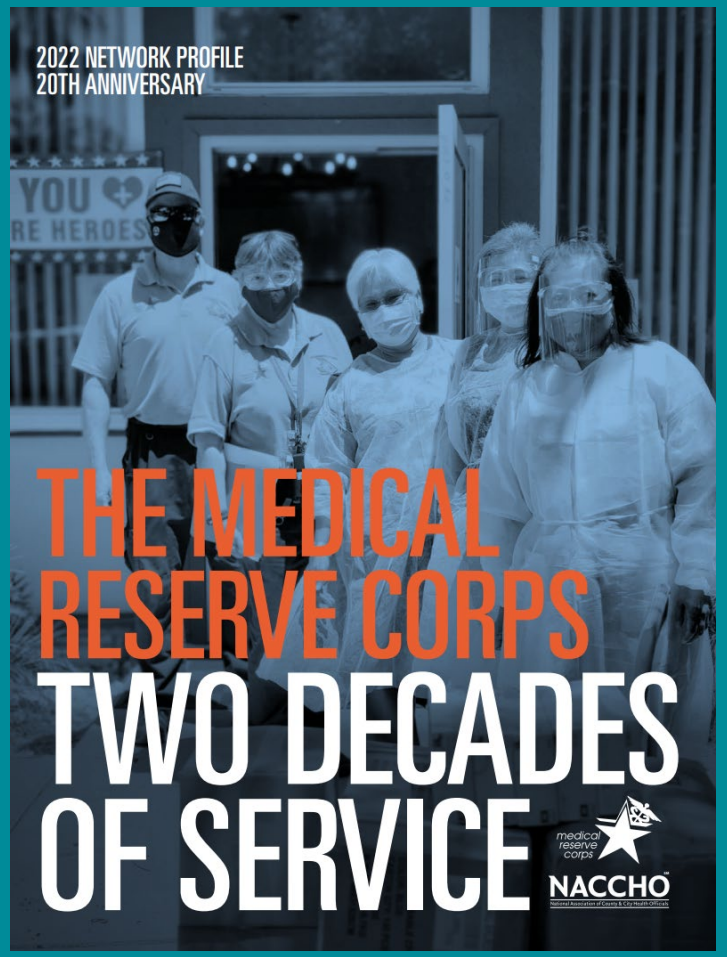

The Medical Reserve Corps 2022 Network Profile

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Acknowledgements

NACCHO Team

MRC Program Office

All units

Tremendousness and DCG One

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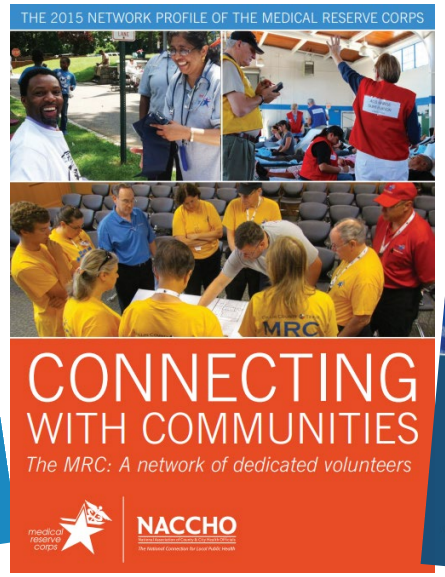
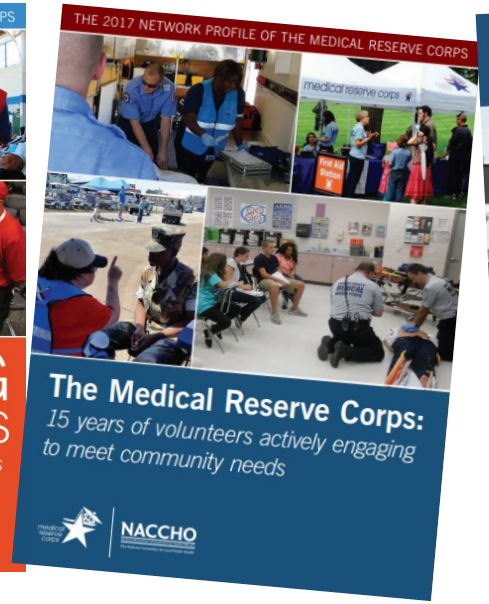
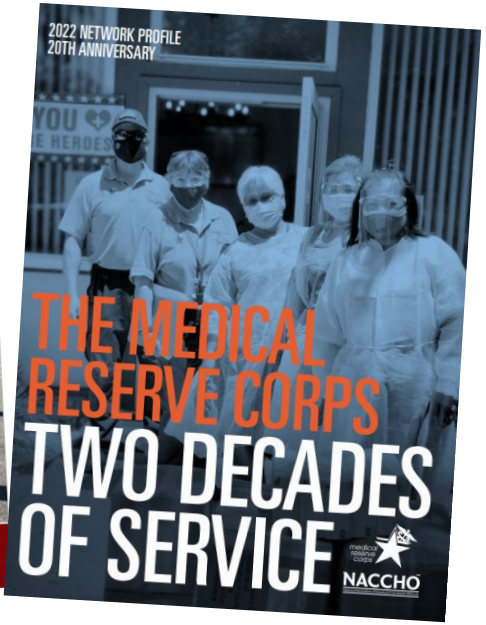
MRC Network Profile Overview

