Introduction

The Medical Reserve Corps (MRC), through a network of over 200,000 medical and non-medical volunteers organized into almost 1,000 local units across the United States, improves public health, emergency response, and resiliency in their communities. The MRC was formed after the 2002 State of the Union address in which President George W. Bush asked all Americans to volunteer for their country in the aftermath of the Sept. 11, 2001, attacks. Today, MRC volunteers contribute to a variety of activities in their communities, such as providing flu vaccinations, promoting obesity prevention and healthy lifestyles, teaching disaster kit preparation, and assisting with emergency responses.

The broad network of MRC volunteers includes medical professionals such as doctors, nurses, veterinarians, and pharmacists, as well as public health professionals and other community members who serve in vital support positions and supplement existing local emergency and public health resources. Local health departments (LHDs) house 67 percent of MRC units, and MRC volunteers can alleviate LHD workforces that have been strained by budget cuts. These LHDs can leverage the unique skill set and expertise of MRC pharmacist volunteers to help further their local missions.

The Value of Pharmacists

Pharmacists are valuable professionals, and according to a report from the Surgeon General, they are “remarkably underutilized in the U.S. healthcare delivery system given their level of education, training, and access to the community.” Not only can pharmacists contribute to the healthcare landscape, but their expertise in medication management is an important asset to public health agencies. Pharmacists can offer critical services that promote wellness, assist patients in managing chronic diseases, offer health screenings, and provide health education.

Furthermore, 92 percent of the U.S. population lives within five miles of a community pharmacy. This high level of accessibility and their professional training has made pharmacists known as a “first line” resource for health. Over the past decade, the role of pharmacists in public health has expanded to include prevention activities such as immunizations, laboratory testing, chronic disease medication management, and selected primary care services under protocols and supervision from physicians. Such expanded scope of practice offers great opportunities for public health organizations to leverage these skill sets and services. Furthermore, pharmacists can also add value by participating in public health emergency response efforts.

Despite their value, pharmacists have been underutilized by public health. A 2012 study showed that only 68 percent of pharmacists working in community settings said they had contact with health department staff in the past year. This finding confirms the need to integrate pharmacists more fully into the public health community. Volunteer opportunities through the MRC offer one way for LHDs to engage with pharmacists.
How MRC Pharmacist Volunteers Can Contribute to Local Public Health

MRC pharmacist volunteers’ contributions to local public health were documented as early as the response to Hurricane Katrina in 2005. Several studies have examined how pharmacists assisted. For example, in Omaha, NE, an MRC member and co-chair of the city’s Medical Response System pharmacy subcommittee coordinated efforts to purchase supplies of vaccines in anticipation of the hundreds of evacuees that the City of Omaha would receive.\(^1\) Similarly, in Kansas City, MRC pharmacist volunteers organized the pharmacy area within a makeshift evacuees’ clinic, replaced the medicine that the evacuees lost in the disaster, and provided medication counseling.\(^2\)

However, in interviews between the National Association of County and City Health Officials (NACCHO) and over 30 MRC units, most units cited that the inception of their partnership with pharmacies resulted as a response to H1N1 in 2009–2010. Pharmacists then played a critical role in staffing mass vaccination clinics, distributing vaccines from their local pharmacies, and serving as medical screeners.

While pharmacists have demonstrated their significance to the MRC, volunteer opportunities through the MRC can also connect pharmacists to valuable trainings that can prepare pharmacists to respond during an emergency. Research has indicated that non-traditional vaccine providers, such as obstetricians, pharmacists, and other specialists, have less experience administering vaccines and have indicated that they are less confident than other medical professionals in responding during an emergency.\(^3\) A study of 800 California vaccine providers revealed that barriers to training for emergency response situations reduced their likelihood of and comfort level with responding to emergencies. The study authors suggested that additional training opportunities would allow non-traditional vaccine providers to feel more comfortable responding during a surge.\(^4\) The MRC provides a way to train and connect pharmacists with resources so they feel more comfortable responding during an actual emergency.

Aside from responding to an emergency, pharmacists can improve the public health of their communities in many other ways. Pharmacies are increasingly becoming important community partners in providing public health services. Across the country, people are using minute (walk-in) clinics in their local pharmacies for illness, vaccination, and wellness services. For surveillance activities and community outreach efforts, LHDs have recognized the benefits of partnering with pharmacies. NACCHO recommends that LHDs consider engaging the expertise, skills, and networks of local student and professional pharmacists to work in the following areas:

- **Preparedness and planning:** Pharmacists can help LHD staff understand their potential role in an emergency; review and offer input on emergency plans; provide expertise in logistics and supply chain management, especially regarding medications and vaccinations; and serve as subject matter experts to the LHD on medical countermeasure issues such as antiviral dispensing and assessing contraindications for various populations.

