000, via two funding tiers:







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

Figure 1: 2022 ORA Awardees by Jurisdiction Population Size



2022 Operational Readiness Awards Impacts and Outcomes

Fast Facts

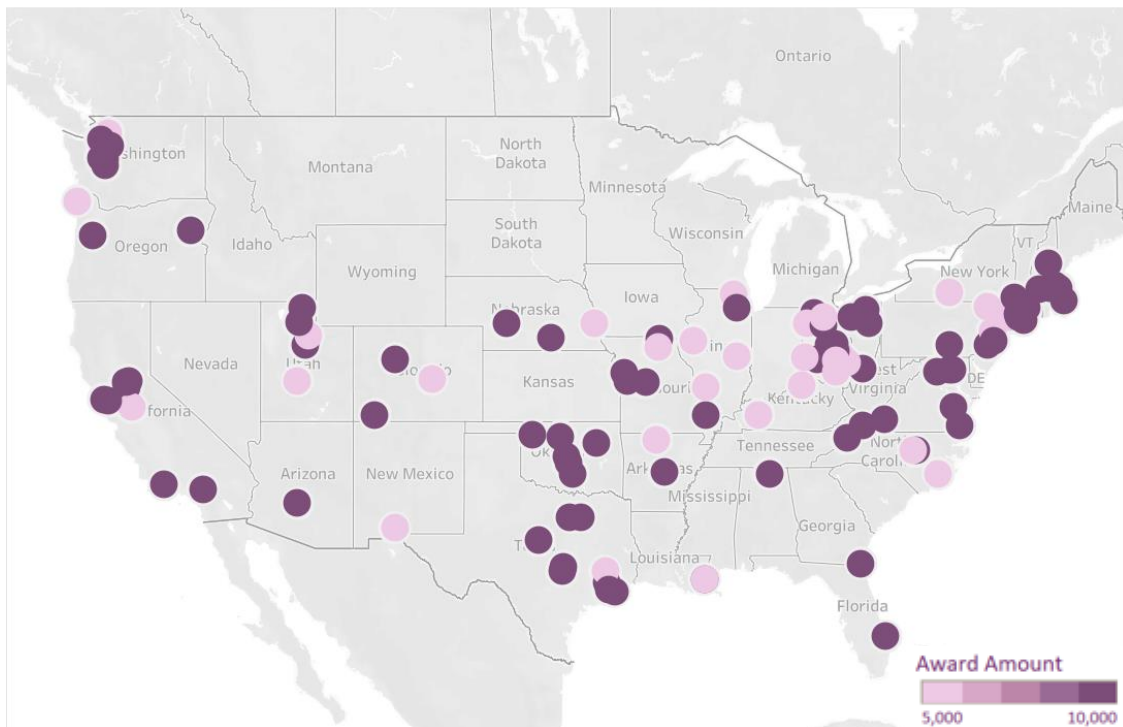
 <p>114 awardees, or 89% of all awardees, completed the final report survey which informed this report.</p>	 <p>94% of respondents felt that their award activities improved the capability/capacity of their MRC unit.</p>
 <p>89% of respondents developed resources as part of their Operational Readiness Award activities.</p>	 <p>82% of respondents evaluated the impact and/or outcomes their Operational Readiness Award activities.</p>
 <p>Of responding units, 7,691 MRC volunteers contributed to the 2022 Operational Readiness Award activities.</p>	 <p>Of responding units, over 111,000 hours were dedicated to Operational Readiness Award activities.</p>

Geographic Impact

n=114

ORA projects spanned 29 states and all ten HHS regions. Figure 2 shows the locations of the 128 Operational Readiness Awardees.

Figure 2: 2022 ORA Geographic Impact



ASPR Priorities for the MRC

2022 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.

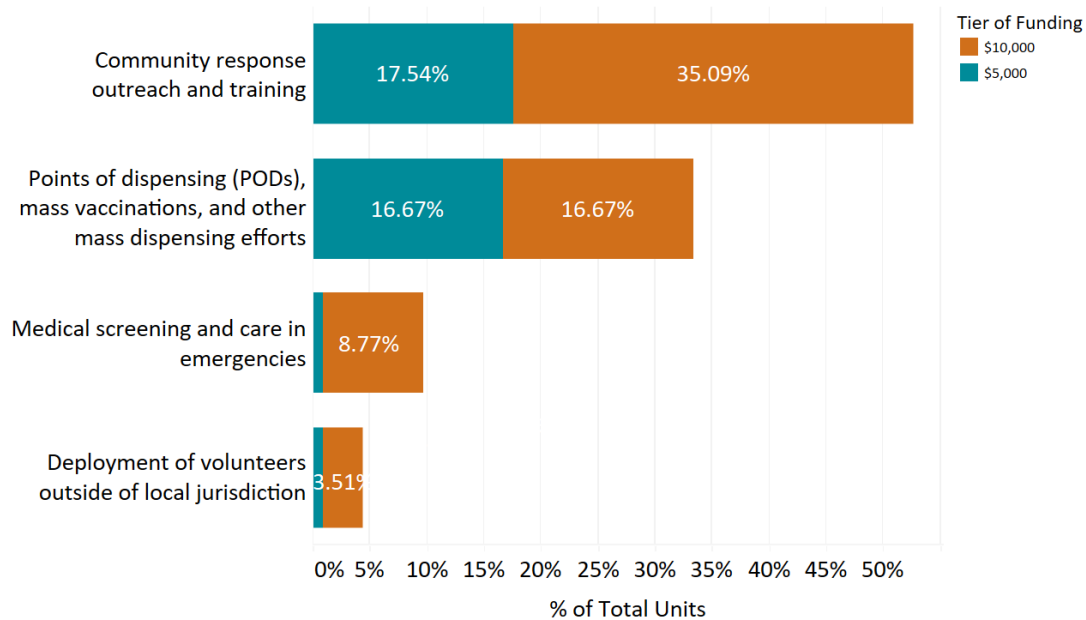


Brown County MRC, Tier I Awardee

All awardees identified how their award activities supported at least one of the ASPR priorities, 53% of respondents selected community response outreach and training, 33% selected points of dispensing (PODs), mass vaccinations, and other mass dispensing efforts, 10% selected medical screening and care in emergencies, and 4% selected deployment of volunteers outside of local jurisdiction. 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 (2 awardees), but had 95% 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