- Began in 2013
- Since then, 5 reports have been published







- https://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps/mrc-network-profile

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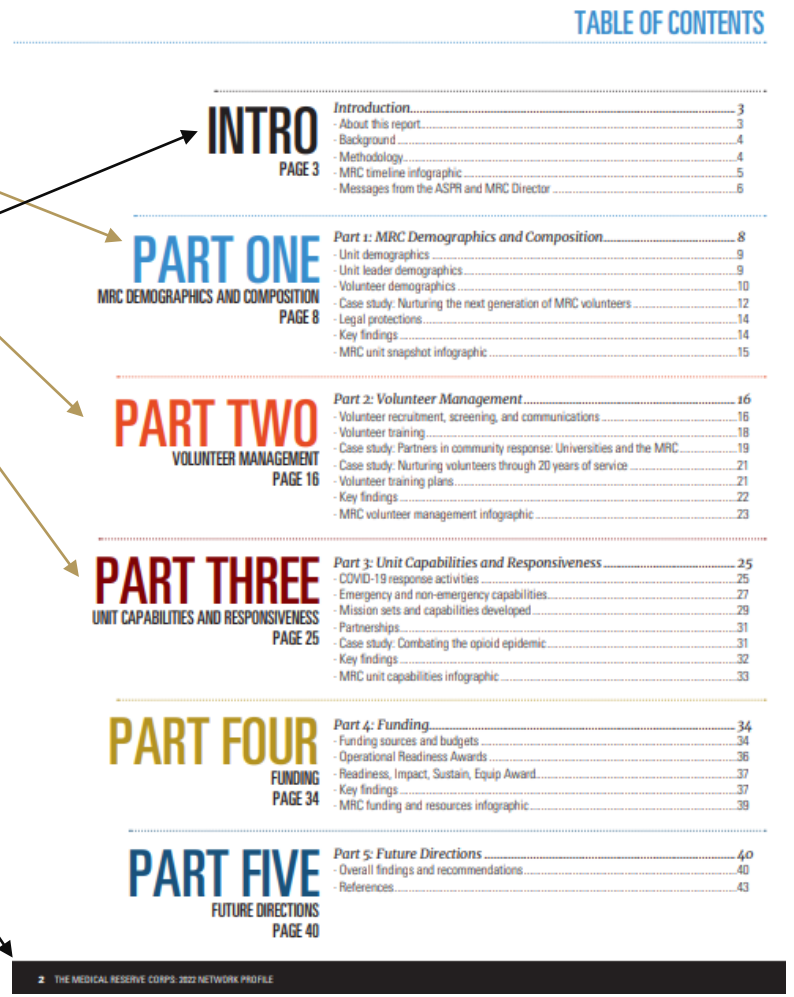
- Colors corresponding to each part's heading run along the bottom of the page.