- **Service delivery:** Pharmacists can provide services to community members, such as blood pressure screenings and vaccinations; serve as health educators on a variety of topics; connect LHDs with medical equipment they might not otherwise have access to; conduct outreach to vulnerable populations; and augment surveillance to inform public health authorities about a surge in over-the-counter medication demand.

- **Relationship-building:** Pharmacists can connect LHD staff with established networks of pharmacists; assist the MRC unit’s or the LHD’s efforts to partner with the state board of pharmacy, state pharmacy association, local schools of pharmacy, and community pharmacies; and recruit additional pharmacists to fill critical roles within the MRC.
Recommendations for Recruiting Pharmacists

Recruiting specific types of volunteers to the MRC requires targeted methods and messaging. LHDs can initiate relationships with pharmacists by sharing the availability of volunteer opportunities through the MRC. Many MRC unit leaders have found that recruiting pharmacy students helps build relationships with future pharmacists that continue long after students graduate. Pre-existing relationships among LHDs, their state health department, the state board of pharmacy, and the state pharmacy association also help to facilitate deeper relationships with pharmacists on a local level. Current MRC unit leaders have found the following strategies to be helpful in recruiting pharmacists to join the MRC:

- **Engage pharmacy students:** Connect with pharmacy school professors and offer LHD staff as guest lecturers about the roles pharmacists play during a public health emergency; engage local pharmacy schools as partners for vaccinations or other activities; and publicize volunteer opportunities on student information and job boards at schools of pharmacy.

- **Leverage state-level relationships:** Find pharmacists via the local or state pharmacy association and conduct a targeted outreach mailing; contact the state pharmacy association’s emergency preparedness coordinator to discuss volunteer opportunities through the MRC; and work with state pharmacy associations to initiate relationships with divisional leaders of chain pharmacies.

“I have been deployed for a number of emergencies, and pharmacy’s involvement was critical to the success of every response. I know that pharmacists are often busy with the normal needs and concerns of their professional life, but it is also essential for them to be involved in improving the health and safety of their communities, which includes participating in emergency preparedness and response activities. I encourage all pharmacists to seek out and join their local MRC unit as a way to provide this support.”

– Robert Tosatto, RPh, MPH, MBA
Captain, U.S. Public Health Service
Director, Division of the Civilian Volunteer Medical Reserve Corps
Pharmacist

Virginia Beach (VA) MRC volunteer shows a student how to take blood pressure
• **Build local relationships**: Ask current MRC pharmacist volunteers to reach out to their colleagues; invite a local pharmacist to participate in steering committees or boards; and request that a pharmacist provide input on community emergency plans.

• **Use traditional outreach methods and incentives**: Write an article for the local or state pharmacy association’s newsletter; present at the local pharmacy association meeting or hospital pharmacists’ staff meeting; talk with local pharmacists face-to-face about the benefits of the MRC; and provide free continuing education credits for MRC-related training.

**Case Studies**

Several LHDs have benefited from the expertise of pharmacists through their MRC unit. In these instances, student pharmacists provided vaccinations to underserved communities and professional pharmacists provided a variety of resources that the LHD could not otherwise access.

**Pharmacy Students Implement the Vote & Vax Initiative in Prince George’s County, MD**

Vote & Vax, a national program established by the Robert Wood Johnson Foundation in collaboration with Sickness Prevention Achieved through Regional Collaboration, provides immunizations near polling sites in traditionally underserved areas on Election Day. In 2010, students in the University of Maryland’s School of Pharmacy implemented the Vote & Vax initiative in Prince George’s County, MD, due to the county’s historically low vaccination rates (13.5%).

Following the inception of the idea, students convened a planning team and engaged their dean, who served as a liaison with external stakeholders, including LHDs in Maryland. The Prince George’s County Health Department agreed to provide the flu vaccine to use during the event. During the planning stages, Prince George’s County staff identified a potential liability coverage issue, and asked participants to join the Prince George’s County MRC to extend liability coverage to them through the MRC.

As members of the MRC for Prince George’s County, University of Maryland pharmacist faculty members and student pharmacists were able to provide immunizations during the event by following the immunization protocol for Prince George’s County. If the LHD had not sponsored the initiative, students and pharmacy faculty would have had to obtain a standing order for influenza immunizations and emergency protocol from a physician, which may have caused a delay in finalizing the event planning and stifled the process altogether.

