

## Medical Reserve Corps: Community Resilience



Community resilience refers to a community's ability to withstand, adapt, and recover from a disaster or public health emergency (PHE).<sup>1</sup> For local health departments, this means strengthening public health and health care systems by identifying and addressing a community's social, behavioral, and physical needs through all phases of a disaster or PHE. The diverse roles Medical Reserve Corps (MRC) units play in their communities, and creative freedom permitted through the MRC Challenge Awards, allow MRC units to build homegrown cultures of resilience. This fact sheet highlights recent Challenge Awards projects that strengthened community resilience.

### A National Framework

The National Health Security Strategy (NHSS) 2015–2018 is a national strategic plan developed by the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR). The NHSS serves as a guide for national security efforts to strengthen and sustain communities impacted by disasters and PHEs. Appropriately, NHSS Objective 1 is "Build and Sustain Healthy, Resilient Communities" and includes the following priorities:

#### 1. Build and Sustain Health, Resilient Communities

- 1.1. Encourage social connectedness through multiple mechanisms to promote community health resilience, emergency response, and recovery.
- 1.2. Enhance coordination of health and human services through partnerships and other sustained relationships.
- 1.3. Build a culture of resilience by promoting physical, behavioral health, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.

Read more about NHSS Objective 1 and each of the priorities at <https://www.phe.gov/Preparedness/planning/authority/nhss/Pages/communities.aspx>.

#### 1.1. Encourage social connectedness through multiple mechanisms to promote community health resilience, emergency response, and recovery.

The Greater Monadnock, New Hampshire MRC Unit #1587 used their NACCHO Challenge Award to implement Prescribe for Health. The program trained MRC volunteers in asset mapping to develop community resource maps and connect residents to local programs and partners, such as community clinics. Asset mapping is a community development technique that identifies community assets, which are any resource that improves the quality of community life and shares that information with community members to promote community involvement, ownership, and empowerment.<sup>3</sup> Interacting with the community raised awareness of local assets in addition to physical and social determinants of health.



*Okaloosa Walton, Florida MRC volunteers help elderly citizens create personal preparedness plans.*



MRC units also work with communities to identify individuals with access and functional needs and connect them with personal and logistical support. ASPR defines access-based needs as linkages to universal resources such as social services, transportation, regular use medication, etc.; function-based needs are restrictions or limitations that require an individual to need assistance before, during, and/or after a disaster or PHE, such as physical or behavioral disabilities.

Okaloosa-Walton, Florida MRC Unit #555 developed Lean on Me, a community outreach project to help elderly residents create personalized preparedness plans. It combined local preparedness resources and information from state and federal response agencies into a comprehensive client resource book. Volunteers

provided the book during visits performed in the person's home, senior centers, or other meeting places in addition to a NOAA Weather Radio and small first aid kit. Volunteers also perform a hazard risk assessment to identify fire hazards or mobility problems.

## 1.2. Enhance coordination of health and human services through partnerships and other sustained relationships.

State emergency planners are also increasingly using Mission Ready Packages (MRPs) to pre-identify emergency response resources available through the Emergency Management Assistance Compact (EMAC), a mutual aid agreement between states and territories. MRPs, a concept developed by the National Emergency Management Association, refers to response and recovery resources that are developed, organized, trained, and exercised prior to an emergency or disaster and include pre-scripted mission statements, limitations, required support from other sources, time to readiness, and costs for personnel, equipment, travel, and other necessities. MRC units can extend support to state and local planners by preparing MRPs for sheltering in addition to other topics such as pharmacy support, federal medical station support, mass fatality incident response, environmental incident response, and mental health incidents response. For more information, visit <https://www.emacweb.org/index.php/learn-about-emac/module-positions/mission-ready-package>.