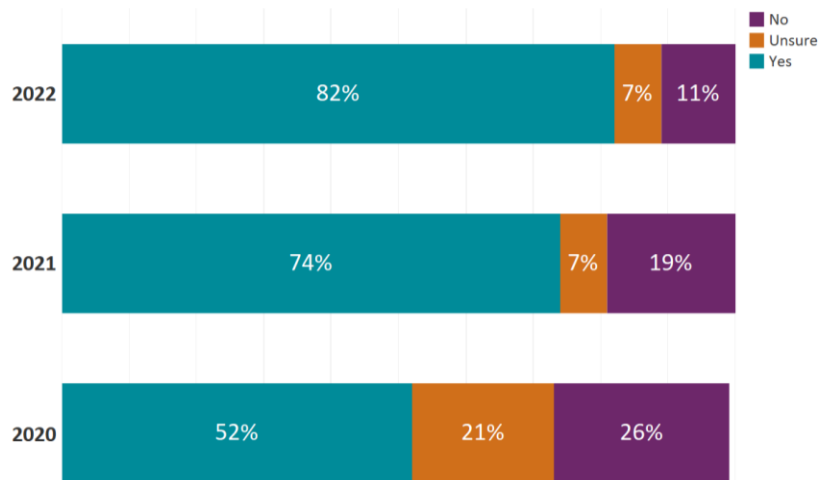
In 2022 the number of personnel and hours devoted to support the 2022 MRC ORA activities was outstanding. On average, each MRC unit that responded to the final evaluation survey had 67 MRC volunteers who each supported about 14 hours to the ORA activities and an average of 19 community partners supporting ORA activities. Overall, 7,691 MRC volunteers contributed 111,979 hours and worked with 2,215 community response partners.

According to final report survey respondents, the monetary value of 2022 ORA activities totaled over \$5 million, or more than \$49,000 per awardee. **Overall, this constitutes an estimated return on investment of 460%.**

Evaluation

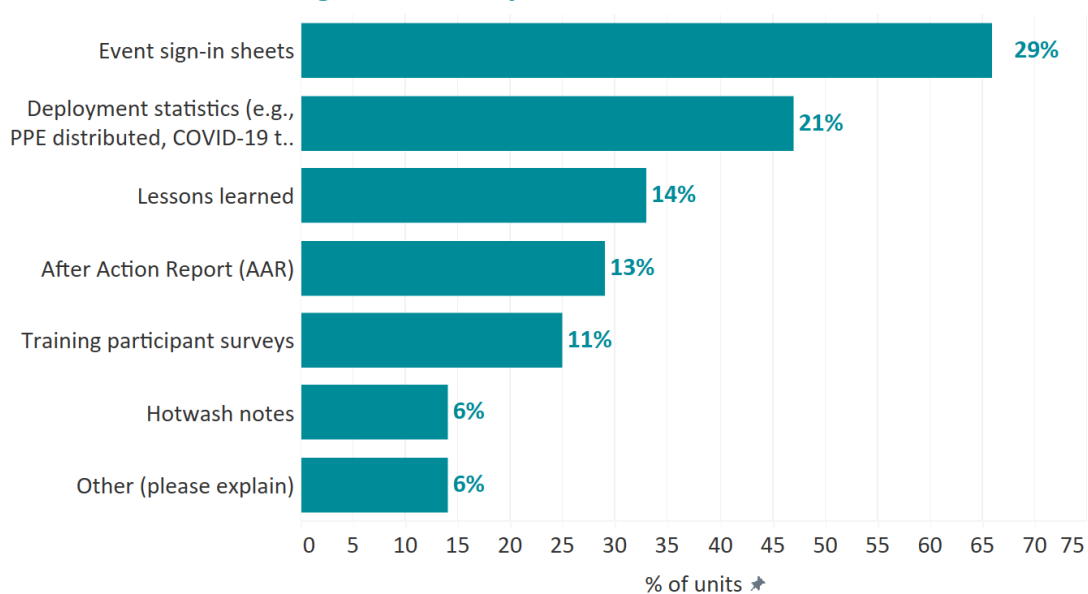
When asked whether ORA activities were evaluated, 92 awardees (82%) did conduct an evaluation, 12 (11%) did not, and 8 (7%) were unsure. Most of the 2022 awardees answered yes to evaluating their ORA activities, up 8% from last year and 30% from 2020. Respondents who reported ‘no’ or were ‘unsure,’ had the opportunity to explain their responses including evaluation has not been completed due to the activities not being completed (no evaluation) and individuals were new to their position (unsure about evaluation).

Figure 4: ORA Activity Evaluation Over 3 Years



Ninety-two units evaluated their 2022 ORA activities. Of the evaluation methods used, 29% of these units reported using event sign-in sheets, 21% used deployment statistics, 14% used lessons learned, and 13% used after action reports. The least common methods of evaluation were training participant surveys (11%), hotwash notes (6%), and other (6%). Those who selected “other” evaluation methods reported using training statistics, uniforms and awards purchased, receipts, reports for leadership and partners, and testimonials. The usage of ORA activity evaluation methods for 2022 was consistent with previous years.

