



Massachusetts Medical Reserve Corps Volunteer Survey Results

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Regina Villa Associates on behalf of the
Massachusetts Department of Public Health
Office of Preparedness and Emergency Management

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EXECUTIVE SUMMARY

In October 2020, the Massachusetts Medical Reserve Corps (MRC) Steering Committee and the Massachusetts Department of Public Health's Office of Preparedness and Emergency Management (MDPH OPEM) requested that Regina Villa Associates (RVA) conduct a survey of existing MRC volunteers. The purpose of this effort was to learn about volunteer experiences during the COVID-19 pandemic, primarily from March 2020 to December 2020 (prior to vaccine availability), and better understand volunteer preferences, concerns, and potential barriers to volunteering in Winter/Spring 2021 as the pandemic continues and vaccine distribution begins. The survey included questions about their unit affiliation, experience deploying during the COVID-19 pandemic, limitations to responding thus far, and considerations for future volunteer responses. Respondents were also asked to answer questions about three hypothetical volunteer opportunities in an effort to better simulate a real-world situation and understand potential barriers to responding. The survey was included as part of the Massachusetts MRC Budget Period 2 second quarter drill and distributed widely to most MRC units' volunteers. The survey remained open for over two weeks in December 2020. A total of 731 individuals from 28 of the Commonwealth's 36 units responded to the survey.

Key findings of the survey include:

- About a quarter (26.1%) of respondents joined the MRC less than 1 year ago, suggesting many of them joined the MRC since the pandemic began about nine months prior.
- Schedule conflicts were given as the primary reason why volunteers were unable to participate in previous deployments during the pandemic, as well as a primary concern for why they might not be able to volunteer in the future. Several respondents mentioned that they would be more available on evenings or weekends. Another major limitation shared by respondents has been that they or someone in their households are considered high-risk.
- Volunteers expressed significant interest in deploying both remotely (clinically or non-clinically) and in-person at vaccination and/or testing sites and in non-clinical settings. Volunteering at long-term care facilities or similar settings was viewed as far less desirable to respondents.
- A variety of pandemic response related training ideas were submitted by volunteers (see [*Considerations for Future*](#)). Unit leaders could consider offering remote trainings or sharing other resources on these topics.
- When asked if they remain interested in supporting the MRC's response to COVID-19 in the future, respondents who said either they were not interested or who indicated, "it depends," cited that their discomfort with volunteering in the COVID environment as the primary reason.
- When given three hypothetical volunteer scenarios, additional barriers to volunteering emerged. Potential schedule conflicts, the type of volunteer opportunity (clinical vs. non-clinical), and the setting (especially a disinterest in volunteering at a long-term care facility) rose in importance. Enough clear information and advance notice are also important issues for many volunteers.
- The self-reported demographics of respondents showed that 63.5% were over the age of 55, two-thirds were female, 84.1% held at least a bachelor's degree, and about half were currently licensed as a healthcare professional.

In general, it seems that many MRC volunteers are open to supporting a response during COVID-19, but are more likely to do so based on certain parameters such as setting (more likely to volunteer at vaccination or testing sites than long-term care facilities) and advanced notice. The ability to communicate clear information about the volunteer opportunity is also critical. Additionally, while much of the data gathered in this survey offers insight to MRC Coordinator's planning considerations, recognizing both the timing of when the survey was sent within the

covid-19 pandemic, and the deployment opportunities offered to volunteers during the March – December timeframe are important and should not be overlooked.

BACKGROUND

Massachusetts is host to 36 federally recognized MRC units found within local health departments and non-profit organizations. There is a statewide MRC Coordination Steering Committee (Steering Committee) that includes one representative from each public health emergency preparedness region and representatives from MDPH OPEM. The Steering Committee, facilitated by the MRC Statewide Coordinator, meets at least quarterly, either in-person or virtually. Representatives solicit recommendations from the unit leaders in their region to be discussed at Steering Committee meetings. Additionally, they develop and implement an Action Plan to be revised on an annual basis to identify program gaps, share best practices, and address recommendations and MRC deliverable requirements.

One of the deliverable requirements for Budget Period 2 (BP2) is for unit leaders to participate in and/or facilitate quarterly drills. Participation must include two MDPH-sponsored drills and two individual unit sponsored drills. The MDPH-sponsored drills are conducted using the MA Responds system.

During an October 2020 virtual meeting, the MRC Steering Committee members agreed that a survey of MRC volunteers would allow MRC unit leaders to learn about their volunteers' experiences during the COVID-19 pandemic (beginning in March 2020) to date and assist with future planning efforts. Steering Committee members were interested in learning what has been working well, what about the volunteer experience needs improvement, potential trainings that would benefit volunteers in their response during Winter and Spring 2021, and the various factors that weigh into a volunteer's decision to respond to a deployment request. The Volunteer Survey was developed with those interests in mind.

DISTRIBUTION

RVA sent an email to MRC unit leaders on December 4, 2020 announcing the availability of the Volunteer Survey and encouraging unit leaders to help distribute it to their volunteers as soon as possible. Additionally, distribution of the survey to MRC volunteers served as the second quarter MA Responds Drill. All unit leaders who chose to participate in the MDPH-sponsored drill were asked to share the survey with volunteers by utilizing the MA Responds email feature of the system to disseminate the message and survey link. Additional details with a description of the Q2 drill requirements was shared later that same day via MA Responds. RVA's email included a template message with highlighted placeholders that unit leaders were instructed to update (see [Appendix B – Email Template for Distribution to Volunteers](#)).

Massachusetts MRC unit leaders were asked to report on the number of volunteers that they distributed the survey to, either via email or through MA Responds. Most unit leaders participated in distributing the survey under the MDPH-sponsored drill or independently. Many unit leaders sent follow-up emails to their members before the survey closed on December 22, 2020. A summary of each unit's distribution and the number of respondents who affiliated themselves with each MRC unit can be found in [Table 1](#) below.

