

Winter 2011

Regions IV and VI Promote *Let's Move!*

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The Regions IV and VI Conference presented the *Let's Move!* campaign to more than 130 attendees in January to raise awareness of the national problem of childhood obesity.

The campaign was launched in 2010 to engage communities, schools, and families to solve the problem of childhood obesity within a generation. The resources and activities shared with leaders at the conference showed how they could support the *Let's Move!* campaign through activities that best fit their communities.

During the conference, MRC Region IV and VI Coordinators, Kathy Handra and Stacy Sayre, presented on the goals and objectives of the *Let's Move!* campaign. Project H.E.L.P. USA MRC (AL) Director, Dr. Thomas Ellison, presented on how teen MRC volunteers promoted the campaign to fellow students through dance activities and the establishment of fitness centers.

A recognition event was then held to recognize 10 units involved in *Let's Move!* campaign activities throughout the year. Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) Director, CAPT Robert Tosatto, served as the event's Master of Ceremony.

Regions IV and VI Health Administrators, RADM Clara Cobb and RADM Epifanio Elizondo, presented each unit with a signed Certificate of Recognition from the U.S. Surgeon General and CAPT Tosatto. Units also received *Let's Move!* retractable banners that were funded by RADM Cobb to encourage continued campaign efforts.

“...*Let's Move* campaign...to raise awareness of the national problem of childhood obesity.”

After the sessions ended, CAPT Tosatto led approximately 55 attendees on a 1.5 mile *Let's Move!* walk in memory of Elizabeth Fitch, OCVMRC National Technical Assistance Coordinator. Participants carried safety flashing lights and aluminum water bottles that were funded by the Region IV Office of the Regional Health Administrator and obtained by the Mississippi Gulf Coast MRC Director. The Florida MRC State Coordinator and various Florida MRC leaders served as a safety team, wearing neon vests and carrying handheld radios to guide the walk. The team monitored the safety of walk participants by distributing water as needed. ★

Let's Move! campaign banner.

Leader receives a Certificate of Recognition.



National Notes



Colleagues,

Happy New Year! Events and activities in 2010 have again shown that the Medical Reserve Corps (MRC) is a strong and vibrant network of dedicated leaders, committed volunteers, supportive housing organizations, and resourceful partners. MRC units reported well over 8,000 activities last year, continuing to prove their value by promoting individual,

family, unit, and community preparedness; supporting emergency response activities; and assisting with numerous local public health initiatives.

This issue of *MRC★In Focus* highlights the active role that MRC units have in public health. There are many reasons for MRC units to support public health. The most obvious is the benefit to the community. Most local health departments have plans or ideas for activities but often don't have sufficient personnel. MRC volunteers can assist with these tasks and help meet community needs. Assisting with routine public health activities can also help with volunteer recruitment and retention, as volunteers join to help their communities in both good times and bad.

Also, since emergency responses are (thankfully) infrequent in most areas, public health activities keep MRC volunteers engaged and enhance their skill sets. The roles they fill in a public health activity can mirror those of a disaster response. The MRC members will become more familiar with each other and with potential community response partners, thus becoming more comfortable with their role in a disaster.

Engaging MRC volunteers in public health activities can also help to reduce disaster risks. I have had several fascinating conversations recently with Dr. Mark Keim, an expert in global public health emergencies from the Centers for Disease Control and Prevention. Mark has explained to me that many communities continue to focus on response and recovery following a disaster, dwelling on the symptoms and not the causes. Disaster risk reduction, however, involves reducing the severity of the loss or the probability that it will ever occur. Disaster risk reduction activities seek to prevent first, and then prepare for and mitigate the health effects of disasters that cannot be prevented. Thus, disaster risk reduction parallels public health's focus on prevention. Disaster risk is a product of hazards and vulnerabilities. Hazards can be assessed and somewhat mitigated, but

they are difficult to prevent. Vulnerabilities, on the other hand, can be reduced and sometimes prevented. Vulnerability is a function of both the exposure and the susceptibility to the hazard, and is inversely proportional to resilience. Given that a hazard is likely to occur, the best way to reduce the risk of a public health disaster is to reduce vulnerability by 1) lessening exposures, 2) lessening susceptibility, and 3) building resilience.

