

13-06

STATEMENT OF POLICY

Inclusion of the Medical Reserve Corps in Public Health, Preparedness, and Response Activities

Policy

The National Association of County and City Health Officials (NACCHO) supports the full integration of the Medical Reserve Corps (MRC) into local public health, preparedness, and response activities. NACCHO urges local health departments to sponsor or partner with an MRC unit and utilize the volunteer capacity for both emergency and day-to-day public health activities. This is in accordance with federal recommendations and guidance.

Justification

The MRC program is a national, community-based corps of medical and non-medical volunteers that strengthen public health, emergency response, and community resiliency. The program has grown to more than 200,000 volunteers in almost 1,000 units across the United States. Continuing efforts to support the integration of local MRC units into both public health and emergency response activities further advances a unified and systematic approach to improve the health, safety, and resiliency of local communities, states, and the nation and reduce disaster risks by maximizing the whole of the community approach and all available resources.¹

Successful integration engages the MRC volunteers and provides them with an opportunity to make a difference in the health and safety of their communities while also filling gaps in both public health initiatives and local preparedness. This enables local communities to achieve a higher degree of resiliency and reduced dependence on the state and federal government before, during, and while recovering from public health emergencies.¹

As federal, state, and local emergency preparedness funding becomes more competitive and increasingly scarce, the ability to leverage community-based partnerships will be critical to maintaining essential public health services. MRC units are well positioned to provide necessary and valuable services to communities by helping to sustain and extend activities conducted by local health departments.²

In 2008, NACCHO conducted a quantitative and qualitative research project to investigate the value of partnerships between local health departments and MRC units. Participants in the project focus groups and surveys indicated there is value in having MRC volunteers support public health by delivering core services within a community. The research strongly supported the inclusion of the MRC into local health department activities such as immunizations, emergency response, community education, and public health screenings.³ The partnerships between local MRC units, public health and emergency management professionals improve communication, decrease duplication of services, lessen vulnerabilities, expand outreach to communities, and ultimately helps bring credibility to the MRC unit.

The Pandemic and All-Hazards Preparedness Act (PAHPA) cites the importance of integrating health volunteers in Sec. 303 and builds on the Public Health Service Act's support of the MRC's provision of volunteers in the case of a federal, state, local or tribal public health emergency.⁴ PAHPA directed the



development of the National Health Security Strategy and through its Implementation Plan provides strategies to establish a competent and sizable workforce comprised of staff and volunteers from all sectors and multiple disciplines. Its second objective encourages coordinated and integrated frameworks and systems for staff and volunteer recruitment, development, training, and management.⁵

The concept and necessity of integrating volunteers and community professionals as partners into planning and public health preparedness is also supported by the Centers for Disease Control and Prevention (CDC).⁶ The following capabilities and priorities are required by the CDC of all jurisdictions that receive and utilize Public Health Emergency Preparedness (PHEP) funding:

- Local plans should create and implement strategies for ongoing engagement with community partners that may be able to provide services to mitigate identified public health threats or incidents (e.g., the concept of a “strategic advisory council” or joint collaborative).
- Local plans should include a protocol to encourage or promote medical personnel (e.g., physicians, nurses, allied health professionals) from community and professional organizations to register and participate with local MRC units or health services during and after an incident.
- Local plans should include documentation of community partners’ roles and responsibilities for each phase of the health threat.
- Local plans should include a process for providing mechanisms to discuss public health hazard policies and plans of action with community partners.

Public health preparedness and resiliency practices require that communities prepare for, withstand, and recover from public health incidents. Public health and emergency response officials can further strengthen and augment their existing capabilities by engaging their local MRC units to help keep the public both safe and healthy.

References

1. Department of Health and Human Services. (2012). *Public health and social services emergency fund: Justification of estimates for appropriations committee*.
2. National Association of County and City Health Officials. (2008). *The value of partnerships: Understanding the link between local health departments and medical reserve corps units*. Washington, DC: National Association of County and City Health Officials.
3. Ibid.
4. Pandemic and All-Hazards Preparedness Act, Public Law No. 109-417.
5. Department of Health and Human Services. (2012). *Implementation plan for the national health security strategy of the United States of America*.
6. Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response. (2011). *Public health preparedness capabilities: National standards for state and local planning*.

Record of Action

Proposed by NACCHO Medical Reserve Corps Workgroup

Approved by NACCHO Board of Directors

May 15, 2013