Table 1 - Distribution to Volunteers and Respondents by MRC Unit

| MRC Unit | Number of Volunteers Sent Survey (as reported by MRC Unit Leader) | Number of Respondents who Indicated they Belonged to the MRC Unit (% of Total Respondents) |
|---|--|---|
| Berkshire | 101 | 21 (2.9%) |
| Boston | 1427 | 100 (13.7%) |
| Bristol-Norfolk | 101 | 34 (4.7%) |
| Brockton Area | 0 | 8 (1.1%) |
| Brookline | 0 | 14 (1.9%) |
| Burlington | 230 | 62 (8.5%) |
| Cape Cod | 183 | 20 (2.7%) |
| Central Hampden County | 0 | 0 (0%) |
| Duxbury Bay Area | 79 | 10 (1.4%) |
| East Longmeadow | 38 | 7 (1%) |
| Franklin | 75 | 16 (2.2%) |
| Greater Fall River | 503 | 7 (1%) |
| Greater Grafton | 236 | 35 (4.8%) |
| Greater New Bedford | 338 | 14 (1.9%) |
| Greater River Valley | 180 | 48 (6.6%) |
| Greater Taunton | 232 | 7 (1%) |
| Greater Westfield & Western Hampden County | 0 | 2 (0.3%) |
| Hampshire County | 900 | 34 (4.7%) |
| Longmeadow | 101 | 21 (2.9%) |

| MRC Unit | Number of Volunteers Sent Survey (as reported by MRC Unit Leader) | Number of Respondents who Indicated they Belonged to the MRC Unit (% of Total Respondents) |
|--------------------------|--|---|
| Martha's Vineyard | 0 | 0 (0%) |
| Massachusetts Task Force | 0 | 8 (1.1%) |
| Metro East MRC | 589 | 47 (6.4%) |
| Middleborough Area | 413 | 9 (1.2%) |
| Mystic Valley | 451 | 35 (4.8%) |
| NEMRC | 0 | 5 (0.7%) |
| Newton | 262 | 36 (4.9%) |
| Norfolk County 8 | 0 | 9 (1.2%) |
| North Shore Cape Ann | 955 | 34 (4.7%) |
| Northern Essex County | 642 | 29 (4%) |
| Region 4A | 643 | 68 (9.3%) |
| SHAR | 180 | 22 (3%) |
| Springfield | 53 | 1 (0.1%) |
| Town of Monson | 55 | 5 (0.7%) |
| Upper Merrimack Valley | 580 | 61 (8.3%) |
| Wachusett | 400 | 17 (2.3%) |
| Worcester Regional | 604 | 56 (7.7%) |
| None of the above | N/A | 3 (0.4%) |
| TOTAL | 10,551 | 731 |

RESULTS

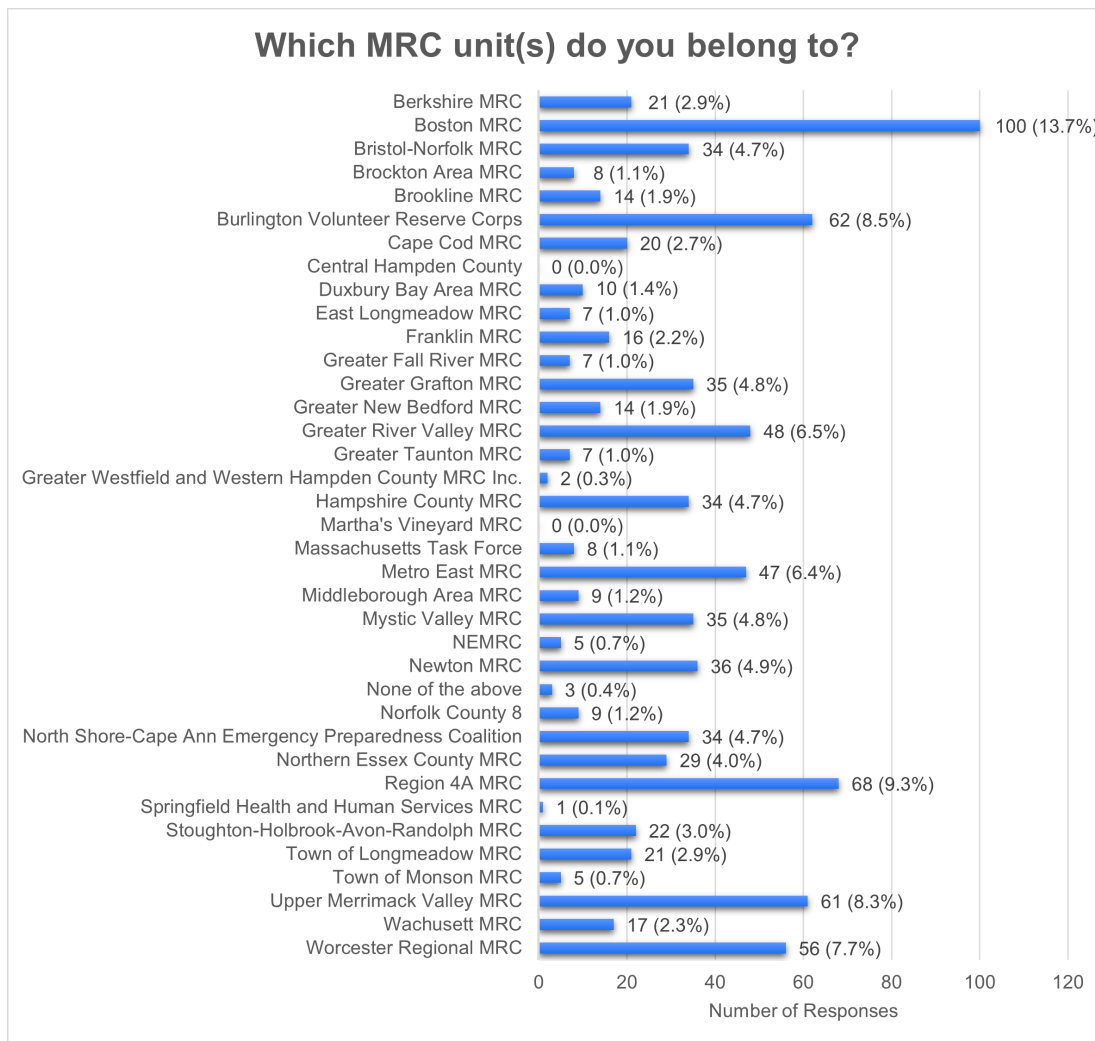
A summary of the results is included below.

ABOUT THE RESPONDENTS

A total of 731 volunteers responded to the survey (see [Figure 1](#) on the following page for a breakdown by MRC unit), three of which indicated they did not belong to an MRC unit. The response rate was 6.9%, considering a total distribution of 10,551 volunteers as reported by MRC unit leaders.

The first questions of the survey asked respondents which MRC unit(s) they belong to and for how long they have belonged to a member of the MRC unit. Nearly every unit was represented, with the highest participation by Boston MRC, followed by Region 4A MRC, Burlington Volunteer Reserve Corps, and Upper Merrimack Valley MRC. Respondents were able to select multiple MRC units.