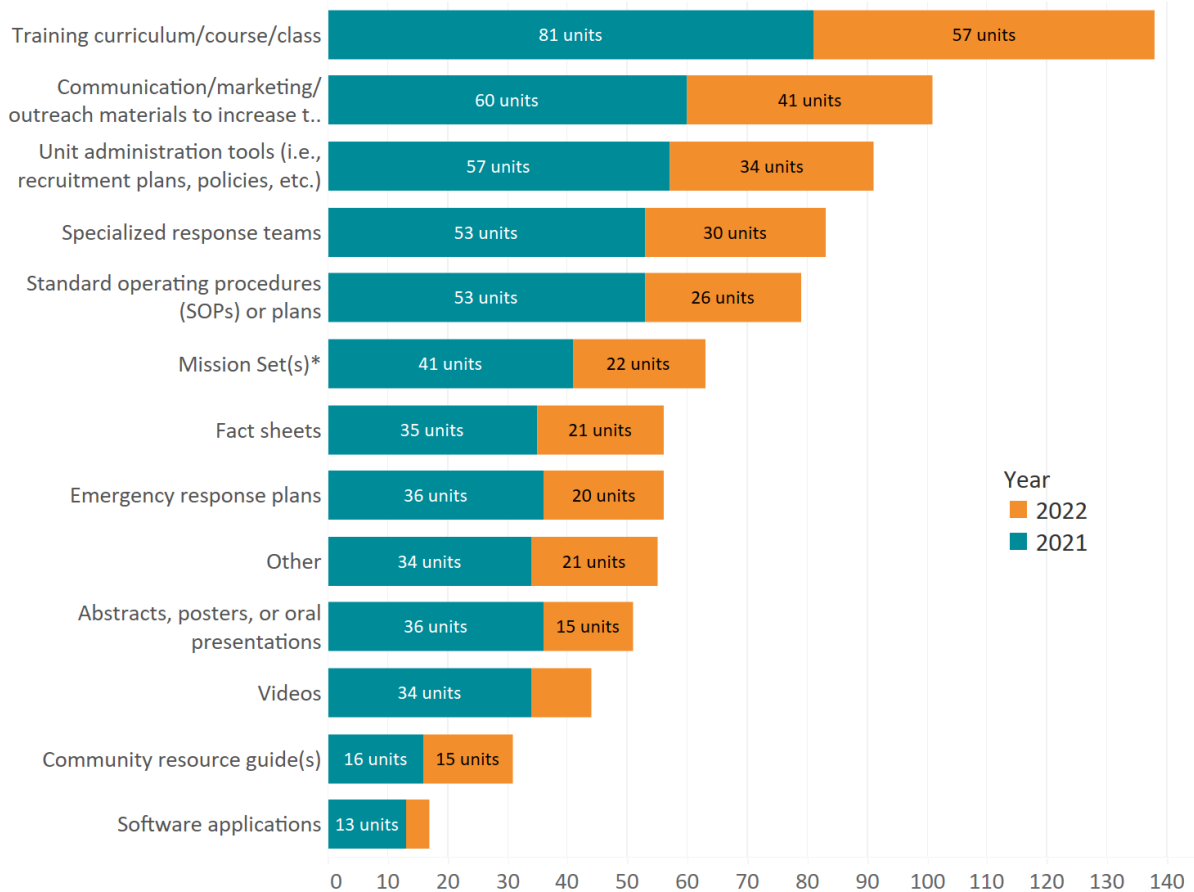
Figure 5: Activity Evaluation Methods



Resources

2022 ORA Awardees were asked whether they developed resources and if so, what types. Most respondents (89%) developed at least one type of resource. Of the 102 respondents who produced resources, 57 developed a training curriculum, course, or class. The next most common resources developed were communication materials, unit administration tools, specialized response teams, and standard operating procedures (SOPs) or plans, with 41, 34, 30, and 26 awardees respectively. Twenty-one MRC units reported creating “other” resources which included school aged preparedness materials, feasibility study and SWOT analysis, and billboard ads for MRC.

Figure 6: ORA Resources Developed

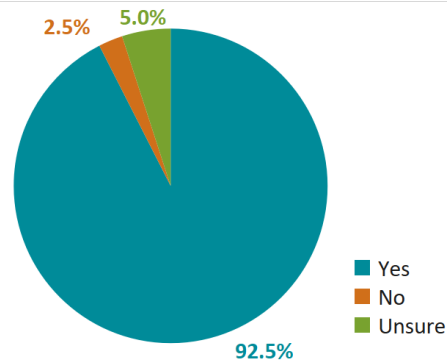


Notable Resources Developed by the 2022 Operational Readiness Awardees:

- [*Mission Set: Mobile Influenza Points of Distribution \(flu PODs\)*](#) – Southwest Colorado MRC, Tier II Awardee
- [*Mission Set: Cold Weather Emergency Shelter*](#) – Skagit County MRC, Tier I Awardee
- [*Four Minutes of Compassion*](#) – Upper Merrick Valley MRC, Tier II Awardee
- [*Stress Response Team Resource Guide*](#) – Oklahoma MRC Stress Response Team, Tier I Awardee

Tier I Awards

Figure 7: Tier I - 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 2022, there were 43 total Tier I Awards and 41 Tier I final survey respondents, a 95% survey response rate, about the same as 2021’s survey response rate.

Overall, 92.5 of Tier I Awardees who responded to the final survey felt their Operational Readiness Award helped their MRC unit build capacity and/or capability, 5.0% reported feeling ‘unsure,’ and 2.5% reported that their award did not improve the capability or capacity of their MRC units – as illustrated in Figure 5. Of the respondents who answered ‘unsure,’ one unit stated the unit leader had just started in their position and another unit had delays completing their activity.

According to final survey respondents, the monetary value of the 2022 Operational Readiness Award activities for Tier I awardees totaled nearly \$2.3 million, or over \$57,000 per Tier I awardee. **This constitutes a 988.6% return on investment for Tier I awards.**