Public health—and therefore the MRC—can play an important and active role in reducing vulnerability, especially by lessening susceptibility to the effects of the hazard. In general, healthier people are less susceptible to injury and illness following disaster; conversely, we often see that individuals and communities with high levels of health disparities are much more susceptible. Public health routinely reduces susceptibility through activities such as health promotion and education, preventive health care, community planning, immunization, and maternal and child health programs. Efforts to eliminate health disparities—which can be carried out throughout the year—can help to lessen susceptibility and vulnerability, which in turn reduces disaster risks.

I encourage all MRC leaders to think broadly about the mission for their MRC. Absolutely continue the preparedness and response efforts that are underway, but please also think about ways that the MRC could further assist with the more routine public health activities that will keep volunteers engaged and help to make the community less vulnerable and more resilient. ★

Warmest Regards,

//CAPT Rob Tosatto//

CAPT Rob Tosatto
Director
Office of the Civilian Volunteer Medical Reserve Corps



Doniphan County Raises Over \$5K for Breast Cancer

In October, volunteers of the Doniphan County MRC (KS) participated in an All-Terrain Vehicle (ATV) Breast Cancer Poker Run in honor of a local health department employee who was diagnosed with breast cancer last year and in support of breast cancer awareness month. Volunteers helped raise \$5,892 for the American Cancer Society.

Five MRC volunteers participated in the 45-mile race. Twelve additional volunteers assisted during the event by making signs and flyers; selling t-shirts; assisting with registration, break stations, and cleanup; and serving dinner to participants.

Registration began at 11 a.m., and the ATV Run lasted from 1 p.m. to 6 p.m. An evening meal of pulled pork sandwiches and scalloped potatoes was served to participants. Local companies donated the food, and MRC volunteers and other community volunteers made the desserts. Volunteers also sold t-shirts supporting the cause and conducted a raffle; three prizes were raffled to women who brought proof of having a mammogram during the past year.

The ATV Run had more than 235 riders and took place on several country roads in Doniphan County. In addition to raising money for cancer research, the race raised awareness regarding the importance of early detection and yearly mammograms.

Unit coordinator, Kay Smith, says that the Doniphan County MRC “has great volunteers and did any job they were asked to do. Their community involvement was another great success and I could not ask for a better group of volunteers.” It is estimated that the MRC volunteers’ donated time is worth approximately \$1,716.84 according to the Economic Impact of Volunteers calculator. ★

MRC volunteers work at one of the station stops.



Proof of a successful day.

MRC Spotlights

Unit

The Oklahoma Region 8 – Oklahoma County MRC (OKMRC) was established in 2005 to bring together healthcare professionals from various backgrounds to support their community by supplementing first responder emergency systems. The unit also supports public health initiatives and was very active in 2010 with several flu vaccination clinics, in addition to staffing a first aid station during a high school marching band competition. The MRC was activated last May to provide tetanus vaccinations in response to a tornado. MRC Coordinator, Emily Rightmyer, noted that the unit’s largest event was assisting with the Remote Area Medical (RAM) event in July, which involved 93 OKMRC volunteers serving 1,635 members of the community’s public health needs that included eye exams, dental services, and pelvic exams.

Organization

BodyWorks is a community-based obesity prevention program that targets parents and caregivers of adolescents as resources to improve family eating and activity behaviors, because these individuals play a critical role in shaping the exercise and eating habits of their children. The program is managed by the Department of Health & Human Service’s Office on Women’s Health and includes 10 sessions moderated by a trained facilitator. Parents and caregivers are provided free hands-on tools to assist children in making behavior changes that help maintain a healthy weight and prevent obesity.

The program supports a train-the-trainer model, which is a key element that allows for the program to be self-sustaining and adaptable at the local level. Communities can create a corps of trainers that are ready to recruit and implement the program at any time. For more information on the BodyWorks program, please visit the BodyWorks Web site at <http://www.womenshealth.gov/bodyworks>. ★

SAVE the DATE!

2011 Integrated Training Summit

**May 1-5, 2011
Grapevine, Texas**

<http://teams.hhs.gov/conference/>

Ashland-Boyd County Promotes Tobacco Cessation

Through the Tobacco-Free Academy, the Ashland-Boyd County (KY) MRC unit supports tobacco cessation by providing outreach to students in grades 4–6 at 13 elementary schools. During the MRC’s involvement with the Academy, at least 100 students per school have been educated about the harmful effects of tobacco.