Figure 1 - Respondents by MRC Unit



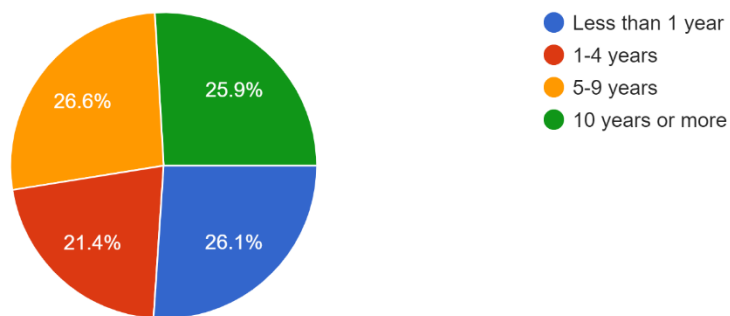
VOLUNTEER TENURE WITH MRC UNIT

The MRC program's visibility increased as a result of the pandemic and public interest in volunteering to help with the response. Because many MRC units saw an increase in recruitment since March 2020, the survey asked respondents how long they had been a member of an MRC unit. Respondents were evenly divided in terms of their MRC tenure, as shown in [Figure 2](#). Over a quarter (26.1%) of respondents became an MRC volunteer within the past year, suggesting that the pandemic may have been a factor in their participation.

Figure 2. Volunteer Tenure with MRC Unit

How long have you been a member of an MRC unit in Massachusetts?

729 responses



OVERALL VOLUNTEER SATISFACTION

Respondents' satisfaction of the MRC program is very high. The vast majority (96.8%) said they would recommend the MRC program to a friend. When asked why they feel this way, the majority of respondents noted the value the MRC program offers and their personal values of giving back to their community. In response to this question and the final open-ended question, most comments were highly positive. Some went into detail about barriers preventing them from volunteering during the pandemic. A select few provided criticisms, including the lack of a consistent schedule of deployments, variability in the leadership and organization at each deployment, lack of support from the federal government, and insufficient resources.

VOLUNTEER DEMOGRAPHICS

Respondents were also asked a series of optional demographic questions. A summary of those results can be found in [Appendix A - Demographics](#). Those who chose to answer the questions tended to be older; 63.5% were over the age of 55 and over three-quarters were over age 45. About two-thirds of respondents identified as female. Respondents were highly educated, with 84% of respondents holding a bachelor's degree or higher (including master's degree and doctorate). About half (53%) of respondents said they were currently licensed as a healthcare professional, suggesting that not all respondents could volunteer in a clinical capacity.

DEPLOYMENT EXPERIENCE DURING THE COVID-19 PANDEMIC

One of the major goals of the survey was to learn about MRC volunteer experiences during the pandemic to date, so that MRC unit leaders can review volunteer feedback and improve those experiences during the remainder of the pandemic. About a third (31.9%) of respondents said they were deployed or provided an assignment as an MRC volunteer as part of the response to the pandemic (see [Figure 3](#)). Of those who deployed, the majority (68.8%) volunteered at more than one COVID-19 response events (see [Figure 4](#)), ranging from two events to “about 30.”

Respondents who were deployed or provided an assignment during the pandemic were asked to answer several questions about one of their volunteer experiences (see a summary of these results on the following pages).

Figure 3 - Deployment during the Pandemic

Were you deployed or provided an assignment as an MRC volunteer as part of the response to the COVID-19 pandemic?

731 responses

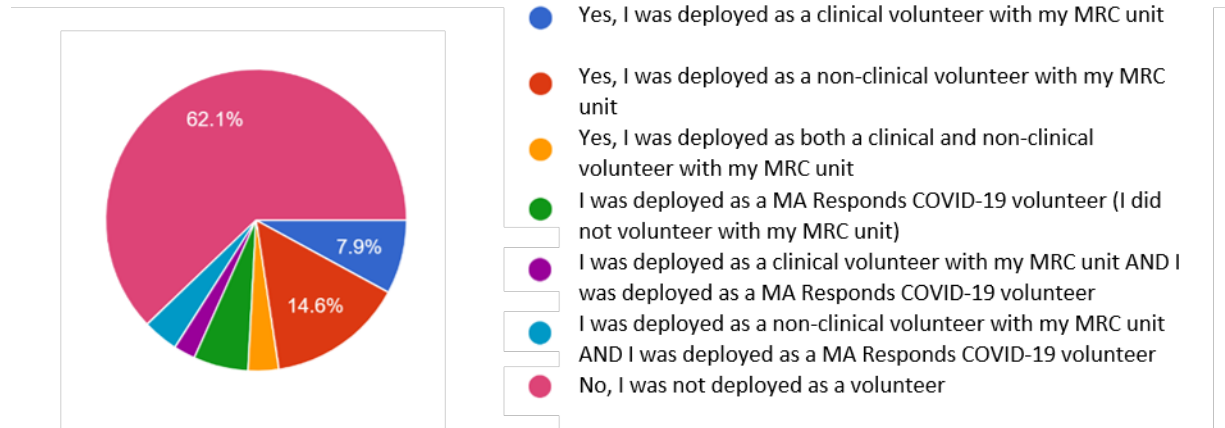
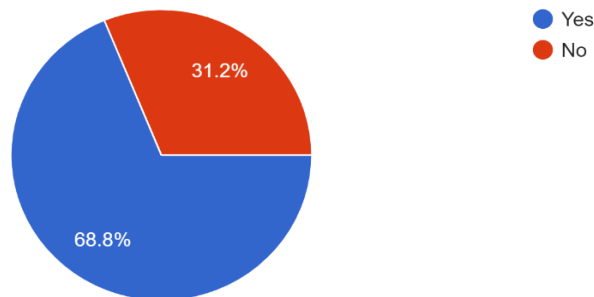


Figure 4 - Number of COVID-19 Response Events

Did you volunteer at more than one COVID-19 response event?

234 responses



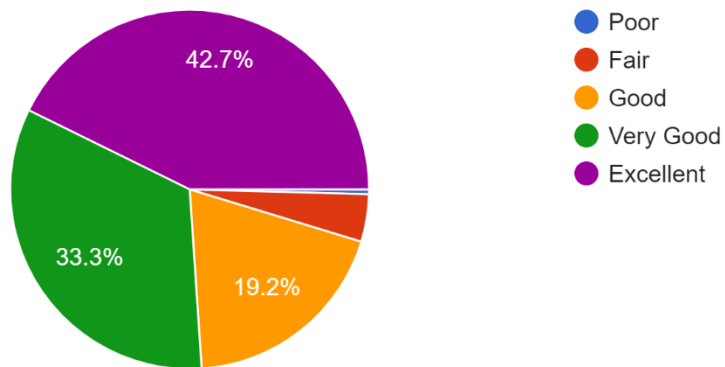
VOLUNTEER EXPERIENCE RATING DURING THE PANDEMIC

Overall, these respondents' satisfaction levels were rather high. Over three-quarters (76%) of respondents rated their overall experience volunteering during the pandemic as "excellent" or "very good" (see [Figure 5](#)).

Figure 5 - Volunteer Experience Rating During the Pandemic

How would you rate your overall experience?

234 responses

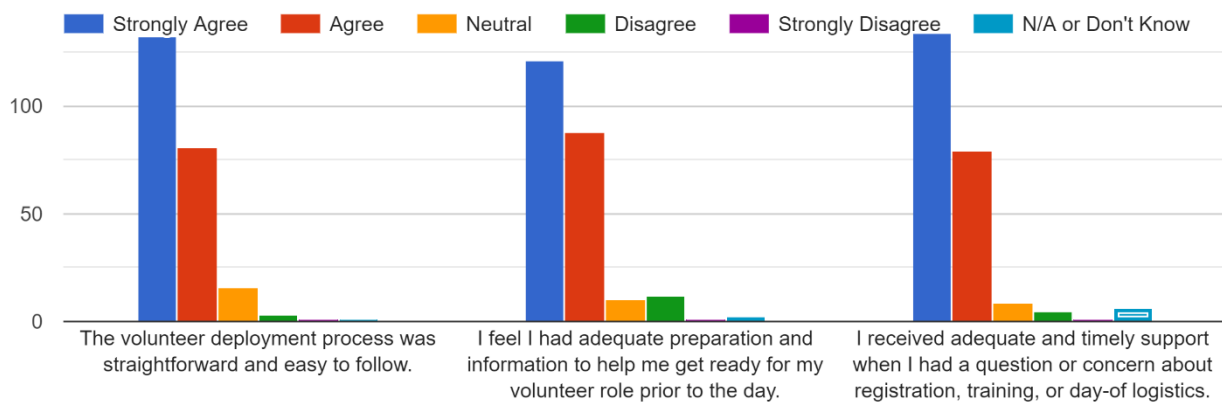


PRE-EVENT EXPERIENCE

A volunteer's experience begins before they are deployed, when an MRC unit leader reaches out to them about a potential deployment opportunity. The amount of information shared with volunteers before they sign up for a shift or when they ask a question could vary from deployment to deployment or from unit to unit. A series of questions asked those respondents who said they had deployed during the pandemic about their pre-event experience. Overall, respondents seemed very satisfied with the deployment process, information sharing, and responsiveness to questions leading up to their volunteer experience (see [Figure 6](#) for details). However, some respondents stated that they would have preferred additional information prior to their deployment, such as details about their assignments and responsibilities (including physical requirements or exposure) and logistical information (such as where to park or helpful items to bring to the event).

Figure 6 - Impressions of Pre-Event Volunteer Experience

Please read through the following statements regarding the same volunteer experience and select which response best fits each statement.



DAY-OF EVENT EXPERIENCE

Similar to the pre-event volunteer experience, respondents had positive impressions of the day-of event experience (see [Figure 7](#) for details). When asked what would have improved their volunteer experience, over half (56.4%) of respondents said their expectations were met, but the remainder of respondents were split about what would improve their volunteer experience (see [Figure 8](#)). The most popular answers were:

- Clarified role/responsibility prior to or during deployment
- Additional information regarding the deployment opportunity
- Provision of additional training

Respondents were able to share some open text responses, and several mentioned concern about other staff or volunteers adhering to social distancing or mask-wearing guidelines.

Figure 7 - Impressions of Day-of Event Experience

Please read through the following statements regarding the same volunteer experience and select which response best fits each statement.

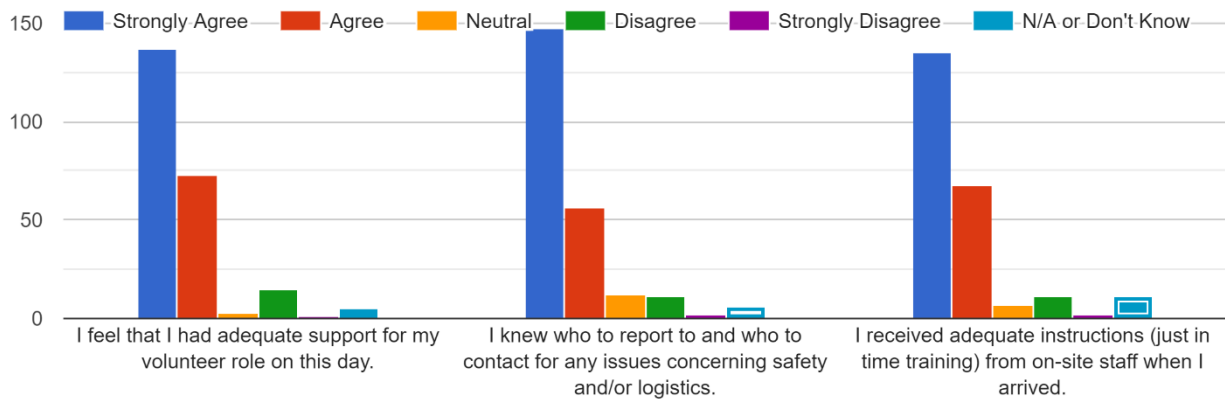
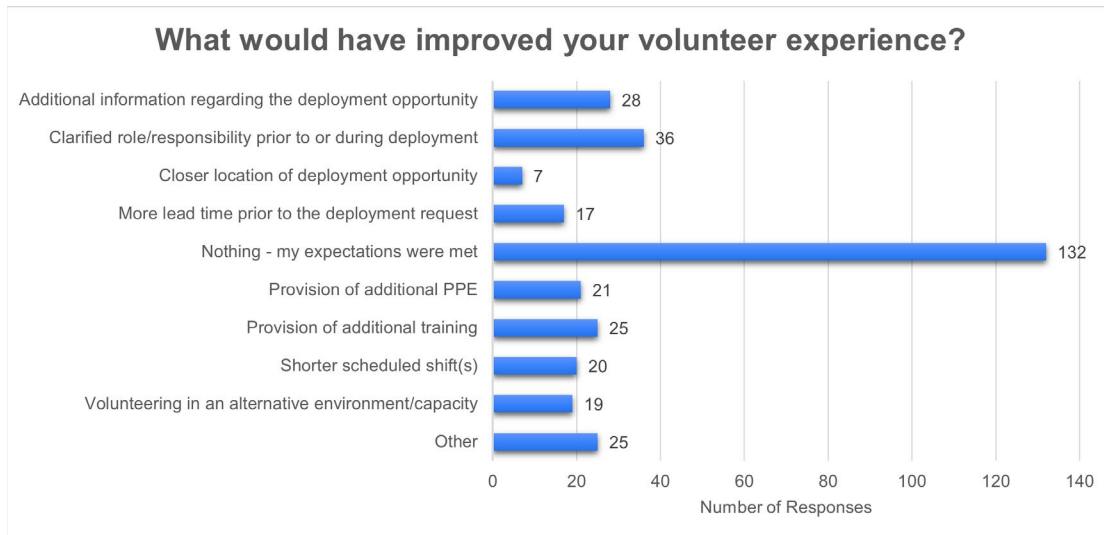


