

Love All Serve All:

Case Study of a Robust Partnership

Between the

*Upper Merrimack Valley
Medical Reserve Corps*

And

LASA of New England



Nancy V. Burns - EMT, CHP, AFAA, AHA-I

UMV MRC Coordinator

c/o Westford MA Health Department

978-399-2549 - nburns@westfordma.gov

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LASA Case Study

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Nancy V. Burns – UMV MRC Coordinator
nburns@westfordma.gov, 978-399-2549

Purpose

This case study provides the reporting deliverable for a grant that empowers Medical Reserve Corpsⁱ awardees to expand the response capacity of their local units. MRC leaders are grateful to NACCHO – the National Association of County and City Health Officialsⁱⁱ – for providing the opportunity to apply for funds through an extension of a 2023 grant known as RISE: Respond, Innovate, Sustain, and Equip.

Audiences

The primary audience for this case study is NACCHO as the funding organization. It is in everyone's best interest to demonstrate how NACCHO is 'getting *more* than its money's worth' by administering desperately needed investments in the MRC program.

Consider the *American Rescue Plan Act of 2021*ⁱⁱⁱ, which was a \$1.9 trillion economic stimulus bill signed into law by President Biden on March 11, 2021. The intent was to speed up the country's recovery from the economic and health effects of the COVID-19 pandemic and the ongoing recession. NACCHO was given the daunting task of distributing an unprecedented \$100M that was allocated within ARPA to strengthen the Medical Reserve Corps program. Until then, the entire national network of MRCs had been struggling to operate with a total annual budget of \$6M. This allocation remained unchanged for 20 years, regardless of fluctuations in the number and size of units, their productivity, and the rampant demands of the pandemic that raced across the globe by early 2020. MRC leaders not only welcome this critically needed funding, striving to put it to the best possible use. MRCs also acknowledge the demands on NACCHO to provide mechanisms to release and account for the funds, despite their limited staffing.

The other audience for this case study includes anyone who might benefit from learning about the MRC program and its interactions with affiliates. Readers will hopefully discover that the synergy generated by successful collaborations – which allows thriving partnerships to leverage resources – maximizes the benefits to communities across the nation. The inclusion of an MRC unit in this multi-cultural initiative to provide services to those who had little to no access to medical care was beyond gratifying.

Executive Summary

This document introduces the Upper Merrimack Valley MRC and LASA. Then it then reviews the initial connections, sequence of activities, progress to date, and lessons learned, with an eye towards future medical collaborations. Participants from both LASA and the MRC highly recommend these experiences for regional support of health equity. Other benefits include greater alignment of affiliates in service to those in need, and the ability for UMV MRC members to apply their skills in an ethnically diverse environment.

Two decades of positive interactions between the UMV MRC and entities within the City of Lowell prompted the invitation to a new partnership. The local chapter of the LASA (Love All Serve All) Foundation^{iv}, which provides free medical care to the underserved, was seeking additional providers to launch a major health event.

The LASA chapter in Greater Lowell is comprised primarily of volunteer physicians. This organization was planning to debut a 'medical camp' in October 2022. One of the UMV MRC's original members from 2004 – Lisa Golden, RN – had eventually become the City's Health Director and was contacted by LASA for resources. Because Ms. Golden had remained with the MRC from the beginning and knew its reputation for reliability, she referred LASA to the UMV MRC.

Ten MRC medical volunteers helped at the kickoff event on October 22, 2022. Eleven supported the larger clinic on April 29, 2023. Several of these participants have already signed up for the next event, scheduled for October 21, 2023.



Care providers for the 4/29/23 LASA Fair, 30 minutes before the doors opened.

History of the National MRC Program

The events of September 11, 2001 prompted the federal government to launch the national Medical Reserve Corps (MRC) program in July of 2002. The goal was to engage compassionate volunteers in responding to disasters and public health emergencies. This network of MRC units initially reported to the Office of the U.S. Surgeon General. The program started by distributing three-year 'demonstration grants' to qualified host agents, to test the concept of MRC service. These grants provided \$50,000 per year as seed money for new units to become operational. Funding then transitioned to other sources, including grants from NACCHO (National Association of County and City Health Officials), PHEP^v (Public Health Emergency Preparedness) and the MRC program itself.