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Graphs, Tables, Charts

- Within the text are references presented in a color that corresponds to the heading in its graphic representation.

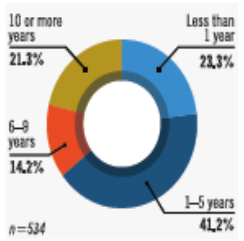
Overall, 23% of respondents reported serving less than one year as unit leaders, and 41% have served between one and five years. About one-third (36%) of unit leaders had served six years or more, **FIGURE 7**.

Volunteer demographics

Volunteers are the foundation of the MRC and data about their demographics help to ensure that volunteers reflect the communities they serve and that units have the needed skillsets to meet their capabilities. The total number of unit volunteers in 2022 was 276,600 across 486 units that reported volunteer counts. Units had an average of 126 volunteers per unit.

In 2022, most units (50% or more) collected volunteer demographic information of age (61%), employment status – employed or retired

FIGURE 7: Years as leader



ethnicity of their volunteers in 2022, 82% were white, 16% were Black or African American, and 6% were another race, **FIGURE 9**.

Volunteer ages

The most common age group among MRC volunteers in 2022 was 46 to 65 (38%), followed by 66 years or older (24%), 36 to 45 (19%), 25-35 (12%), 20-24 (5%) and less than 20 years old (2%). Of note, capturing the number of volunteers younger than 20 years old is a new survey response category to reflect demographics among the growing number of junior MRC units, which comprise youth volunteers. In comparison to 2020, 62% of volunteers in 2022 were older than 46, while 59% of volunteers were older than 46 in 2020. **FIGURE 10** (page 12) shows the comparison of volunteer ages over the last few years.

FIGURE 9: Volunteer race/ethnicity

n=49*	Overall mean	US Average[3]
White	82.2%	75.5%
Black or African American	16.2%	13.6%
American Indian or Alaska Native	1.6%	1.3%
Asian	8.9%	6.3%
Hispanic or Latinx	6.1%	19.1%
Native Hawaiian or other Pacific Islander	0.4%	0.3%
Two or More Races	3.1%	3%
Other	5.9%	-

**Only 49 units provided information, Not representative of total population*

FIGURE 10: Volunteer ages

	2022 All units	2020 All units	2017 All units
<20*	2%	-	-
20–24	5%	2%	2%
25–35	12%	20%	5%
36–45	19%	20%	12%
46–65	38%	46%	23%
66+	24%	13%	22%
	n=304	*n*=300	*n*=607

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Key findings

- 2 or 3 key findings from each section are highlighted at the beginning of the Part in orange.

PART 2

Volunteer Management

58% OF MRC UNITS INDICATED WORD OF MOUTH AS THE MOST EFFECTIVE FORM OF RECRUITMENT.

83% OF MRC UNITS CONDUCTED BACKGROUND CHECKS FOR AT LEAST SOME OF THEIR VOLUNTEERS.

Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency's preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.[4]

Vetted, trained, and engaged volunteers bring the skills needed to support the mission of their communities and are empowered to gain new skills to meet a diversity of emergency and non-emergency roles. Volunteer training helps to develop skills and education through increasing knowledge and application, ensuring volunteers are equipped to respond to emergencies.

This section provides information on effective methods of recruitment, barriers to recruitment efforts, background screening, credentials, use of MRC core competencies, and types and formats of trainings offered.

Volunteer recruitment, screening, and communications

Recruitment methods

Recruiting volunteers is an essential and ongoing activity for unit leaders and largely affects the unit's ability to deploy and support their communities in emergencies.

MRC units across all jurisdiction sizes indicated that their most effective form of recruitment continues to be through word of mouth (58%), MRC booth at community events (30%), or social media (28%), **FIGURE 14** (page 18). The least effective forms of recruitment included paid media platforms such as newspapers, radios, and mass mailings.

Barriers to recruitment

Unit leader time constraints were the largest barrier in recruitment of volunteers, with 58% of MRC units reporting it as a limitation. Funding (42%) was also a large barrier in recruitment and may impact the staffing needed to manage the MRC program. About one quarter (24%)

AT RIGHT: PASSAIC COUNTY MRC, NEW JERSEY

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Future Directions and Recommendations

- Part 5: Future Directions
  - Highlights overall findings and recommendations from the 2022 MRC Network Profile.
  - These recommendations can be used to spark conversations with stakeholders and other important partners.

PART 5

Future Directions

THE LIMITED AMOUNT OF PAID STAFF TIME DEVOTED TO MANAGING AN MRC LIMITS A UNIT'S ABILITY TO OPERATE AT OPTIMUM LEVELS AND CAN IMPACT THEIR RESPONSE CAPABILITIES.

THE HISTORIC INVESTMENT IN THE MRC IN 2022 IS NOT GUARANTEED IN THE FUTURE.

Overall findings and recommendations

The year 2022 was historic for the Medical Reserve Corps. The network celebrated its 20th year of service to the country and saw an investment of $100 million through the American Rescue Plan Act of 2021 (ARP). NACCHO distributed over $15 million from ARP funding to local and state MRC units, via its cooperative agreement with ASPR.

At the same time, MRC units were also engaged in responding to the COVID-19 pandemic, supporting activities including testing, vaccination, PPE distribution, community outreach, and contact tracing. While responding to the pandemic, MRC units developed new capabilities, conducted recruitment and training activities, responded to local emergencies, and supported community health needs.

Examining how local and state MRC leaders utilized funds and applied lessons learned from pandemic response will help inform the direction of future investments. Based on information provided in the profile report, there are insights from this pivotal time that can identify areas for continued investment. The following are recommendations that can be used to inform future MRC network activities.

Invest in personnel

The workforce surge capacity MRC units provided during the pandemic demonstrates the capabilities of units and their volunteers and points to the greater potential that can be achieved through further investment in personnel.

NACCHO recommends the following to further strengthen and grow MRC personnel:

Invest in unit leaders

NACCHO recommends a shared investment of funding at the local, state, and federal levels to sustain and grow unit leader staff positions that attract talent, foster diversity, and allow for dedicated time to support unit activities. NACCHO further recommends that new unit leaders are supported through training and resource sharing that increases their capabilities in volunteer management and unit response capacity.

AT LEFT: PHILADELPHIA MRC, PENNSYLVANIA

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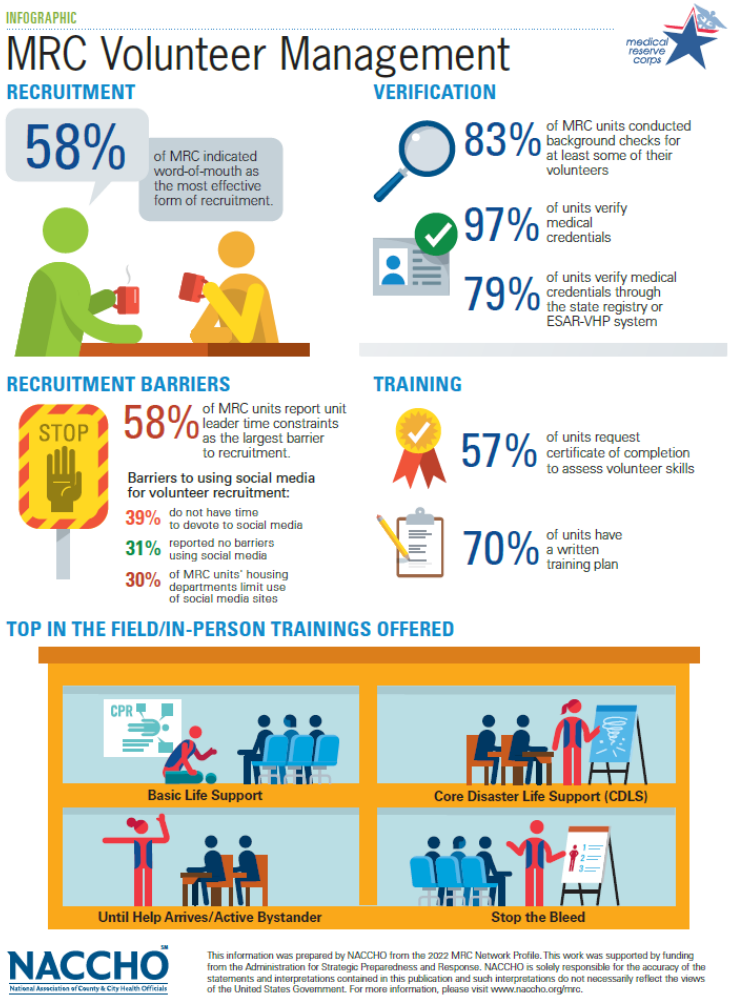
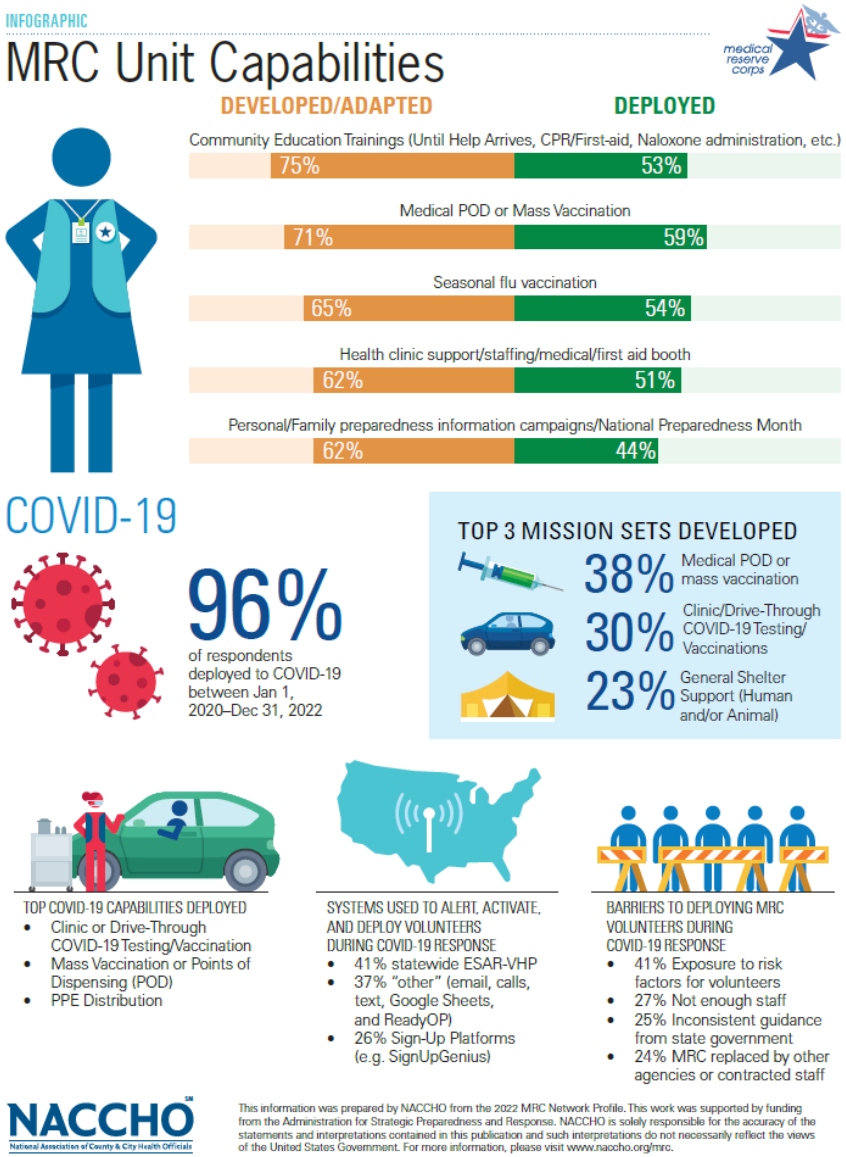
Infographics