Figure 8 - Improvements to Volunteer Experience



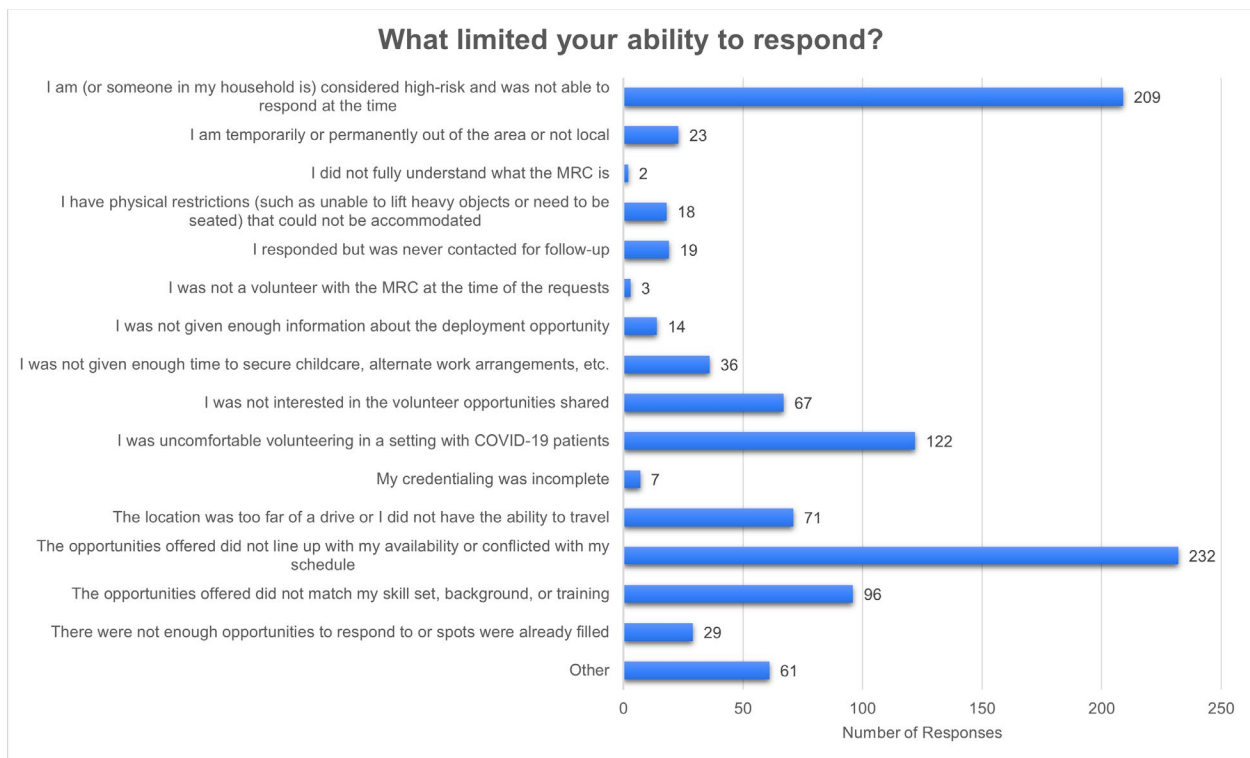
ADDITIONAL FEEDBACK ON VOLUNTEER EXPERIENCE

Respondents were offered an opportunity to provide additional comments about their experience volunteering during the pandemic. Many described their experience as rewarding and explained that they felt appreciated, and several provided more detail about their experiences. One volunteer mentioned they were overwhelmed with the level of responsibility distributing medications to residents of a senior care facility. Another was interested in volunteering in a senior care setting, but because (s)he was getting tested proactively, the guidance restricted her/him from volunteering. Another volunteer described their experience at a homeless isolation site, which was poorly organized and lacked just-in-time training. A few respondents noted that they felt the PPE provided was insufficient, particularly at the start of the pandemic in Spring 2020. Respondents also provided ideas and suggestions for improvement (a greater focus on safety for volunteers and/or provision of PPE, clarification of roles or what to do if a replacement volunteer does not show up for their shift, etc.).

LIMITATIONS TO PREVIOUS DEPLOYMENT

A series of questions about limitations were shared with all respondents, regardless of whether they previously deployed during the pandemic. Approximately three-quarters of respondents felt they were unable to respond to one or more assignments offered by their MRC unit during the pandemic. Those respondents were then asked to identify which factor(s) limited their ability to respond to previous deployment opportunities (see [Figure 9](#)). By far, the top two reasons why respondents were limited were due to schedule conflicts and the fact that the volunteer or someone in their household was considered high-risk. Nearly a quarter of respondents said they were uncomfortable volunteering in a setting with COVID-19 patients, while 17% could not volunteer for the opportunity based on their skill set, background or training. Only 13% cited the location of the volunteer opportunity as an issue.

Figure 9 - Limitations to Responding



CONSIDERATIONS FOR FUTURE DEPLOYMENT

One of the objectives of this survey was to assess potential limitations to volunteering during the remainder of the pandemic. The questions in this section of the survey asked all respondents whether they would be interested in volunteering to help with the response to COVID-19, in what capacity, and which barriers might prevent them from deploying.

TRAINING TOPIC SUGGESTIONS

A question about training topics was included so that MRC unit leaders could respond accordingly and share resources, including already-available remote trainings, to their volunteers to better prepare them for deployments. The following training topics were suggested when respondents were asked what the MRC unit could offer that would make them more likely to respond to a COVID-19 deployment opportunity in the future:

- Safety with PPE (and other safety procedures/protocols, including hand sanitizer, ventilation, etc.)
- Contact tracing
- Health credentialing requirements
- Vaccines (types, administration, distribution, contraindications, role of volunteers)
- Clinical training, including first aid, EMT, phlebotomy, Psychological First Aid, sterile techniques, and universal precautions and exposures
- Remote volunteer opportunities with the MRC
- Disaster preparedness
- Language training for communicating with local immigrant/non-English communities
- Working with diverse/marginalized populations, including people of color

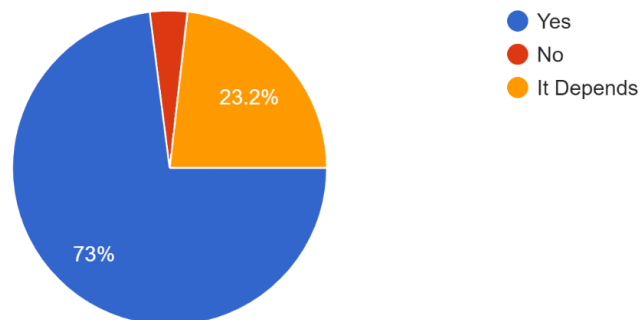
FUTURE INTEREST IN VOLUNTEERING

Almost three-quarters of respondents said they were interested in supporting the MRC's response to COVID-19 in the future (see [Figure 10](#)).