Over the next 20 years, individual units aligned their priorities from a full range of potential initiatives, based on the needs of their communities. Unit could focus on categories such as public health emergencies, mass-casualty incidents, community outreach, or specialties such as veterinary, radiology, behavioral health, or acupuncture.

One of the most recent and dramatic illustrations of MRC service focused on a public health emergency of historic proportions: 80 percent of all units provided volunteers in support of COVID-19 responses in their communities^{vi}. From March 2020 through March 2022, the MRC program contributed 3.8 million volunteer hours of pandemic response, at an economic value of \$132 million.

In 2014, the program transitioned to ASPR^{vii} (Administration for Strategic Preparedness and Response). The MRC program continues to encourage units to recruit, credential, train, drill, and deploy volunteers for emergencies that affected their catchment areas.

Individual units work with their host agency – usually a public health department, university, or emergency management entity – to match their capabilities with measures that protect area residents. In general, units take direction from their housing agency and response partners.

Launch of the UMV MRC – Unit 100

The Director of the Westford Health Department collaborated with affiliates from the seven communities across the Upper Merrimack Valley to apply for one of the first ten demonstration grants in Massachusetts. Funds were awarded in September 2003, and the Coordinator was hired in March 2004.

The first 20 volunteers joined at a focus group in June. Membership increased to 180 by the end of the year, through systematic outreach campaigns. As of May 2023, the roster includes over 700 members from a plethora of backgrounds; medical and non-medical.

This regional unit covers Billerica, Chelmsford, Dracut, Lowell, Tewksbury, Tyngsboro, and its host agent: Westford. The UMV is categorized as ‘mixed,’ from rural Tyngsboro^{viii} (12,368) to urban, multi-ethnic Lowell^{ix} (113,608) where up to 68 languages are spoken. The UMV Public Health Coalition – with representatives from each community – meets regularly to address shared issues, and to maintain regular connections with the MRC.

Based on community needs and resources, the UMV MRC chose an ‘all-hazards’ focus. Its mission is to provide surge capacity for three priorities:

1. **Public health emergencies** – A disease outbreak, or situations that require the administration of medication.
2. **Mass-casualty incidents** – Apartment fires, power outages, floods, or other situations that result in displacing large numbers of people into shelters.
3. **Community service** – Outreach to provide public health education and preparedness initiatives.

About Greater Lowell

Lowell was incorporated^x as a city in 1836 with a population of 17,663. Its current mayor, Sokhary Chau^{xi}, was unanimously elected by the City Council on January 3, 2022, as the first Cambodian American mayor in the United States. Approximately 25% of the city's residents are of Asian descent. Lowell also is home to the nation's second-largest Cambodian American community. Chau is one of many residents of the City who fled the Khmer Rouge in the late 1970s. It's not uncommon to learn from this population about their harrowing ordeals in escaping the genocide through "landmines, jungles, hunger, sickness and great uncertainty" to arrive safely in the U.S.

Lowell became known as the cradle of the American Industrial Revolution because of its textile mills and factories^{xii}. Many of the original sites were preserved by the National Park Service to create the Lowell National Historical Park. In the 1830s, the 'Mill Girls' organized, went on strike, and created the first union of working women in American history. Famous residents included Milton Bradley (board games), Bette Davis (actress), Jack Kerouac (writer), and Ed McMahon (best known as Johnny Carson's sidekick). This vibrant community is host to a university, community college, numerous sporting and concert venues, ethnic clubs and restaurants, and numerous festivals.

Greater Lowell is comprised of the seven communities in the UMV, plus the suburban towns of Dunstable, Groton, and Pepperell.^{xiii} The U.S. Census in 2020 reports a population of 310,009 for the entire region. This distinction is significant because the LASA medical camps invited participation for medical care throughout Greater Lowell.

LASA in New England

The brochure for the local LASA chapter provides the following background. "We are a charitable organization dedicated to undertaking community service activities based on Five Universal Human Values: Truth, Non-violence, Peace, Love, and Right Conduct. The acronym LASA stands for "Love All, Serve All." We are a free, nondenominational, and voluntary organization. Our members come from all walks of life and share a common goal: to empower the community around us through the practice of Love and Service.