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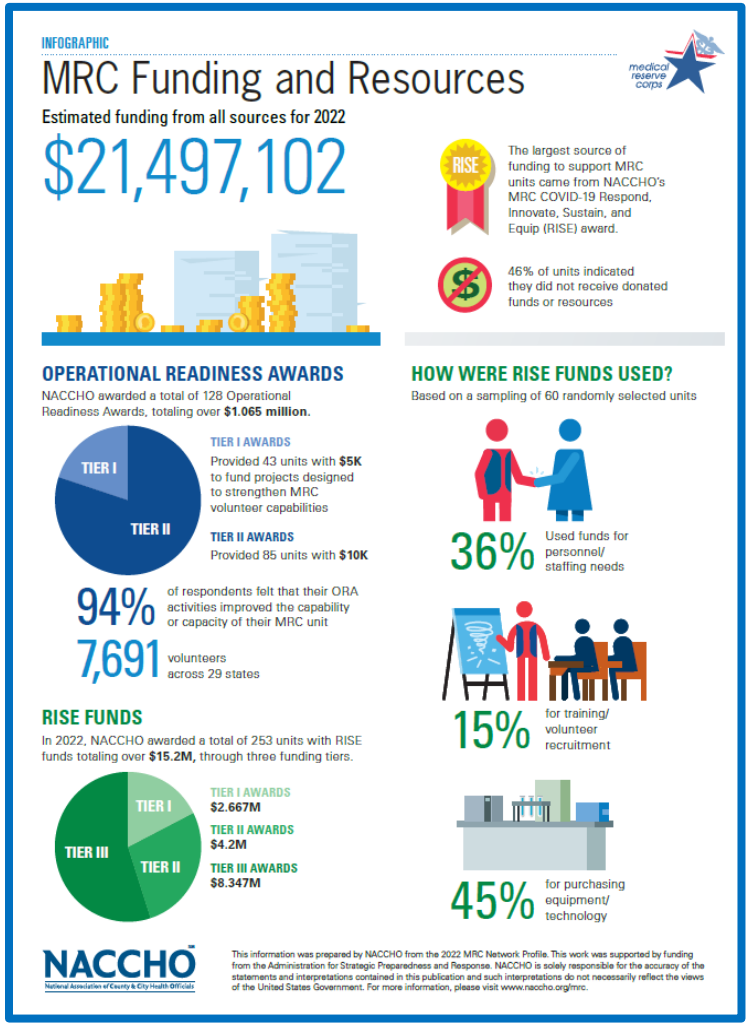
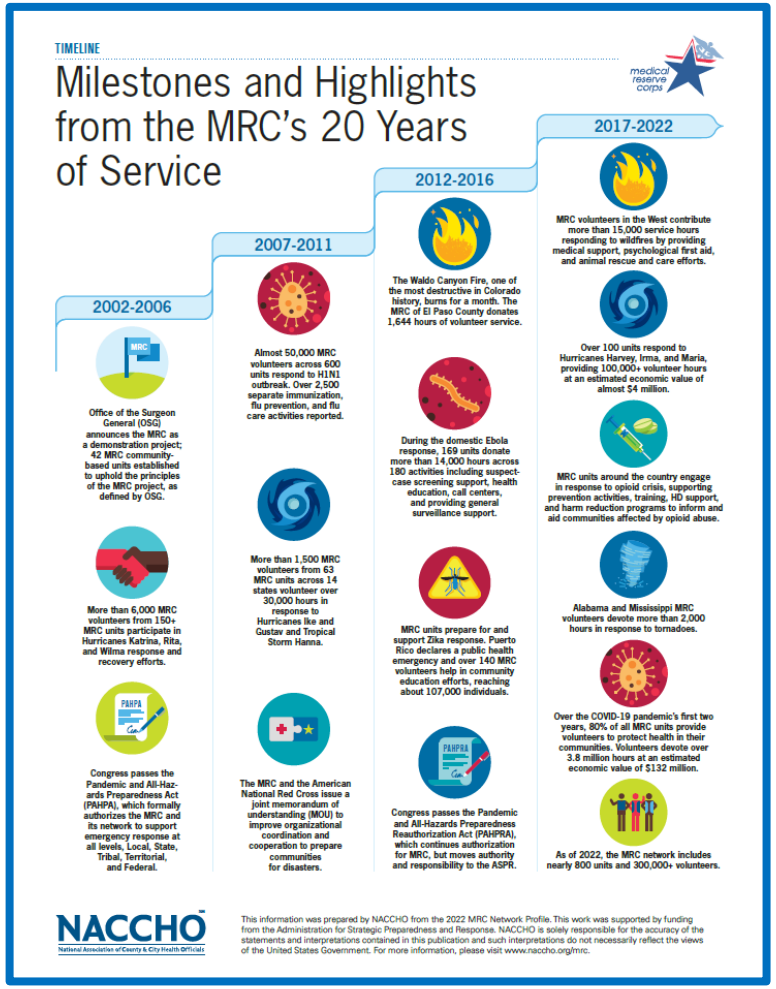
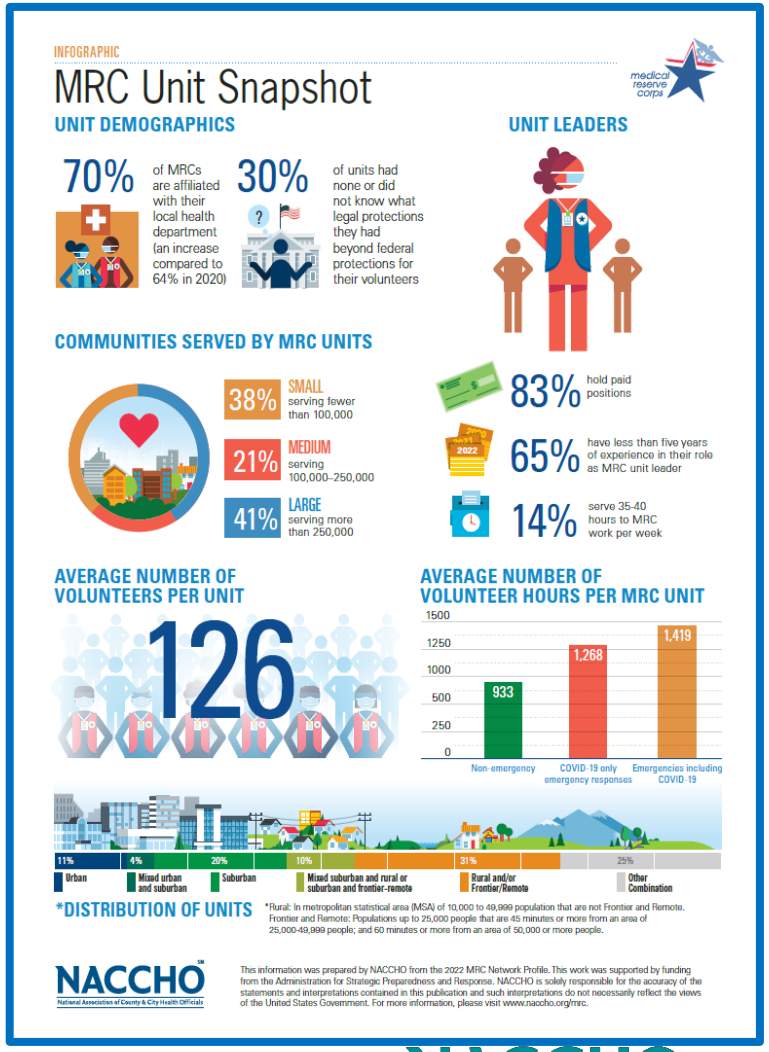
More infographics







https://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps/mrc-network-profile

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Webpage Demonstration

- https://www.naccho.org/
- https://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps
- https://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps/mrc-network-profile