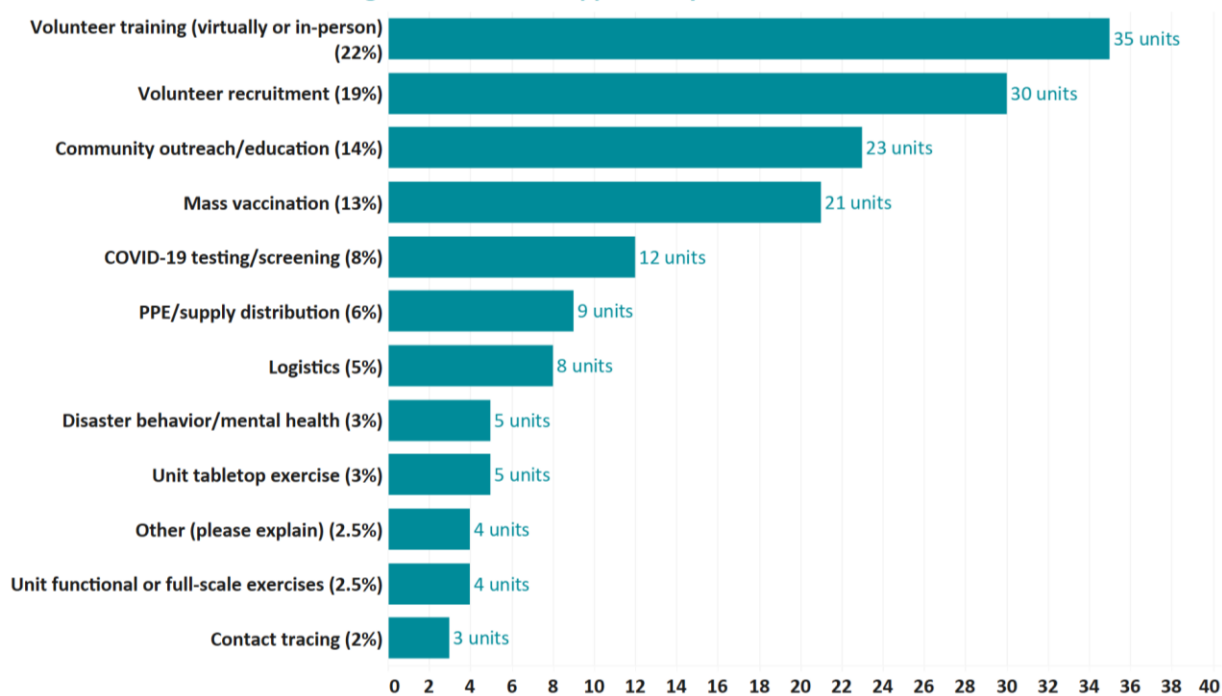
Personnel

Of the responding 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 units reported using the ORA to support volunteer recruitment, followed by 23 units using funds for community outreach/education and 21 for mass vaccination. The least supported activity by the ORAs for Tier 1 was contact tracing. Of those in Tier I who chose ‘other’ listed activities such as: volunteer credentialling, telehealth, search and rescue, and emergency planning.

Figure 8: Activities Supported by 2022 Tier I ORA

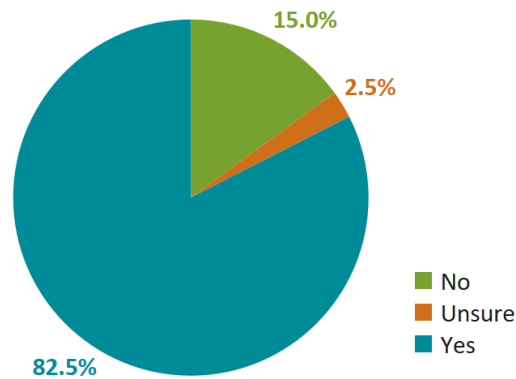


Evaluation

A majority (82.5%) of Tier I respondents reported evaluating their 2022 Operational Readiness Award activities, 2.5% of units were ‘unsure,’ and 15.0% of units did not evaluate their award activities – as illustrated in Figure 9. The number of awardees who reported evaluating their 2022 ORA activities is an 8.5% increase from last year, and 33.5% increase from 2020. Of the units who reported they were ‘unsure’ or did not evaluate their activities, three units have not completed their activities to evaluate it and one tried but received no response.

Similar to the last two ORA evaluations, event sign-in sheets were the most common evaluation method with 46% of evaluating Tier I respondents reporting their utilization. The next most common methods were deployment statistics and after-action reporting (AAR) with 41% and 29%, respectively. The top two methods of evaluation for Tier I respondents were similar to the overall trend, however the third most common evaluation method for Tier I were after action reports, different from the overall trend of lessons learned.

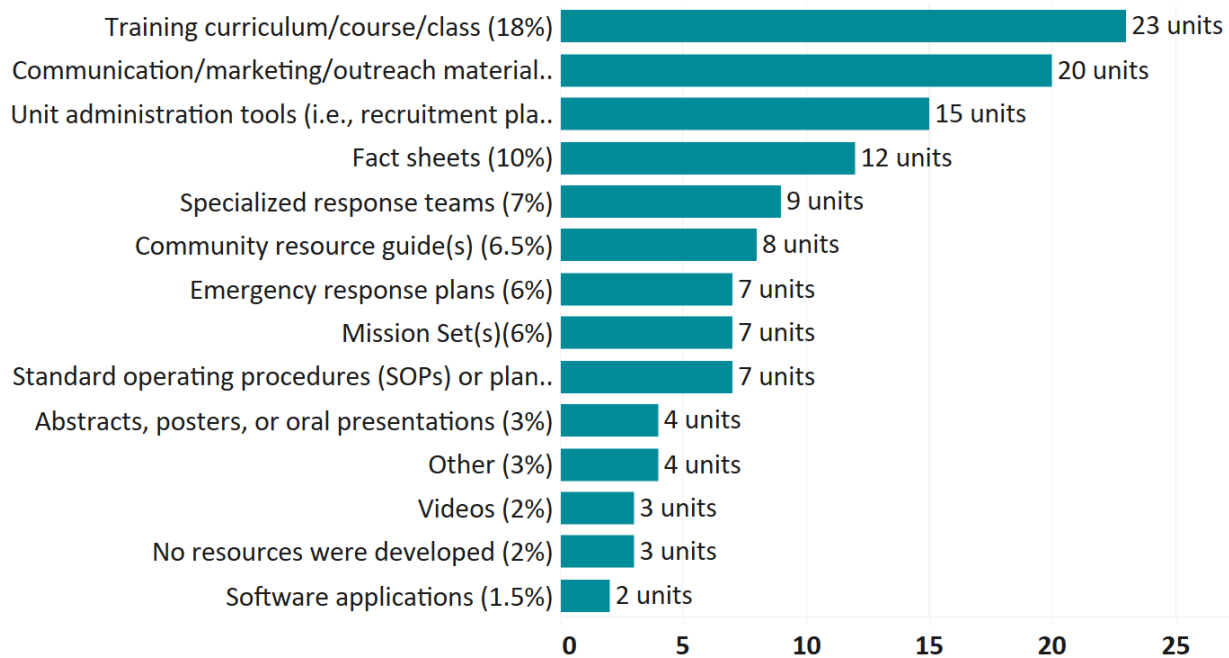
Figure 9: Tier I - ORA Activity Evaluation



Resources

A majority (93%) of Tier I respondents developed at least one type of resource as a part of their 2022 Operational Readiness Award activities, 11% higher than 2021 ORA Tier I respondents. Figure 9 illustrates the types of resources developed by Tier I respondents. Of the units who did produce resources, 18% created a training curriculum, course, or class which was also the most common resource produced in 2021 and 2020. The next most common resources developed were communication, marketing, or outreach materials as well as unit administration tools with about 16% and 12% of resource developing Tier I respondents respectively. Four Tier I respondents reported creating “Other” resources which included policy updates, new MRC Coordinator Position, CPR class supplies, and call scripts.

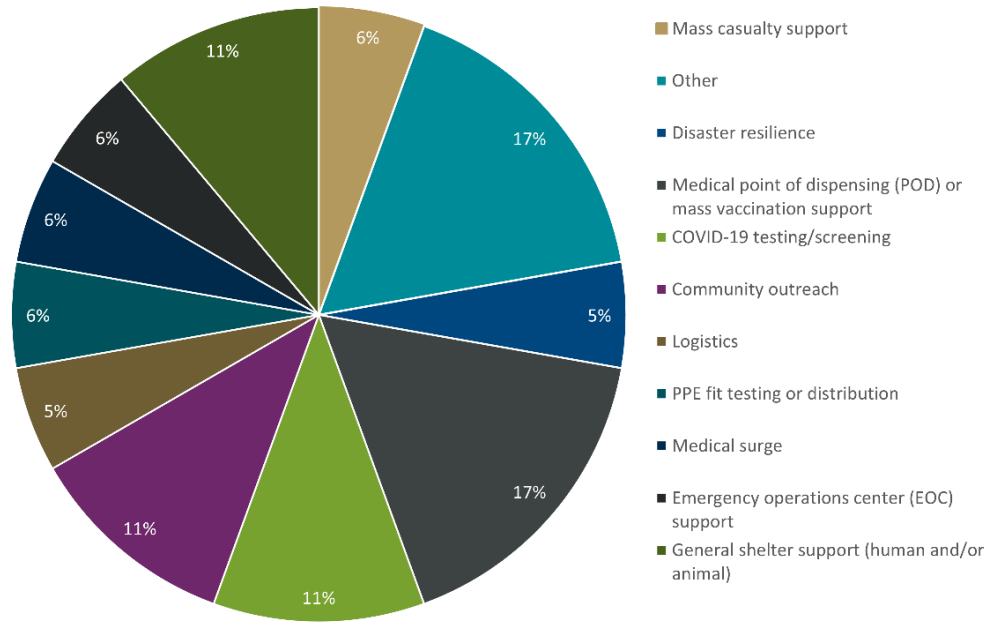
Figure 10 : Resources Developed by 2022 Tier I ORA



Mission Sets

Seven (17%) Tier I respondents developed a total of 18 mission sets as a part of their Operational Readiness Award activities. As shown in Figure 11, the most common mission set developed related to medical PODs or ‘other.’ Those who selected ‘other’ created mission sets on adoption of WHO Mass Burial Plan and Clean Air Kit.

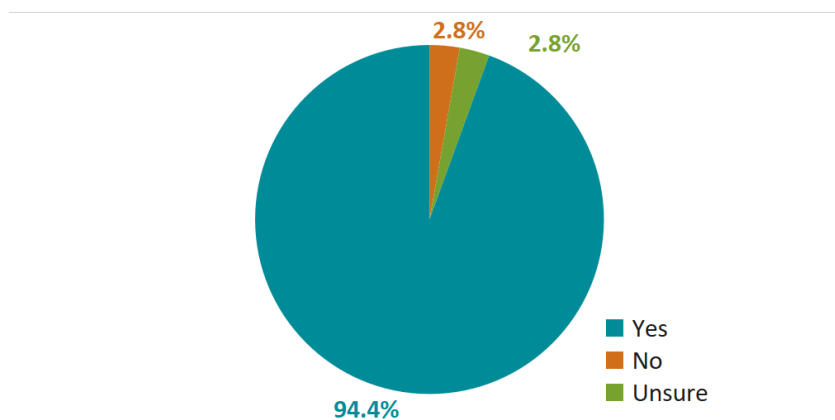
Figure 11: Mission Sets Developed by Tier I Awards



Bainbridge Island MRC, Tier II Awardee

Tier II Awards

Figure 12: Tier II - Capability and Capacity Improvement



Tier II Awards (\$10,000) were designed to fund projects that strengthen MRC unit response capabilities. In 2022, there were 85 Tier II awardees and 73 Tier II final survey respondents, an 86% survey response rate.

Overall, 94.4% 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, 2.8% reported feeling ‘unsure,’ and two units reported that their award did not improve the capability or capacity of their MRC unit – as illustrated by Figure 12. Of the two units who answered ‘unsure,’ one responded they had a significant decline in retaining their volunteers after the pandemic and faced challenges in receiving responses from those volunteers, however, they stated having more realistic expectations for future recruitment and retention goals.

According to respondents of the final report survey, the monetary value of the 2022 ORA activities for Tier II awardees totaled nearly \$3 million, or over \$45,000 per Tier II respondent. **This constitutes a 287.3% 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 6,389 MRC volunteers who collectively served over 74,291 hours. On average, each Tier II respondent benefited from 87 MRC volunteers who provided about 11 hours each to the ORA activities. Additionally, respondents reported that 1,952 individuals from community partner agencies supported Tier II ORA activities, or about 26 individuals per unit.

The average number of volunteers per award was much higher for 2021 Tier II respondents (330 volunteers) compared to the average for 2022 Tier II respondents (87 volunteers). This may be due to the number of awards for Tier II in 2021 being much higher than in 2022, 141 awards and 85 awards respectively.

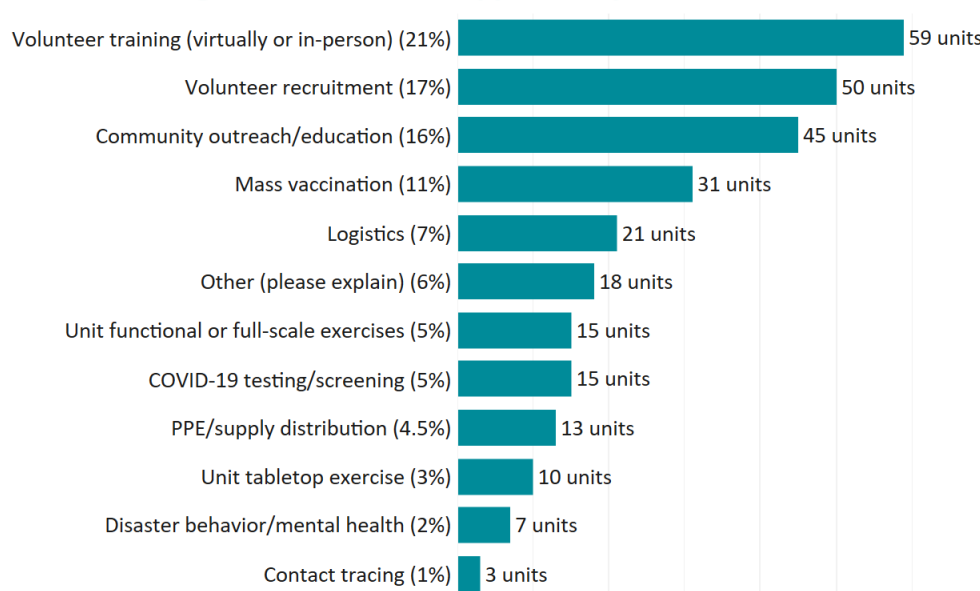
Award Activities

Tier II respondents selected the unit activities that were supported by their Operational Readiness Award, illustrated in Figure 12 below. Volunteer training (80%) and recruitment (68%) were the most

frequently reported award activities of Tier II respondents participating in each of these activities. The activities least supported by the 2022 ORA for Tier II were unit tabletop exercises, disaster behavior/mental health, and contact tracing, with 10 units, 7 units, and 3 units respectively. Thirty-five Tier II respondents reported participating in ‘other’ activities. Some of the ‘other’ activities listed are:

- Animal behavior in disasters
- COVID Demobilization and Engagement
- Equipment and Medicine Purchases
- Feasibility study to determine mission
- Future of housing organization
- Sustainment of MRC
- FEMA ICS Structure
- Human Mass Sheltering
- Animal Sheltering
- Out of Jurisdiction Deployment
- Mass Casualty
- Leadership Replacement
- School Based Clinics

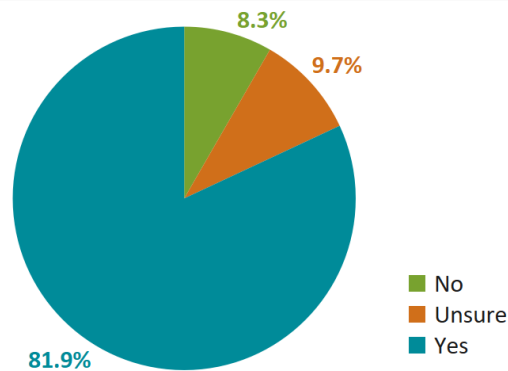
Figure 13: Activities Supported by 2022 Tier II ORA



Evaluation

A majority (81.94%) of Tier II respondents reported evaluating their 2022 Operational Readiness Award activities while 9.72% were ‘unsure’ and 8.33% did not evaluate their award activities – as illustrated in Figure 13. The rate of respondents that reported evaluating their ORA activities rose from 2021 conversely, the rates of those who reported that they were ‘unsure’ or did not evaluate their award activities declined. Of those that did not evaluate their activities, respondents reported, their grant just got signed and will be ordering equipment soon, they were responding to the COVID-19 emergency, or no survey was provided to participants following activities. Event sign-in sheets were the most common evaluation method with 64% of evaluating Tier II respondents reporting their utilization. The next most common methods were deployment statistics and lessons learned with 41% and 33%, respectively, of evaluating respondents utilizing these methods. These statistics are consistent with the overall evaluation trends identified in the first part of this report.

Figure 14: Tier II - ORA Activity Evaluation

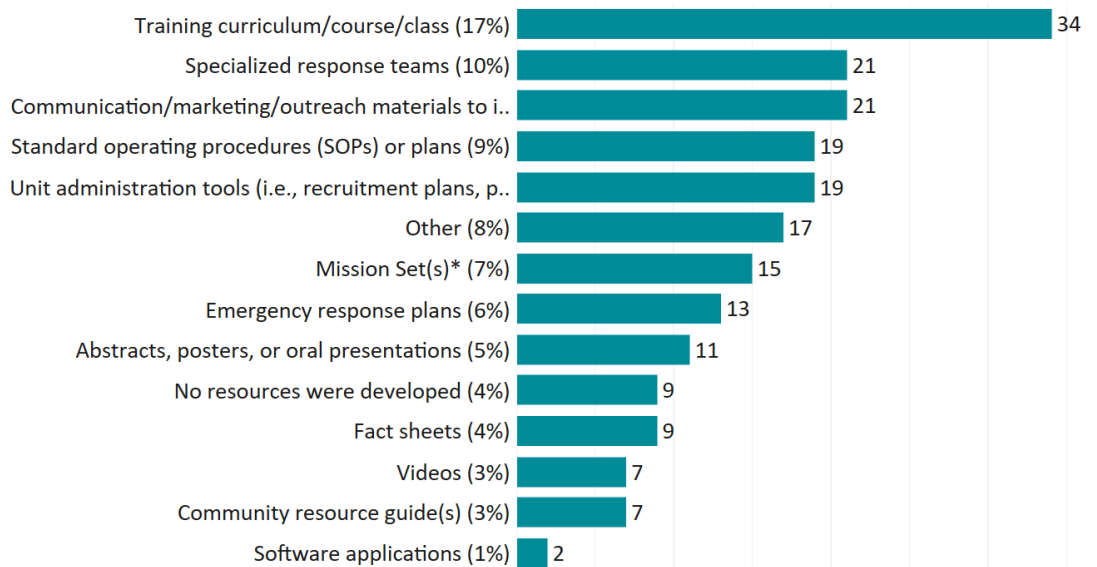


Resources

A majority (88%) of Tier II respondents developed at least one type of resource as a part of their 2022 Operational Readiness Award activities. Figure 15 illustrates the types of resources developed by Tier II respondents. Of the units who did produce resources, 53% created a training curriculum, course, or class. The next most common resources were specialized response teams as well as communications/marketing materials, both with 33% of resource developing Tier II respondents creating each of these resources. Seventeen (27%) of responding Tier II MRC units reported creating “other” resources:

- ART!
- Billboards, Movie Trailer ads for MRC
- COVID-19 Impact Survey
- Extended Response Capabilities
- Feasibility Study and SWOT Analysis
- Inventory and Medicine Tracking
- Online Training Course
- Promotional Rack Cards
- School Aged Preparedness Materials

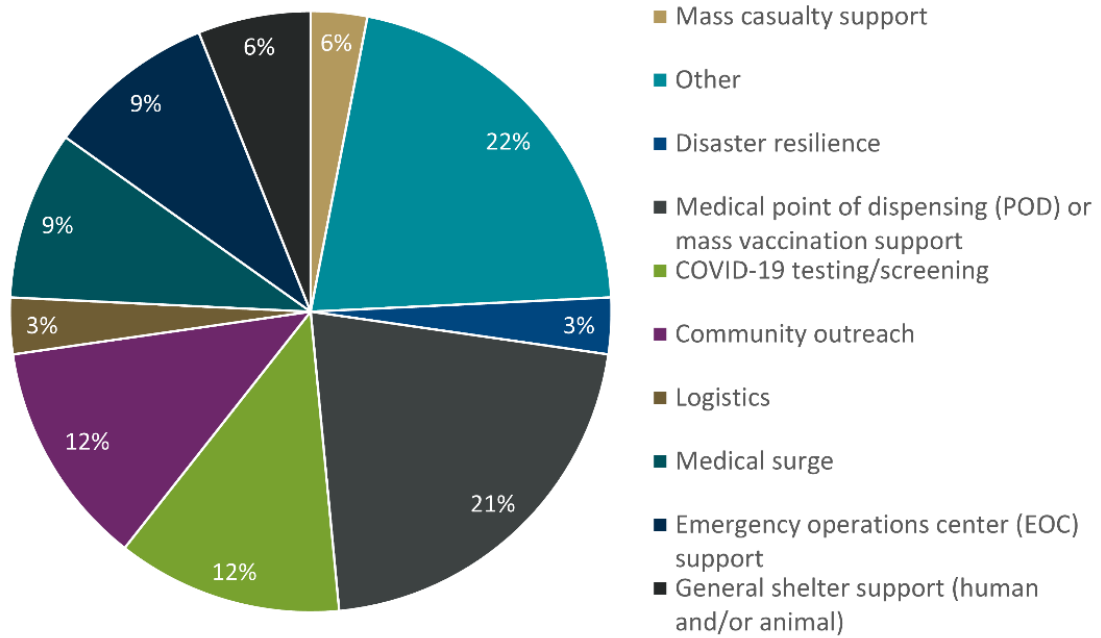
Figure 15 : Resources Developed by 2022 Tier II ORA



Mission Sets

About 19% of Tier II respondents developed a total of 40 mission sets as a part of their ORA activities. Of those 14 units, 57% developed more than one mission set. As shown in Figure 16, the most common mission set developed was related to mass vaccination or ‘other,’ followed by COVID-19 testing/screening and community outreach. Mass vaccination was also a highly developed mission set by ORA Tier II awardees in 2020 and 2021. The least common mission sets developed were medical surge and emergency operation center (EOC) support. Those who chose ‘other’ developed mission sets geared towards arts in health, disaster animal response, first aid stations, and responding in a school setting.

Figure 16: Mission Sets Developed by Tier II Awards



Marin County MRC, Tier II Awardee

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 Partnerships.

Volunteer Recruitment

1. Recruit volunteers by categories of interest, such as working with kids.
2. Use social media ads, advertising agency, and basic resources such as radio.
3. Provide continuing education credits, certifications, or trainings such as CPR as motivation to recruit volunteers.
4. Ensure that volunteer demographics reflect the community served by recruiting from within the community.
5. Meet people where they are, everyone has different abilities or needs. Acquire knowledge and skills appropriate for the population served.

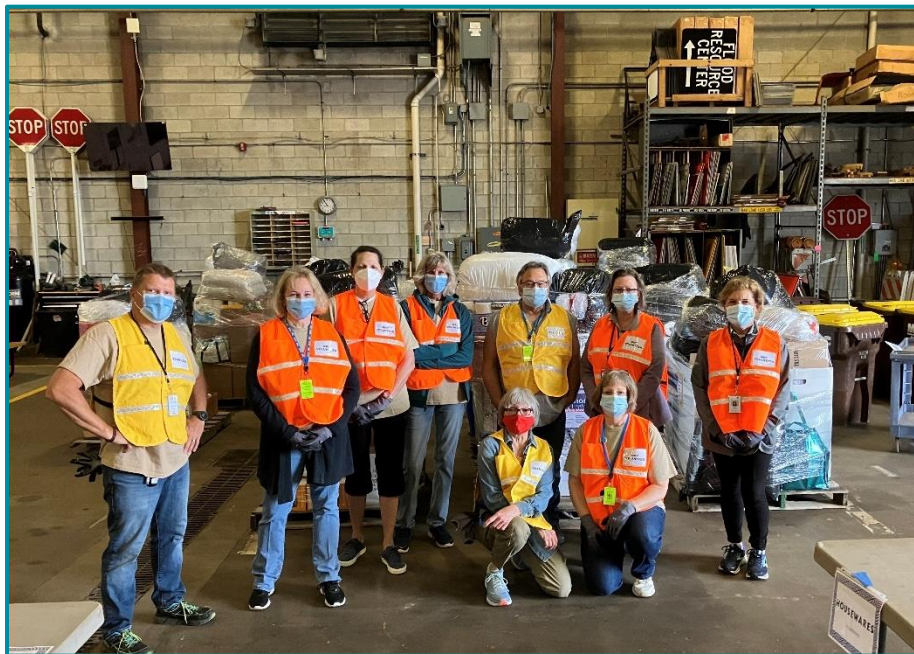
Volunteer Management

1. Leverage your best resource—your volunteers. Listen to their suggestions, interests, and expertise.
2. Perform a volunteer needs assessment.
3. Keep volunteers engaged regardless of whether they can participate in an event or activity.
 - a. Provide consistent, in-person "Town Hall" Meetings for MRC members, leadership, and partners; provide an opportunity to connect, receive training, team build, feature members and partners, and create space for members to ask questions and provide input into unit planning and program improvements.
 - b. Host quarterly volunteer meeting for informational updates, training, and recruitment.
4. Utilize a database, online spreadsheet, or multiformat communication platform to track who is assigned to various tasks, alert volunteers, roster members, or deploy resources.
5. Recognize your MRC members with service awards, challenge coins, and other recognitions from partners and community leaders.
6. Have a strong logistics team to support all deployments and prepare volunteers with safety briefings, appropriate PPE, and safety instructions.
7. Utilize technology wherever possible to increase efficiency of volunteer management.
 - a. Recommended services and trainings:
 - i. [HSI - AVERT](#) - Active Shooter Response Training
 - ii. [NACCHO.org](#) – Mission Sets
 - iii. [Sign-Up Genius](#)- Web-based signup sheets
 - iv. [Deployment Readiness Guide](#) – Deployment, Mission Sets, Trainings
 - v. [Prestan Manikins](#) – Provides CPR students instant feedback on compression depth and speed.
 - vi. [Powtoon](#) - Web-based animation/video creation tool
 - vii. [Constant Contact](#) – Email distribution service
 - viii. [Coursera](#) – Website with various free and paid courses
8. Don't overload volunteers with too many events or trainings, find a happy medium.
9. Provide Psychological First Aid (PFA) training to all MRC volunteers prior to incorporating them into drills and exercises.

10. Conduct after action reviews or debriefs after any training or activation to help plan and support your volunteers in the future.

Partnerships

1. Collaborate with community partners to offer MRC involvement in community events (health fairs, expos, worksite wellness, food pantries, screenings, etc.)
2. Incorporate multiple partners into community events; engage them in awareness raising and volunteer recruitment.
3. Utilize partnerships in a variety of ways including as facility hosts for trainings and recruiting MRC volunteers. Always bring recruitment materials to partnership events.
4. Foster involvement with local partner organizations including first responders, coalitions (pet coalitions, food coalitions, cultural coalitions, etc.), faith-based organizations, civic organizations, and local government, K-12 schools, clinics/hospitals, businesses, local colleges/universities, and other MRC Units.
5. Cross train – for example, partnering with Red Cross to cross train in human sheltering.



McHenry County MRC, Tier I Awardee

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

Upper Merrick Valley MRC (MA), Tier II Awardee

“Notably, we were invited to send medical volunteers to the first-ever 'medical camp' to screen immigrants and impoverished residents for health care, with referrals for endocrine and other issues. This invitation to our members drew excited offers to help from our most seasoned nurse practitioners - - even those who'd been so busy running their clinical practices that their time available for volunteering was limited. We established a strong partnership with the hosts in the process: a group of volunteer physicians in their "Love All Serve All" LASA Foundation programs. (See <https://loveallserveallne.org/> for details about LASA.) Through this effort we supported 24 clinics in 5 of our 7 communities; 226 volunteers served 736.5 hours, valued \$28,410.49.”

Lakes Region MRC (NH), Tier II Awardee

“Thanks to our volunteers we were able to offer homebound COVID-19 vaccinations in very rural areas where people were completely disconnected from services. Sometimes our LR-MRC volunteers would be the only people that these particular vaccine recipients would see in days/weeks. Then we would get a call in our office to thank us and our team – it made us cry.

“We were also able to provide vaccinations to seasonal farm workers, which help keep the local farms running, despite cultural and language barriers.”

Volunteer Recruitment and Retention

North Carolina Baptist Men MRC, Tier I Awardee

“MRC volunteers were recruited from collegiate healthcare partnerships, conferences, and other meetings throughout the state. Many of these volunteers assisted us with non-emergent health events and with our Alternative Care Site, providing much needed care to over 400 vulnerable patients across the state.”

Prince George's County Health Department MRC (MD), Tier II Awardee

“The Prince George's County Healthcare Action Coalition (PGHAC), a community partner of the Prince George's County MRC and the Prince George's County Health Department, is a group focused on addressing vaccine inequity and hesitancy among highly vulnerable populations (Black and Hispanic) in Prince George's County. With the support provided by the 2022 ORA, both current and newly recruited MRC volunteers have been able to assist the PGHAC and ease the process in educating and providing vaccines to these populations. With these efforts, the overall rates of vaccinations in Prince George's County have significantly increased.”

Public Health

North Alabama MRC, Tier II Awardee

“I contacted the Director of the AIDB organization, Ms. Kathleen McDonald, and explained to her what I wanted to accomplish with this partnership. We wanted to present them with emergency go-bags with equipment that fits their needs and in return give them a seat in our EOC so that when a disaster happens someone from their organization would come and interpret the briefings for the deaf and blind community. Ms. McDonald was brought to tears because she felt this was an excellent and huge benefit for their organization to feel inclusive in the emergency planning community. Being that she was brought to tears, I was brought to tears because it made me realize just how much of a difference we can make in our communities.”

Pierce County MRC (WA), Tier II Awardee

“Our Street Outreach team went to our local homeless encampments to provide support and evaluation assistance to the men and women of the community. One man was in critical need of medical attention.

With the help of our volunteers, they were able to get him into a shelter to get the help he needed and saved his life.”

Increased Capacity to Serve

Massachusetts Task Force MRC, Tier II Awardee

“We were able to deploy a team of 46 volunteers to Hurricane Ian in Florida to assist with Florida State resources in Search and Rescue of victims. We were deployed for 12 days along with other teams. We were able to use our skills and knowledge that we have been training on and some new recruits were able to deploy as well. This was a successful mission given the devastation left behind by the hurricane.”

Bollinger County MRC (MO), Tier II Awardee

“Being a VERY rural county with extremely limited resources, our MRC members were extremely helpful in providing services during COVID-19. Our population served can be somewhat distrustful of "Government Activities." Since the MRC Unit members were working side by side with our state partners, an increased level of trust was provided. This was commented on by some of our clients when arriving for vaccinations. "Well, I know them. It must be OK if they're here!" Local Stakeholders visibility added credibility and reached a portion of our citizens that may not have taken advantage of our programs otherwise.”

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:

- ❖ The Operational Readiness Awards will be highlighted in the 2022 MRC Network Profile
- ❖ Continuation of the ORA program with funds and projects for the first round of the 2023 award year already well underway
- ❖ Publishing MRC InTouch eDigest Newsletter feature articles highlighting ORA awardees
- ❖ Adding resources developed to the NACCHO MRC Toolkit
- ❖ Further identifying and promoting MRC units for their work

Acknowledgements

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