"For over 25 years, our volunteers have engaged in community initiatives including a soup kitchen, health screening fairs, service at nursing homes, support for homeless shelters, and food pantry services. Since moving into our Old Ferry Road home in 2022, we have hosted a COVID-19 vaccination clinic, conducted a Yoga and Nutrition workshop, and conducted a free health screening fair. We also prepare about 150 hot lunch boxes on Saturdays, for delivery to local homeless shelters.

Contact Information:
LASA Foundation Inc.
LOVE ALL SERVE ALL
www.lasane.org
40 Old Ferry Road
Lowell, MA 01854
978-710-4012

Partnership Preparations

Because this was the first time the UMV MRC had worked with LASA, and the event was a debut for that organization, the first order of business was to confirm the logistics. Nearly all of the initial connections were made by phone calls and emails exchanged between the UMV MRC Coordinator and the LASA outreach volunteer.

The MRC Coordinator sent an email inquiry to potential medical members of the unit to ask their availability and interest. The most striking realization: this assignment was especially appealing to the unit's busiest and most high-level medical volunteers!

Although many of these members had not participated in MRC activities for years, they had continued to read UMV MRC correspondence all along, and had maintained – or advanced – their credentials. Moreover, they had been immersed in their careers, such as running a private practice as a nurse practitioner. MRC leadership had no reason for concern about skill decay for these reasons. When faced with the opportunity to provide medical care to those who had limited or no access to essential services, concerns about this unfair situation spoke to their primary desire to serve humanity.

One of the lead physicians for the first medical clinic wanted very much to provide an overview of the plans and expectations to the MRC participants. The main obstacles were that clinic plans were still evolving, MRC members were checking their schedules, and health care roles were being developed.

A key feature of both clinic experiences was the presence of translation support:

- On-site interpreters were on hand to translate in Hindi, Gujarati, Spanish, Portuguese, and Khmer.
- The translation machine available at the 4/29 event could be used for any language. Selection of a language (such as French Creole) at the press of a button would provide translation by a human translator in real-time, in either video or audio format.



October 22, 2022 “Medical Camp”

On Thursday October 20, the coordinators for LASA and the UVM MRC held a virtual 30-minute orientation that was also recorded and shared using an online link:

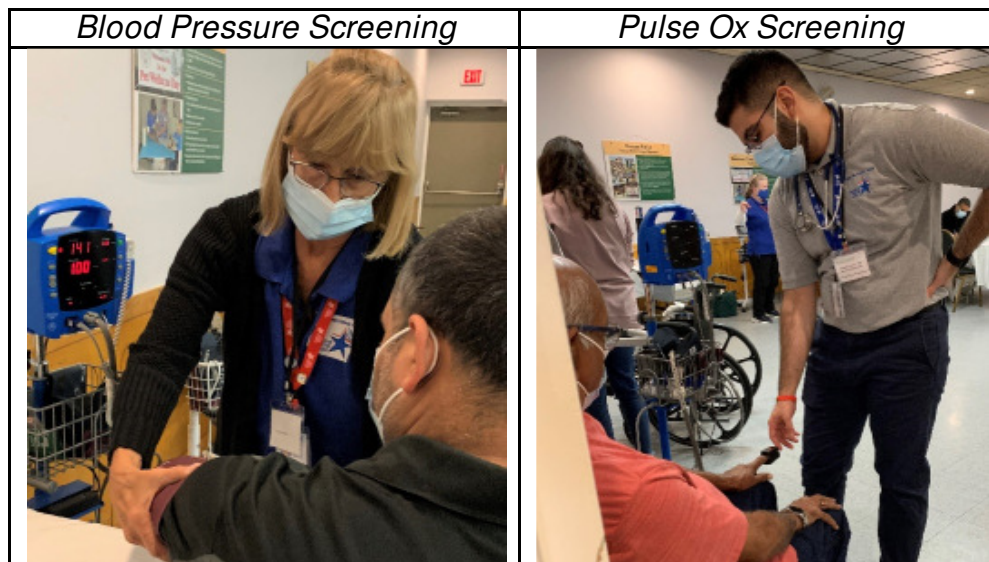
https://1drv.ms/v/s!AsCnNlrx_O7sgaxHfraQCJtesx5hRA?e=6R1pQI