The Chickahominy, Virginia MRC Unit #256 created a mission-ready Radiation Health (RAD) Team in addition to providing Active Bystander training. The RAD team is a necessary capability



*"Through our work on this project, we became more connected with hospitals and clinics throughout the region (a five-county area). This has helped us to be able to provide more trainings in the area and to find more opportunities to offer surge support resources."*  
—Member of the Snohomish, Washington MRC Unit #174



Figure 2 Upper Merrimack Valley MRC Packaging Mission Ready Team Go-Kits

for the region since Chickahominy is a large rural district that also serves as a potassium iodide dispensing site for North Anna and Surry Power Station. The MRC RAD Team is trained to assist the region in mitigating efforts in the event of an incident while the Active Bystander training serves as a useful way to prepare community members to respond until help arrives. For this project, the MRC partnered with local emergency management, social services, and law enforcement, and re-engaged members of government, non-profit, and faith-based organizations by incorporating them into community assessments.

MRCs also promote partnerships across health care providers by supporting health care coalitions. Snohomish, Washington MRC Unit #174 developed a Healthcare Coalition Response Team (HCRT) to provide situational awareness, information sharing, and resource brokering to healthcare organizations in the Region 1 Healthcare Coalition (Snohomish, Skagit, Whatcom, Island and San Juan Counties in Washington State). A member of the unit shared that “through our work on this project, we became more connected with hospitals and clinics throughout the region (a five-county area). This has helped us to be able to provide more trainings in the area and to find more opportunities to offer surge support resources.”

**1.3. Build a culture of resilience by promoting physical, behavioral health, and social health; leveraging health and community systems to support health resilience; and increasing access to information and training to empower individuals to assist their communities following incidents.**

MRC units provide outreach to prepare their volunteers and community members for a wide variety of physical, behavioral, and social health needs by providing trainings, community outreach and education, and local response teams to address the specific needs of their communities.

Central Nebraska MRC Unit #968 developed the Act F.A.S.T. (First Arrival Simple Treatment) to teach public citizen life-saving techniques through hands-on, engaging trainings in bleeding control, hands-only CPR, and naloxone administration. The unit has trained more 750 citizens, including boy scouts, law enforcement, schools, and the general public. One event hosted by the MRC had over 150 community members in attendance. This program also distributed “F.A.S.T. Packs” to citizens who completed the training, which included essential items such as tourniquets, sheers, gloves, and gauze. Many of the F.A.S.T. Packs were installed in schools, near AED kits. The MRC reported distributing over 40 wall kits.

Peoria City/County, Illinois MRC #75 developed a Community Trauma Team (CTT) to respond to incidents requiring mental health emergency services after multiple local agencies’ community assessments identified mental and emotional health as a priority . The MRC partnered with a local leading mental health agency, The Children’s Home Association of Illinois, to implement the CTT, a subset of the MRC. CTT responders are trained in Early Intervention Field Traumatology, Youth Mental Health First Aid, and Mental Health First Aid. A member of the Peoria City/ County MRC shared the following: “A local high school had three suicide attempts in one week. The CTT was dispatched to stabilize the school [and]...provided Signs of Suicide training and crisis debriefing groups. Because of these efforts, 263 students, parents, and teachers have learned how to recognize the depression [and] suicide warning signs, and how to help kids who are at risk.”

MRC units continue to develop innovative ways to strengthen resilience in their communities. New projects and partnerships are developed regularly, especially through the MRC Challenge Awards. To learn more about the MRC, visit NACCHO’s MRC webpage <https://www.naccho.org/programs/public-health-preparedness/medical-reserve-corps> and the HHS ASPR MRC website at <https://mrc.hhs.gov/HomePage>.

**Resources**

- NACCHO Community Resilience Webpage - <https://www.naccho.org/programs/public-health-preparedness/community-resilience>
- HHS ASPR Community Resilience Webpage - <https://www.phe.gov/Preparedness/planning/abc/Pages/community-resilience.aspx>
- National Health Security Strategy 2015–2018 - <https://www.phe.gov/Preparedness/planning/authority/nhss/Documents/nhss-ip.pdf>
- NACCHO Learning Courses - <http://bit.ly/2wquORK>

# [FACT SHEET]

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## References

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# NACCHO

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