The MRC has participated in the Tobacco-Free Academy since early 2010. The Academy was established in 2001, and without help from the MRC, the program could have been discontinued due to budget cuts from other community partners.

MRC volunteers visit 5–7 schools in the fall and the remaining schools in the spring. During the Academy, students are split into groups that rotate to different stations. At the stations, students learn about harmful chemicals and toxins found in tobacco products (both smokeless and cigarettes). They see the impact of tobacco on the body by viewing healthy and diseased pig lungs and comparing X-ray images of lungs from a healthy individual to those of an individual with lung cancer. Students also use a computer program that takes images of adult nonsmokers and ages them as if they smoked heavily for 75 years—the difference is dramatic. The pig lungs, X-rays, and computer program clearly illustrate the damaging effects of tobacco on the human body.

MRC unit coordinator, Kristy Bolen, says that the unit became involved with the Academy because she “felt it would be a great opportunity for our volunteers to engage with the community on a very important public health topic—tobacco education. Our state and county have very high smoking rates, in particular, youth smoking rates. I also thought it would give volunteers a way to serve the community in a non-emergency setting.” ★



MRC volunteer educates student.

X-ray shows the damaging effects of tobacco.



NACCHO Resources

Discover the Latest News and Resources in Preparedness The *Preparedness Brief*, NACCHO's bimonthly public health preparedness e-newsletter, features articles, announcements, events, resources, and stories from the field relevant to today's public health preparedness professional. Sign up to receive the *Preparedness Brief* today at <http://www.naccho.org/topics/emergency/brief.cfm>.

Need a Preparedness Tool or Resource?

If you are searching for a public health preparedness tool or resource, be sure to check out NACCHO's Toolbox, which houses a variety of tools and resources. Included in NACCHO's Toolbox are individual toolkits, such as the Medical Reserve Corps Toolkit, the STOCKbox Toolkit, the Communications Toolkit, the Influenza Toolkit, and much more. Why reinvent the wheel when tools and resources may exist that fit your needs? Discover public health tools and resources today at <http://www.naccho.org/toolbox/>. ★

DC MRC Volunteers Provide Services on National Mall

The District of Columbia MRC (DC MRC) provided medical services to people gathered for the “One Nation Working Together” rally held October 2, 2010, on the National Mall. With approximately 150,000–175,000 people gathered at the rally, 40 MRC volunteers provided medical aid at designated first aid stations.

MRC volunteers treated 40 individuals with issues such as bee stings, heat exhaustion, diabetic emergencies, cuts, and blisters. No major incidents occurred due to the effective coordination between the event organizer and government agencies. Unit coordinator, Sharon Pellow, says that the “early and consistent coordination for such large events is vital to public safety. All event organizers should plan to staff medical stations with qualified personnel. Because the organizer thought ahead to coordinate this critical operation, there were no major medical challenges or strains on the local healthcare system.”

The DC MRC is housed within the DC Department of Health, Health Emergency Preparedness and Response Administration (HEPRA). HEPRA is part of the mayor's Special Event Task Group and is therefore responsible for all medical and health special event coordination and management. This is how the DC MRC participated in staffing the first aid stations at the rally.

The MRC unit's location in Washington, DC, has provided the unit with countless opportunities to volunteer at various large events in the nation's capital region. The DC MRC has participated in H1N1 mass vaccination clinics (more than 26,000 residents were vaccinated), the annual Independence Day Celebration on the National Mall, and the 2009 Presidential Inauguration. Pellow says, “The DC MRC is looking forward to another great year of providing services to local events.” ★

MRC of Scott County Assists with Free Medical Care

The MRC of Scott County (MN) provides free medical care to the underinsured and uninsured using a mobile health clinic, in coordination with the Scott County Public Health Office. The clinic utilizes the Scott County Mobile Health Unit to provide patients with basic medical care, health education, and referrals to community services. Since 2009, the mobile health clinic has served 144 patients that were either uninsured or underinsured in Scott County.

Public Health Nursing Director, Merrilee Brown, suggested that the MRC be used to assist in the mobile clinic. Unit coordinator, Tiffany Heath, says that she saw the clinic as “an opportunity for volunteers to help with administrative work and to greet clients. Many Scott County MRC volunteers have shown interest in this type of work before.”