As part of the orientation, LASA collaborators shared a set of PowerPoint slides and a Visitor Record Form as email attachments. The MRC coordinator interviewed the LASA rep online, with key questions to address for the upcoming clinic. The link was shared with the MRC volunteers that evening, for viewing at their convenience. Ten UVM MRC medical volunteers felt well prepared to staff the first event of its kind in MA on 10/22:

Marilyn H, RN
Barbara M, DNP
Mary P, RNP
Jill D, RN
C. Ann R, RMA

Patty G, RN
Dottie N, RN
Dorothy P, RN
Sepahrad Z, EMT
Kristina B, RN

Throughout the clinic, UVM MRC volunteers primarily checked vital signs and staffed the ‘endocrinology’ station. The nurse practitioners were ready to provide more advanced service by assisting the physicians as needed.



Because this clinic was a debut, participants knew there might be a difference between *expected* versus *actual* roles. As long as the assignments remained within the volunteer’s scope of practice, MRC participants were open to serving as needed.

One discovery was that there was less of a requirement to provide the higher-level skills that the nurse practitioners were anticipating. The LASA physicians were prepared to handle complex cases, yet none of the clients were presenting with urgent health issues. Collaborators also learned that members who spoke a language other than English would have been welcome. However, the MRC hadn’t been asked to provide that capability. Rather, the focus was to engage the unit’s medical skills.



Volunteers received a gratifying reply from the LASA coordinator the next day:

On behalf of the Board of Directors of LASA Foundation and all the members of our community, I would like to thank you and your team for contributing your skills and time at the Medical Screening and Counseling Camp yesterday. I was particularly struck by the love and dedication they brought to the care of every patient that visited us. We served close to 150 patients and the doctors diagnosed several cases of diabetes and hypertension. These people did not even know they had the condition and hopefully will now be able to seek and receive appropriate care. Our Board met this morning and has decided to do this again in April. I will keep you in the loop and hopefully the next one will be bigger and better. Mayor Chau of Lowell has committed to giving us all the help we need for the next camp. Thank you again for your help!

April 29, 2023 “Health and Wellness Fair”

On March 18, 2023, the Coordinator responded immediately to the next request: “Our MRC will be honored once again to support the upcoming clinic next month via LASA. Because you’d given me a heads-up with the April 29 date a few weeks ago, I let our members know that this was coming up, and to send me an email if they’d like to be on our interest list. One of them also asked for an October date!”

One of the LASA physicians replied with gratitude for the rapid acceptance. “Amidst your hectic schedule, thank you for your prompt reply. If you have the list of volunteers who helped the last time, could you reach out to them also. They did a phenomenal job.” The 11 MRC participants for the second clinic received their orientation once again through a video call, which was recorded for later review as needed:

Nancy B, EMT
 Lori E, RN
 Oren H, EMT
 Denise J, RN
 Steve K, DMD
 Ellen V, RN

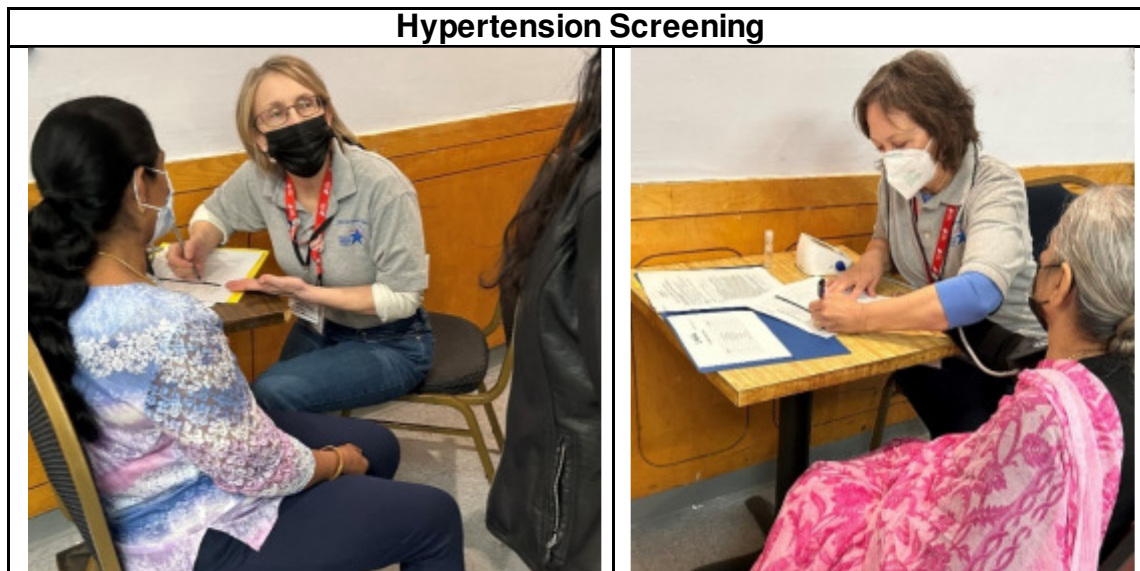
Robin O, RNP
 Dorothy P, RN
 Kathy R, RN
 Rebecca S, RN
 Heidi M, RN

Before the clinic, while the MRC awaited word on the need for inoculators, the email from LASA offered, “Your wonderful nurses will be needed with many tasks, which will be listed more accurately as we get closer to the date. Please assume that they would help with syringe prep, triaging the patients, and helping with translations if they know multiple languages. We do expect Cambodian, Spanish, and Portuguese patients.”

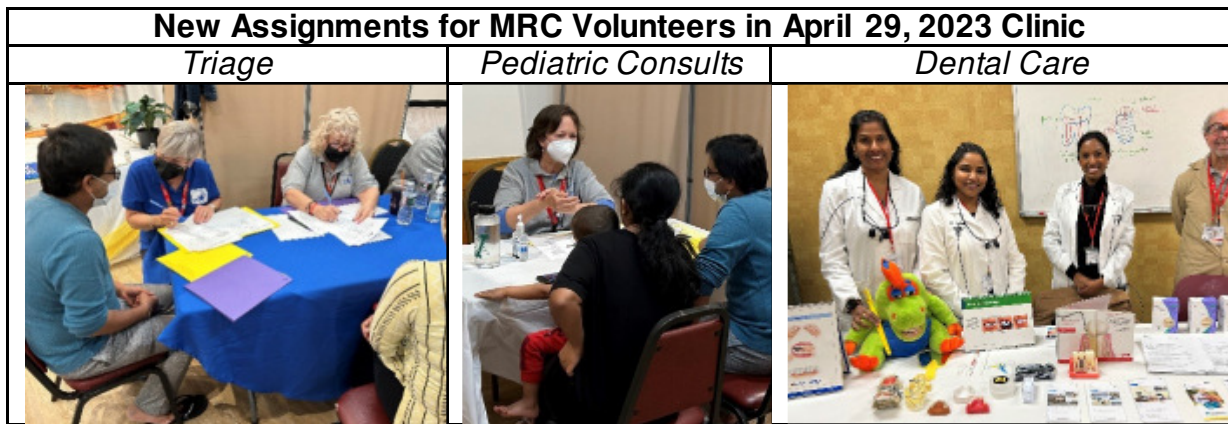
An MRC pharmacist was considered for the endocrinology station and medications review, until she had a short-notice scheduling conflict. This specialty will definitely be considered for future clinics. Standard assignments for MRC volunteers continued to include pulse checks and hypertension screening.

This time, LASA volunteers handled registration, intake screening, and the BMI calculations. Although MRC nurses were initially assigned to help with the intake, it became clear that their skills weren’t appropriate for this section. Most of the clients being screened were assisted by LASA translators who could provide language support and clinical explanations. Also, though MRC members were potential vaccinators for influenza and COVID shots, this section had been assigned to an ambulance service.

Whenever MRC members suspected that their skills might be more useful elsewhere, they informed the Coordinator first, who gently inquired of her LASA counterpart if another task would be more relevant. Regardless, MRC members never complained.



New assignments for MRC volunteers included triage, pediatric consults, and a dental station. Versatility was a plus, as MRC volunteers were quite willing to switch roles upon request. The MRC’s ‘pediatrics float RNP’ was transferred from recording vital signs to staffing her own pediatrics station, as soon as a family arrived with concerns about their child’s respirations. Two RNs were transitioned from intake screening to triage, which proved to be an engaging role. One of those nurses specialized in behavioral health, which LASA staff suggested will be strongly considered for the next clinic.



Continuation: LASA and the UMV MRC’s Strategic Plan

The collaboration with LASA dovetails nicely with a new RISE grant initiative for the UMV MRC: long-range strategic planning. Key elements of the LASA partnership align closely with ‘cultural competence’ and the ‘promotion of health equity’ among core values espoused within the national MRC program. The UMV MRC expects to strengthen its capabilities in this realm through involvement with LASA health clinics.

The UMV MRC launched a contract on October 11, 2022 with HRiA – Health Resources in Action – to develop a three-year strategic plan. HRiA has a long track record of success in coaching MRC units into boosting their response capacity. By coincidence, the first two LASA events occurred during the development of the new plan. The budding LASA partnership kept several intended outcomes of the plan in clear focus.

The first of three *strategic goals*:

- UMV MRC capabilities are applied equitably to the benefit of community members in all of the cities and towns in our service area.

The unit had always known that Greater Lowell was home to a vast spectrum of immigrant communities, which was notoriously under-served. LASA helped UMV MRC members to become more conscious of ways to provide outreach.

Objectives to accomplish this goal by 2026:

- Increase partner awareness of UMV MRC in all seven cities and towns in its jurisdiction.
- Establish and strengthen key partnerships in each of the cities/towns in UMV MRC service area.

The invitation to team up with LASA facilitated greater awareness and demonstrated the value of fruitful partnerships.

Action steps include:

- Actively engaging those from other cultures.
- Providing offerings and communicating care plans that are inclusive of the client's native language.
- Helping others to navigate the health care system.

The caregiving events through LASA encourage the UMV MRC to put these steps into practice over time. The partnership includes resources such as translators and familiarity with members of cross-cultural neighborhoods.

The LASA collaboration also builds on the MRC's previous experiences with groups such as the Greater Lowell Health Alliance. The GLHA has welcomed UMV MRC members for tours of their medical facility, and offered presentations that raise our level of cultural awareness. MRC volunteers are also growing in their knowledge of health treatments that are common in other countries.



REFERENCES

- ⁱ Web site for the national MRC program: <https://aspr.hhs.gov/MRC/Pages/index.aspx>
- ⁱⁱ NACCHO web site: <https://www.naccho.org/>
- ⁱⁱⁱ The impact of ARPA is summarized in a March 10, 2023 report posted online by the White House: <https://www.whitehouse.gov/briefing-room/statements-releases/2023/03/10/the-american-rescue-plan-arp-top-15-highlights-from-2-years-of-recovery/>
- ^{iv} Web site for the New England chapter of the LASA foundation: <https://loveallserveallne.org/>
- ^v PHEP: Public Health Emergency Preparedness Program and Guidance: <https://www.cdc.gov/orr/readiness/phep/index.htm>
- ^{vi} Source of data that 80% of all MRC units responded: HHS / ASPR Medical Reserve Corps COVID-19 Report: March 20 to 2022, November 22: Page 3: COVID-19 MRC fast facts
- ^{vii} ASPR: Administration for Strategic Preparedness and Response, reporting to HHS: U.S. Department of Health and Human Services: <https://aspr.hhs.gov/Pages/Home.aspx>
- ^{viii} Tyngsboro census data: July 1, 2022 estimate 12,378: <https://www.census.gov/quickfacts/tyngsboroughtownmiddlesexcountymassachusetts>
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- ^{xii} Wikipedia summary of the history of Lowell: https://en.wikipedia.org/wiki/Lowell,_Massachusetts#:~:text=The%20city%20became%20known%20as,create%20Lowell%20National%20Historical%20Park.
- ^{xiii} Wikipedia report on characteristics of Greater Lowell: https://en.wikipedia.org/wiki/Greater_Lowell