Figure 10 - Future Interest in Volunteering

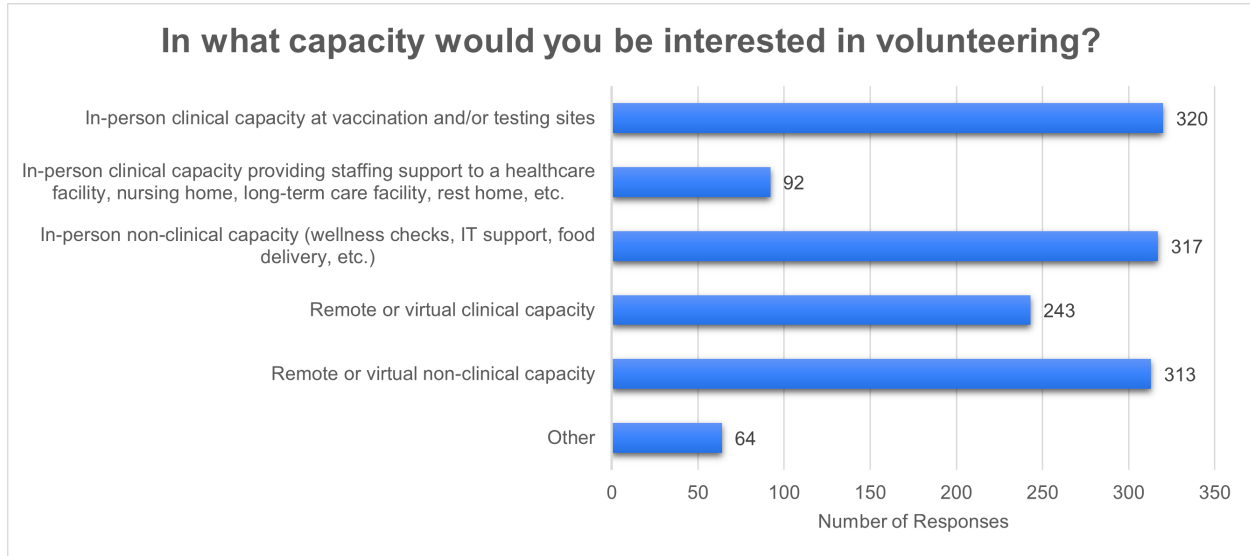
Do you remain interested in supporting the MRC's response to COVID-19 in the future, if a need arises?

729 responses



Those who indicated they remain interested in supporting COVID-19 response efforts in the future (answering “yes” or “it depends”) were asked in what capacity they would be interested in volunteering (see *Figure 11*). The most popular responses were in-person clinical capacity at vaccination and/or testing sites, in-person non-clinical capacity (wellness checks, IT support, food delivery, etc.), and remote or virtual non-clinical capacity. Volunteering in-person in a clinical capacity at a healthcare facility, nursing home, long-term care facility, rest home, etc. was selected by the fewest respondents. MRC units will likely have trouble recruiting volunteers for deployments in those settings.

Figure 11 - Future Volunteering Capacity - Total¹

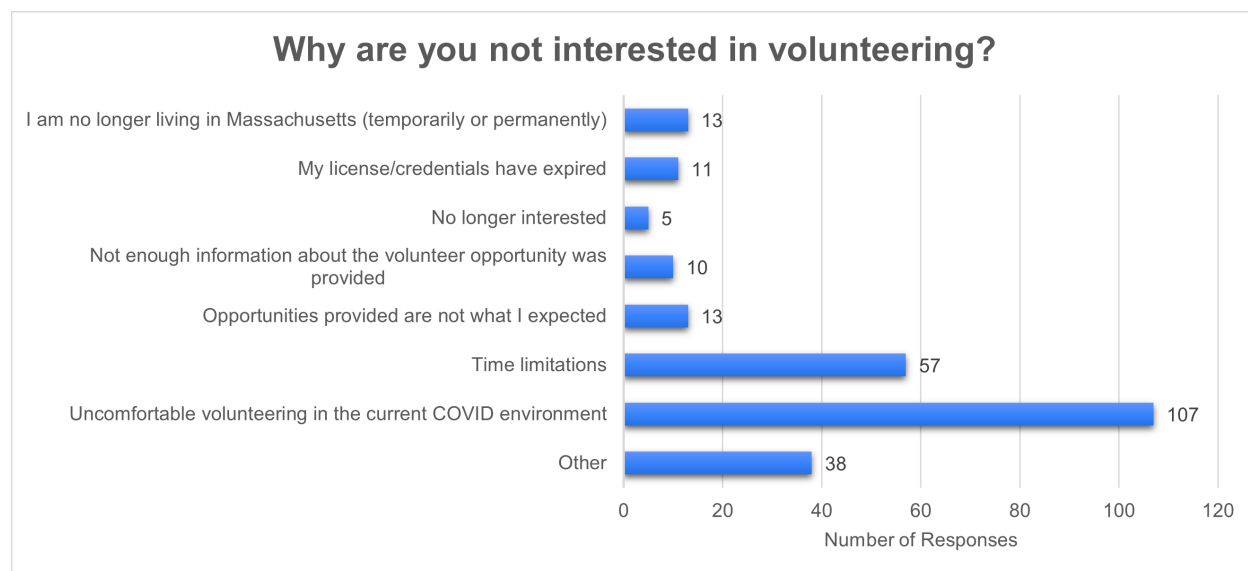


¹ The only respondents who were asked this question were those who indicated they would be interested in supporting the MRC’s response to COVID-19 in the future by answering “yes” or “it depends” to the previous question.

BARRIERS TO VOLUNTEERING

Respondents who are not interested in supporting future COVID-19 response efforts or who answered, “it depends,” were asked why not. Feeling uncomfortable with volunteering in the current COVID environment was the primary response, followed by time limitations.

Figure 12 - Future Volunteering Barriers²



POTENTIAL VOLUNTEER SCENARIOS AND BARRIERS

Respondents were asked to answer questions about whether they would volunteer for three hypothetical volunteer opportunities that may arise. Those examples and the responses to each are listed below (Figure 13, Figure 14, and Figure 15). The three scenarios were designed to be progressively easier or more attractive opportunities to volunteer for (they were progressively in a less-exposed setting, closer to home, and with more advance notice). These questions attempted to apply more specificity to the theoretical questions asked earlier in the survey about a general willingness to respond. While it may be easy to say yes to volunteering hypothetically, it was hypothesized that some additional context might allow respondents to zero in on what might hold them back from volunteering.

Respondents' willingness to volunteer increased with each example, as was expected, with 4.8%, 26%, and 58.4% who said they would volunteer for each example opportunity, respectively (see Figure 13, Figure 14, and Figure 15).

Figure 16 shows what respondents anticipated might be barriers to responding for the hypothetical volunteer opportunities. By far, the most common response was a potential schedule conflict (61.4%), followed by the limitation of volunteering in a non-clinical capacity (30.7%), and a lack of interest in volunteering at a long-term

² The only respondents who were asked this question were those who answered “no” or “it depends” to the question about whether they would be interested in supporting the MRC's response to COVID-19 in the future.

care facility (25.4%). Driving distance was cited as a potential barrier by 22.6% of respondents, while feeling uncomfortable volunteering in the current COVID environment was selected by 18.4% of respondents.

Interestingly, the limitations identified by volunteers for previous response efforts overlapped with these scenario-based, hypothetical deployments. Logistics, such as schedule and distance remain an issue. The type of role is a limitation for some, particularly non-clinical volunteers who are offered a clinical-only deployment. Compared to the earlier theoretical questions about volunteer interest in assisting with the MRC response and potential barriers (see Figure 10 and Figure 12), the scenario questions reveal that many volunteers are specifically concerned about volunteering at a long-term care facility.

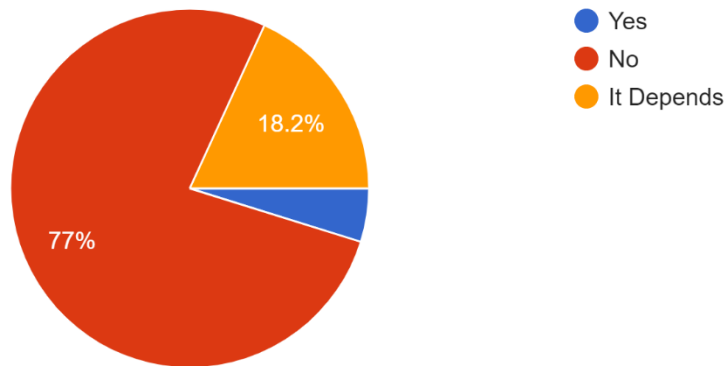
Furthermore, sufficient, clear information and advance notice are essential to getting many volunteers to deploy. The latter two issues were largely overlooked in the general interest question but emerged as more significant concerns when volunteers considered the scenarios.

Example 1: You are notified of an opportunity to volunteer in a clinical capacity at a long-term care facility tomorrow that is a 1-hour drive away.

Figure 13 - Willingness to Volunteer for Example 1

Would you volunteer for this opportunity?

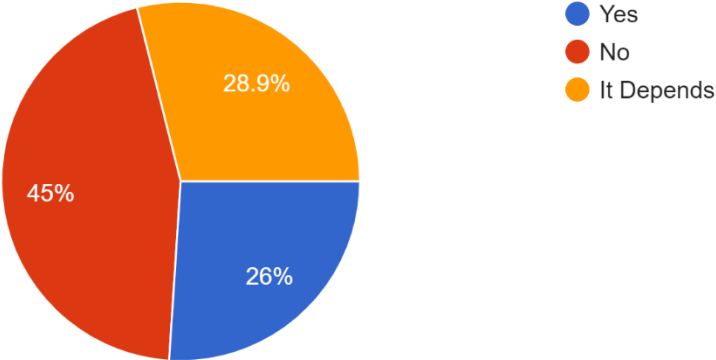
727 responses



Example 2: You are notified of an opportunity to volunteer next week in a clinical capacity at a COVID vaccine clinic that is a 30-minute drive away. The clinic may interact with COVID positive patients.

Figure 14 - Willingness to Volunteer for Example 2

Would you volunteer for this opportunity?
726 responses



Example 3: You are notified of an opportunity to deliver food and supplies three days from now to seniors in a community that is a 20-minute drive away. There will be little to no interaction with anyone when dropping off the food.

Figure 15 - Willingness to Volunteer for Example 3

Would you volunteer for this opportunity?
729 responses

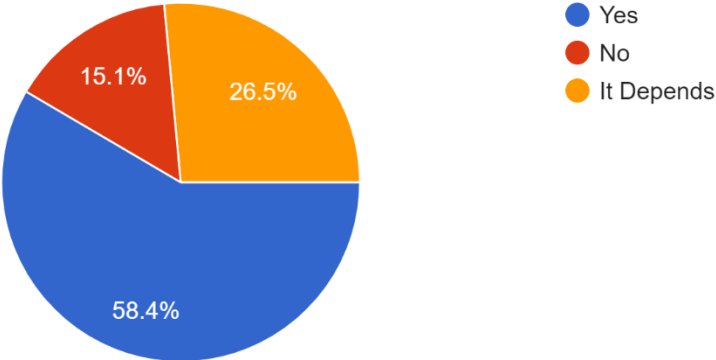
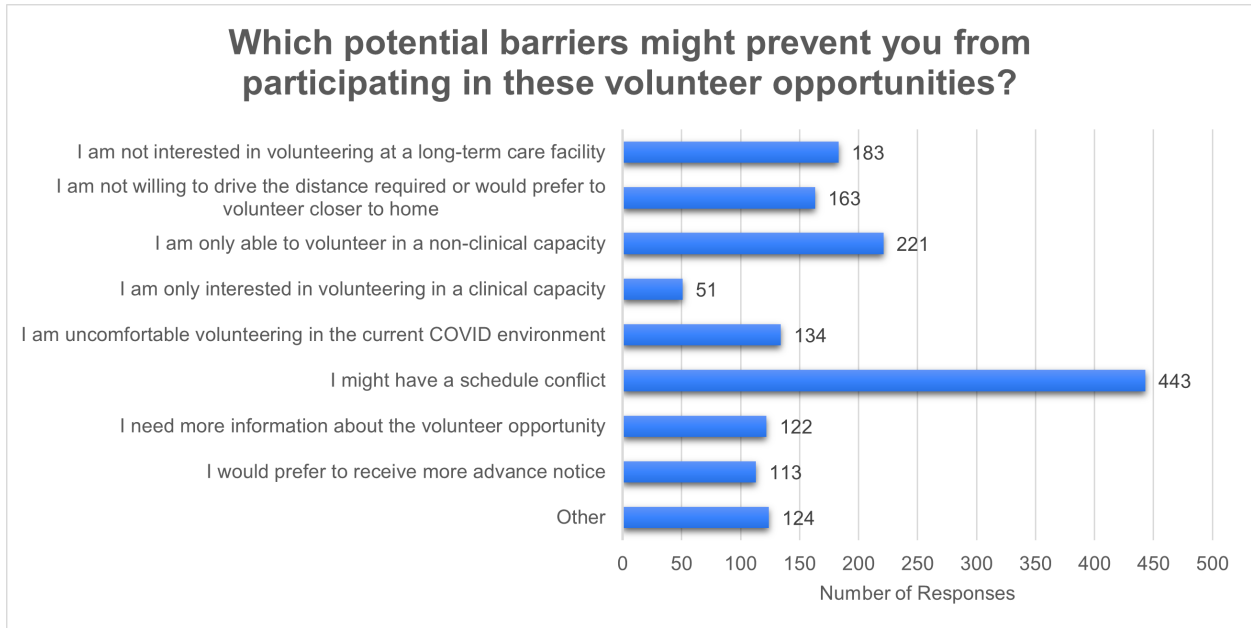


Figure 16 - Potential Barriers to Respond to Scenarios (Examples 1-3)



APPENDIX A - DEMOGRAPHICS

At the end of the survey, respondents had the option of answering questions about their demographics (these were not required questions). They could enter their race in an open-ended text field.

Figure 17 - Age of Respondents

What is your age?

728 responses

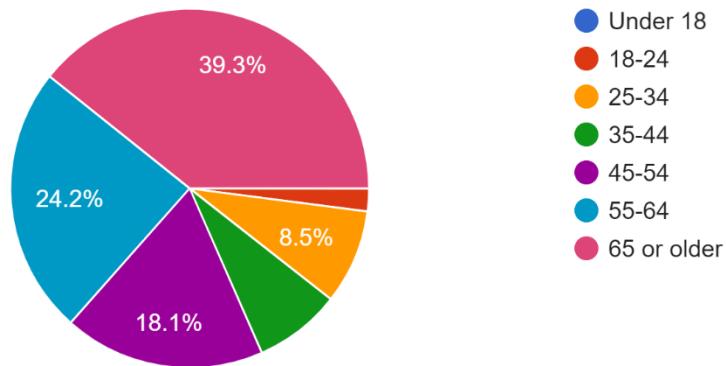


Figure 18 - Gender of Respondents

What is your gender?

727 responses

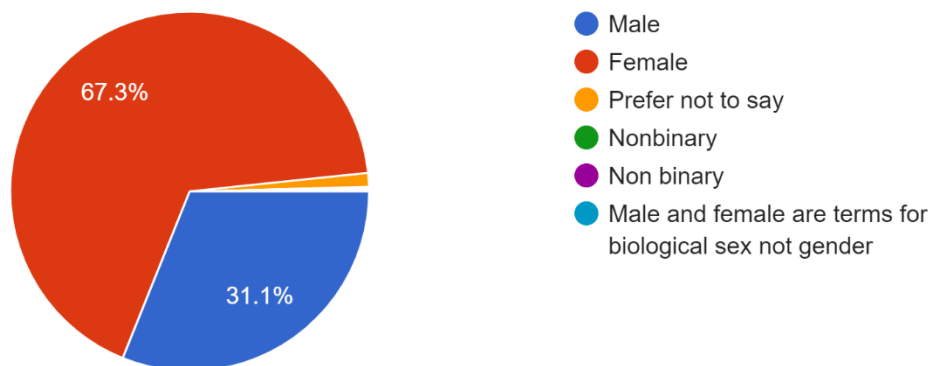


Figure 19 - Education Level of Respondents

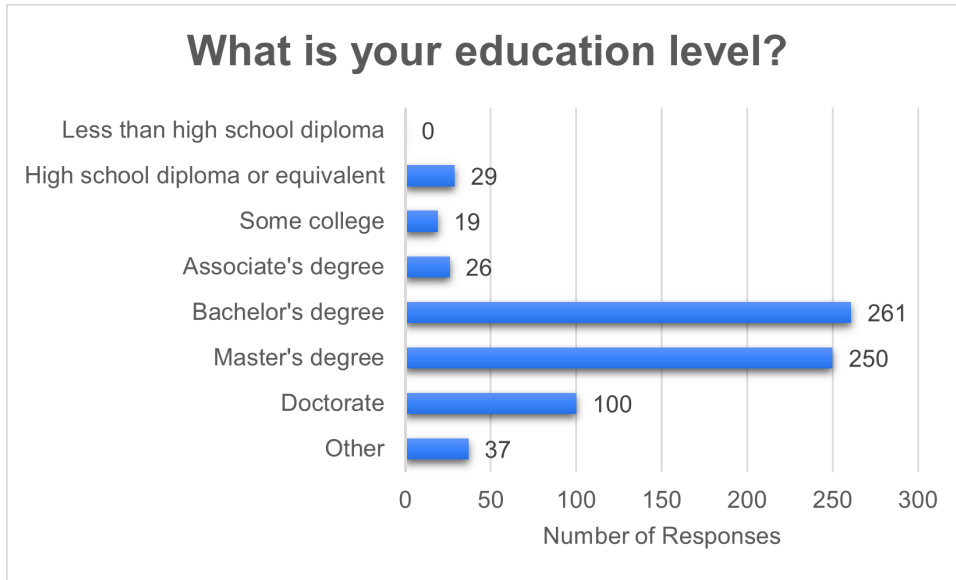
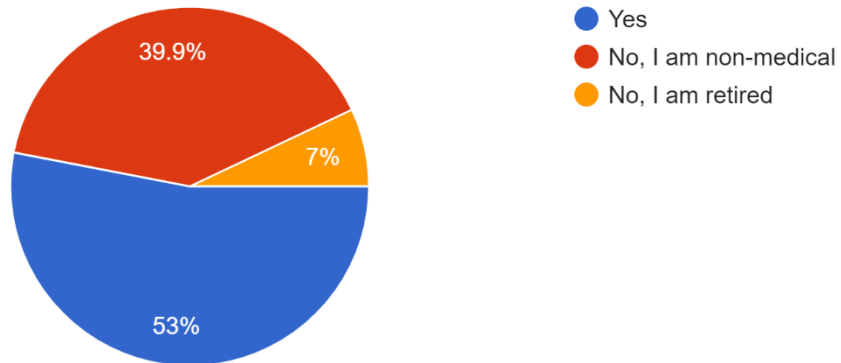


Figure 20 - Healthcare Licensing of Respondents

Are you currently licensed as a healthcare professional?

726 responses



APPENDIX B – EMAIL TEMPLATE FOR DISTRIBUTION TO VOLUNTEERS

The following email template was provided to MRC unit leaders who were asked to distribute the survey. Unit leaders were instructed to update the highlighted fields specifically for their unit.

Dear MRC Volunteers,

Have you volunteered with the MRC during the COVID-19 pandemic? If so, we want to hear about your experience. If not, we'd like to better understand what may be holding you back. Please take the following survey, which should take about 10 minutes to complete, no later than **December 22, 2020**: <https://bit.ly/MRC-Volunteer-Survey-2020>

Your answers will help improve the experience for MRC volunteers and allow us to better respond to the pandemic going forward.

You may provide your feedback anonymously or include your name and contact information at the end of the survey if you would like someone to follow up directly about your responses.

If you have any questions about this survey or want to discuss your volunteer experience, please let me know. Thank you in advance for sharing your opinions and for your service with the [insert unit name]!

[name/contact information for MRC unit leader]