The Scott County Mobile Health Unit rotates between the following three sites: University of Minnesota Extension Building, Jordan, MN; Russian Evangelical Baptist Church, Shakopee, MN; and Savage Public Library, Savage, MN. Heath says that one challenge faced by MRC volunteers is that they only see patients once.

The MRC promotes the clinic by notifying its community and agency partners. In addition, press releases are published in all Scott County newspapers along with posters and flyers being distributed throughout the community. ★



MRC volunteer of the mobile clinic.

The Scott County Mobile Health Unit.



PHRC Vaccinates Over 600 at Flu Clinics for the Homeless

The Public Health Reserve Corps of Seattle and King County (WA), in collaboration with the Health Care for the Homeless Network, set up 21 flu vaccination clinics in homeless shelters and day centers throughout Seattle. Forty-one MRC volunteers and public health staff successfully vaccinated more than 600 people. In addition, volunteers distributed Centers for Disease Control and Prevention vaccine information sheets and thermometers.

The MRC unit experience was a huge success because the unit provided flu protection and a human touch for a population living in a collective environment that does not generally receive such care or services. In addition, unit coordinator, Dave Nichols says, “The volunteers got to do what they signed up for—to serve the county and help make it more resilient. Our volunteers just went to work. It was a great opportunity for them to get involved in public health outreach within the community and interact with a highly visible, vulnerable population that is often overlooked and underserved. This was the Public Health Reserve Corps of Seattle and King County’s second year of supporting Health Care for the Homeless.”

Nichols says the unit had great support from public health nurse, Heather Barr and other staff from the Health Care for the Homeless Network, who made arrangements for the clinics and ensured that supplies and vaccines were set up and ready for MRC volunteers. ★

News from NACCHO

2010 Profile of Local Health Departments Results Available
NACCHO is pleased to announce an outstanding response to the 2010 Profile of Local Health Departments (Profile) study! Thank you to everyone who completed the survey. The purpose of the Profile study is to develop a comprehensive and accurate description of local health department infrastructure and practice. To view the results of the survey, visit <http://www.naccho.org/topics/infrastructure/profile/resources/2010report/index.cfm>.

Stay Up-to-Date with Public Health News Updates
NACCHO's monthly newsletter contains news, resources, and information about community health, environmental health, public health infrastructure and systems, and public health preparedness. *Public Health Dispatch* also contains information about funding and grants, award opportunities, and upcoming events. The "Notes from Washington" column rounds out each issue to keep you informed about legislation that might impact public health. Visit <http://www.naccho.org/pubs> and search under “Journals and Newsletters” for *Public Health Dispatch*. ★

Fremont MRC Increases Bone Marrow Donations

The Fremont (CA) MRC has been contributing to the increase of minorities donating bone marrow to their local community. With a high population of ethnic minorities and foreign-born individuals in the area, Fremont provides an excellent opportunity for bone marrow outreach.

After unit coordinator, Christopher Burgardt, registered as a possible donor at a community festival, he discovered a way to have MRC volunteers register at future events through the festival's Hispanic/Latino outreach coordinator, Mellissa Bixler. "The idea of connecting our MRC with bone marrow donations was completely foreign until I registered as a potential bone marrow donor. Once the idea hit me, it seemed like a no-brainer," says Burgardt.

In December, the first MRC volunteer attended a bone marrow drive in Fremont, passed out flyers, and discussed the diseases treated by bone marrow donations and how the donation process works. The initial screening at the bone marrow drive involves capturing contact information for the potential donor and a brief health history. Cheek swabs to obtain DNA samples are collected onsite. The potential donors are then entered into a national database; if an individual is identified as a match, he or she is contacted for additional screening and, eventually, the actual marrow donation. The odds of a donor being a genetic match are slim, so it is critical to get as many potential donors entered into the database as possible to maximize the chance to save a life.

Bone marrow registration requires no medical license, so it is perfect for MRC volunteers who want to be active volunteers but do not have a current license. The Asian American Donor Program (AADP) conducts drives nearly every day, allowing people with unusual schedules to participate as their time permits. The partnership with AADP has just started, but the potential benefit to the community is huge. ★

MRC Volunteers Trained to Investigate Disease Outbreaks

In November 2010, the Greater Kansas City (KS) MRC received investigator training from the Health Department of the Unified Government of Wyandotte County, KS. This training enables qualified MRC volunteers to assist investigators during disease outbreaks. This training is essential to MRC volunteers who may be called on to assist with food-borne outbreaks.

During the training, volunteers gained a better understanding of basic epidemiology concepts and learned how to conduct face-to-face and telephone interviews for disease outbreaks. They also developed an understanding of the role of an investigator during a public health emergency and learned how to properly use personal protective equipment when responding to a public health event.

The health department in Wyandotte County has used MRC volunteers to assist with mass dispensing exercises, H1N1 clinics, and annual school immunization clinics. These events have enhanced the relationship with the local health department and fostered an appreciation for trained volunteers.

Although MRC volunteers have yet to apply their disease outbreak investigator training, the volunteers are confident and ready to assist if and when an outbreak occurs. Unit coordinator, Donna Martin says, "The training was a success and helped to build relationships with the health departments in our region. We hope to have more of our volunteers trained in the future in this topic area and other specific areas such as childhood immunizations." ★

TeamSTEPPS® Tools for Response Teams

In November 1999, the Institute of Medicine published a report estimating that 44,000 Americans die each year as a result of medical errors, largely due to poor communication.

The report prompted collaboration between the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense to develop a training program for healthcare institutions. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS®), is an evidence-based teamwork system designed to

increase healthcare quality and safety by improving communication amongst teams that provide care to patients.

TeamSTEPPS® indirectly impacts patient safety by providing training to response teams, such as the MRC, that can be deployed in high-stress environments with other local response partners. Training materials include train-the-trainer modules and just-in-time training. For more information, visit AHRQ's Web site at <http://teamstepps.ahrq.gov/index.htm>.

March

National Nutrition Month
11 World Kidney Day

April

Alcohol Awareness Month
National Minority Health Month
7 World Health Day

May

Mental Health Month
National Physical Fitness and Sports Month
1-5 2011 Integrated Medical, Public Health, Preparedness, and Response Training Summit
<http://teams.hhs.gov/conference/>
8-14 National Women's Health Week
31 World No Tobacco Day



MRC-TRAIN: Engaging the OCVMRC Federal Deployment Cadre

The MRC Federal Deployment Cadre Pilot Program, consisting of approximately 170 members, will employ MRC-TRAIN (<http://www.mrc.train.org>) as a training transcript repository in the coming months. Approximately half of the members are actively using MRC-TRAIN.

OCVMRC Deployment Operations staff was impressed by MRC-TRAIN's capacity to store universal transcripts and verifiable certificates, which eases data management duties. "This learning system allows for local, state, and national training collaborations," said LT Skip Payne, Program Officer for OCVMRC Deployment Operations.

Ensuring that Federal Deployment Cadre members have a positive experience with MRC-TRAIN is important. "We plan to link courses to the recently released MRC Deployment competencies and to offer credit for trainings that meet those competencies," said LT Payne. Additionally, Deployment Operations intends to make available electronic copies of onsite presentations and will work closely with the MRC-TRAIN Support Desk to provide learners with timely assistance and guidance.

The MRC-TRAIN Team hopes the utilization of MRC-TRAIN by the Federal Deployment Cadre will serve as an example to MRC units nationwide.

Questions about MRC-TRAIN or requests for assistance should be directed to the MRC-TRAIN Support Desk at mrcsupport@train.org or (202) 218-4426.

Additional MRC-TRAIN resources are available at:

MRC Web Site

<http://www.medicalreservecorps.gov/TRAINResources>

MRC-TRAIN Web Site

<https://www.mrc.train.org>

MRC-TRAIN is FREE, available 24/7, and on track! ★

We want to hear from you!

We need your help to make this newsletter informative, interesting, and beneficial to MRC units nationwide. We are always accepting stories and best practices on the MRC. As a reminder, stories with photos are more likely to be included. We look forward to your submissions.

For the upcoming newsletter...

We are specifically requesting stories on volunteer recognition and local integration with the emergency management/health department.

Submittal Guidelines

- Please include contact information (e-mail and telephone number) for follow-up.
- If you include photos, please send as a high-resolution JPEG, TIF, or EPS attachment.
- Digital cameras should be set for a high-quality image using the maximum megapixel setting available.
- Photo submissions also should include a caption or description of the event.