The Vote & Vax event provided experiential education for fourth-year students, who were designated to serve as student immunizers under the supervision of a credentialed pharmacist, in accordance with state law. Younger students were able to contribute their expertise by planning, organizing, and staffing the event. The influenza vaccine was administered to 153 individuals, 42 of whom received the vaccine for the first time. Thanks to the efforts of the University of Maryland Pharmacy students, the Prince George’s Health Department was able to improve their reach in immunization rates. This event was replicated again during Election Day 2012 and had a similar success rate.

**MRC Pharmacist Volunteers Ensure Access to Breast Pumps for Nursing Mothers**

Clark County (OH) Combined Health District formed a county-wide breastfeeding collaborative in 2006 to promote the importance of ongoing breastfeeding of infants for at least the first year. While the collaborative brought together key representatives from the health department, hospital, and local breastfeeding organization, members realized that Clark County did not have a place where nursing mothers could buy breast pumps. The nearest
To address the problem of access, the Clark County MRC Coordinator invited three MRC volunteers who were pharmacists from the local Harding Road Pharmacy and the community Walgreens pharmacy to join the collaborative in 2013. The pharmacists were excited to be a part of the movement, recognizing the importance of having pumps available in their stores. To streamline the purchasing and delivery process, pharmacists pre-purchased pumps to have in the store and worked with insurance companies and area physicians to form an agreement. The pharmacists work with physicians to obtain an order for a pump then fax the order to the insurance company for reimbursement. Pharmacists provide breast pumps at their stores and then receive reimbursement in one to two weeks.

This new approach has proven successful; new mothers are happy because they have a nearby pharmacy to meet their need, do not experience an interruption in milk production, and are able to return to school or work without delay. Today, the Breastfeeding Collaborative has representation from 15 area agencies and has formed workgroups to meet the Healthy People 2020 objectives to remove or reduce barriers to breastfeeding. While it is important to educate new mothers about the benefits of breastfeeding, the collaborative would not have been able to encourage this behavior change without ensuring access to breast pumps locally. Thanks to the LHD’s relationship with the community pharmacists through the MRC, nursing mothers in Clark County now have access to breast pumps to continue or begin breastfeeding their babies.

Conclusion

LHDs can further their mission to keep people healthy and safe with help from the expertise of pharmacists and resources from pharmacy partnerships. One way to strengthen this partnership is through the MRC, which offers a way for pharmacists to volunteer their expertise for the benefit of their communities and gain a greater understanding of how public health impacts the area in which they live and work.

Pharmacy Partnership Resources

For more information on working with boards of pharmacy and pharmacy laws, view the American Pharmacists Association’s website at www.pharmacist.com; the National Association of Boards of Pharmacy’s website at www.nabp.net; and Rx Response at www.rxresponse.org.

For more information about public health and pharmacy partnerships, please view NACCHO’s Advanced Practice Center Resources: Montgomery County, MD’s “Prescription for Preparedness” website, rx4prep.org, and Public Health – Seattle & King County’s Collaborative Drug Therapy Agreement policy and legal toolkit at www. apctoolkits.com/collaborative-drug-therapy-agreement/policy-legal/.
References


5. Ibid.


12. Ibid.


14. Ibid.


Acknowledgments

This publication was made possible through the support of the Division of the Civilian Volunteer Medical Reserve Corps. NACCHO is grateful for this support. The views expressed within do not necessarily represent those of the sponsor.

NACCHO thanks Cherokee Layson-Wolf and Sandy Miller for contributing their stories from the field. Special thanks to CAPT Robert Tosatto and the many MRC unit leaders who shared their experiences working with pharmacists through the MRC.

NACCHO thanks the following staff who contributed to this report: Tahlia Gousse, MPH, CHES, Program Analyst; Alyson Jordan, MPA, Communications Specialist; Sara Rubin, MPH, MA, Senior Program Analyst; and Stacy Stanford, MSPH, Program Analyst. Special thanks to NACCHO staff Scott Fisher, MPH; A. Chevelle Glymph, MPH, CPM; Jack Herrmann, MSEd, NCC, LMHC; Andrew Roszak, JD, MPA, EMT-P; Rachel Schulman, MSPH, CPH; and Tina Yuen, MPH, MCP, CPH, who helped shape this report.

FOR MORE INFORMATION, PLEASE CONTACT:

Alyson Jordan, MPA
Communications Specialist
202-783-5528
ajordan@naccho.org

Sara Rubin, MPH, MA
Senior Program Analyst
202-507-4193
srubin@naccho.org

Jack Herrmann, MSEd, NCC, LMHC
Senior Advisor and Chief
Public Health Programs
202-507-4228
jherrmann@naccho.org

For more information about the MRC, visit www.medicalreservecorps.gov.
The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments.