

Engaging Youth in Public Health Preparedness and Response

Clinician Outreach and Communication Activity (COCA)

Webinar Hosted by the Centers for Disease Control and Prevention

Host: Loretta Jackson-Brown

Moderator: Lieutenant Commander Samuel Schaffzin

Presenters: Captain Rob Tosatto and Dr. Jim Koeninger

Date/Time: January 27, 2011; 2:00 p.m. EST

Andrew (Phone Operator)

Welcome and thank you for standing by. At this time all participants are in a listen only mode. During the question and answer session, please press star one on your touchtone phone if you would like to ask a question. Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I would like to turn the meeting over to Ms. Loretta Jackson-Brown. You may begin.

Loretta Jackson-Brown

Thank you, Andrew. Good afternoon. I am Loretta Jackson-Brown, and I am representing the Clinician Outreach and Communication Activity, COCA, with the emergency communication system at the Centers for Disease Control and Prevention. I am delighted to welcome you to today's COCA conference call, engaging youth in public health preparedness and response. We are pleased to have with us today two subject matter experts here to discuss the importance of identifying and collaborating with community partners to strengthen public health infrastructure through student volunteerism. During today's call, you may participate by audio only, via webinar or you may download the slides, if you are unable to access the webinar. The PowerPoint slide set and the webinar link can be found on our COCA website at <http://emergency.cdc.gov/coca/>. Click on conference call. The link and slide set can be found under the call-in number and call passcode. Here to provide an end user introduction to navigating today's webinar is Ms. Callie Campbell. (00:02:25)

Callie Campbell

Hi. My name is Callie. I am going to walk everyone through the procedures and tools that are available in this webinar. This webinar should last approximately an hour. If you have a question for one of the presenters, you can use the Q&A button, located at the top left portion of your screen. You just type in your question and hit enter to send a question to the presenters. If you

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are addressing a specific presenter, please state that in your question. Presenters will read selected questions out loud to the group. At the top right-hand corner of your screen you will see several tools available to you. The feedback tool has a colored square next to it. If you select the drop-down arrow next to the feedback, you can alert me if you are having trouble hearing or if you need help. You can also let the presenter know if you need them to slow down. This meeting is being recorded. If you have technical difficulties at anytime during this presentation, you may call our technical support line at 877-283-7062. Thank you all for coming. Loretta Jackson-Brown is your host, and she will be taking over the presentation from here.

Rob Tosatto

I think the phone is still on mute, Loretta.

Loretta Jackson-Brown

Got it. Thank you

The objectives for today's call are that participants will be able to describe the overall mission and goals of the Medical Reserve Corps and Health Occupation Students of America, discuss ways to engage the next generation of public health leaders and volunteerism, identify public health mentorship opportunities for students, and describe the importance of identifying and collaborating with community partners to strengthen public health infrastructure. In compliance with continuing education requirements, all presenters must disclose any financial or other association with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters, as well as any use of an unlabeled product or products under the investigational use. CDC, our planners, and the presenters for this presentation do not have financial or other associations with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. This presentation does not involve the unlabeled use of a product or products under investigational use. There is no commercial support for this activity.

The moderator for this webinar is Lieutenant Commander Samuel Schaffzin, Program Officer, Office of the Civilian Volunteer Medical Reserve Corps. Lieutenant Commander Schaffzin is responsible for coordinating programmatic and operational activities in support of Medical Reserve Corps units nationwide and conducts national level outreach efforts on behalf of the Office of the Civilian Volunteer Medical Reserve Corps.

If you are following along on the slide set, you should be on slide five. Again, the PowerPoint slide set and webinar links are available from our COCA website at emergency.cdc.gov/COCA. At this time, please welcome today's COCA call moderator, Lieutenant Commander Schaffzin.

Samuel Schaffzin

OK, thank you Loretta, and good afternoon, good morning to some and welcome to this important webinar on the topic of engaging youth in public health preparedness and response activities. As Loretta mentioned, my name is Lieutenant Commander Samuel Schaffzin, and I

serve as a program officer with the Office of the Civilian Volunteer Medical Reserve Corps, also known as the OCVMRC. Thank you all for joining us today.

I would like to begin by putting this presentation into context. We decided to organize today's webinar in response to the many recent MRC listserv messages and exchanges that have centered around the topic of engaging youth in MRC volunteer activities. The MRC network and the public health community as a whole, recognizes the importance of mentorship, and as leaders in the field, we all have a responsibility to help cultivate the next generation of public health professionals. So we hope that this webinar is helpful to those participating and can serve as a forum to explore ways to link with, and leverage, the energy and enthusiasm of our youth, from community to community, nationwide.

Before I introduce our featured speakers, I would like to outline a quick agenda for this webinar. This call was advertised to MRC leaders and program partners, along with COCA clinician membership, who may or may not be familiar with the MRC program. Therefore, we have decided to begin the call with a quick overview of the MRC program and provide some more detailed information on how the MRC can engage youth in volunteer activities. The Health Occupations Students of America, or HOSA, who has become one of the MRC networks key partners in connecting with youth, will then provide an overview of their organization and share a few examples of how their student members are engaging in volunteer activities in support of nearby MRC units. Finally, we have set aside some time for Q&A and discussion at the end of the presentation.

Now for our presenters. I am pleased to introduce Captain Rob Tosatto and Dr. Jim Koeninger. Captain Tosatto is the director of the office of the Civilian Volunteer Medical Reserve Corps and the principle advisor to the Surgeon General and the Assistant Secretary of Health on issues of civilian volunteers and their participation in public health initiatives and preparedness and response activities. Launched in 2002 as a way for medical, public health, and other volunteers to improve the health and safety of their communities, the MRC concept is now accepted across the nation and MRC units have organized over 200,000 volunteers and members nationwide. Dr. Jim Koeninger is the executive director of the Health Occupations Students of America, or HOSA, and has served in this role since 1985. During his tenure as executive director, HOSA has achieved consecutive annual increases in membership. HOSA operates in 48 states and more than 3,000 high schools, technology centers and community colleges. So, let's get started and Captain Tosatto, the floor is yours.

Rob Tosatto

Thank you, Sam.

All right, I want to give a brief background of the MRC today and then talk a little bit more specifically about how MRC units have encouraged and engaged youth in their local activities. But to start, just to give a way to set the stage about the MRC, the MRC is a national network of local groups of volunteers. They engage volunteers to strengthen public health, emergency response and community resiliency. Medical Reserve Corps Units are first and foremost, local

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assets. They augment and assist local resources. They are not really stand-alone. They complement what already exists in the community. One of the key things that MRC — that MRCs do — is do the volunteer management that is necessary to identify and recruit members, make sure they are screened and their credentials are verified if they are a health professional, make sure they are trained and make sure they are used on a regular basis so they are a part of the system, so they are part of the MRC unit and they want to be engaged and active. Finally, utilizing those volunteers to assist the local resources and meet the local needs.

There are currently 937 MRC units around the nation. MRCs are in all 50 states and in most of the territories, and there are currently over 210,000 volunteers in the MRC. Now, MRCs are community-based organizations, so they are going to differ based on what the community needs are and who their partner organizations are. They might be alike in some ways, as I mentioned, doing the volunteer management practices but they are going to vary in a number of ways, as well. For example, they are going to vary by their housing organization. Most MRCs are based in local health departments, as you can see, by far the majority are. But we do see MRCs that are sponsored out of groups like emergency management agencies, or boards of health, or hospitals or health systems. It is key that the MRC has a support mechanism/support network within that housing organization, but also that they do partner across all these different types of organizations as well. So if they are based in the Health Department, it is important that they partner with the emergency management and boards of health and hospitals and others.

MRCs also vary by the number and type of volunteers that they have. The size of an MRC ranges from just a few volunteers to thousands of volunteers. The average is around 200 or 250 members, but we do have MRC units that are in the five or six or 7,000 range. Again, it's going to depend on that community, what they see as their need and the population base for the number of volunteers that they have. We do encourage all MRCs to take a broad approach when they do recruitment, so not just actively practicing health professionals, but also health professionals who may be licensed but not active in that profession, or maybe retirees or what we're talking about today, going after students as well. MRCs may include health professionals and non-health professionals; again that's going to vary depending on the local MRC. Again, I encourage MRCs to take a very broad approach in looking at the number and types of volunteers that they need.

MRCs are also going to vary in their missions, in their local mission. Remember, the MRC is going to develop to meet those local needs, and they are going to take care of local needs. As you can see by these numbers of activities that they do, they do a lot. But, what is it exactly that they do? Now, the MRC is based out of the Office of the Surgeon General. So we encourage MRC leaders and volunteers, really to serve as the Surgeon General's ambassadors in local communities, taking on the Surgeon General's priorities — things like focusing on wellness, focusing on getting the community members to be fit and healthy at any size, shape or age, supporting disease and injury prevention activities, for example screening for diabetes or hypertension, or maybe doing immunizations for seasonal flu and also making sure that the most vulnerable members of their community are getting care and services.

But of course, MRCs also have a big role in emergencies. For example, with preparedness, we encourage all MRC leaders and volunteers to be personally prepared for emergencies, making sure they have the supplies on hand, making sure that they have plans, such as communication plans with their family. It's important for everybody to be personally prepared, but especially the MRC members, because if they're not prepared they're not going to be able to assist their local community when they're needed. We also want to make sure that the MRC unit is prepared and so the unit is doing things like training and drills, making sure that every member knows their role and that they're comfortable in that role. And then finally, helping out with community preparedness as well, doing preparedness talks or booths at schools and community events, helping neighbors put together kits and plans or perhaps participating in community disaster drills. Now, MRCs are also involved in emergency responses in their communities. The past year we've seen MRCs that helped with warming centers and shelters following snow and ice storms, setting up and helping out with shelters after floods. MRCs also helped after the Haiti earthquake by supporting welcome centers for U.S. citizens who were returning from Haiti and also for Haitian citizens who were coming to the U.S. for care, the MRC members helped with triage.

Over the past year we also saw a huge involvement of the MRC in H1N1. This really showed the tremendous value of the MRC really in supporting public health. Over 50,000 MRC volunteers participated in almost 3,000 H1N1 related activities, doing things like community education, talking about hand washing and proper cough etiquette, helping with surveillance and then really helping out with the vaccination clinics, either, you know, from mass vaccination clinics for the population or going into schools and doing school-based vaccination clinics. Really, the range of MRC activities related to H1N1 was truly incredible.

We also see a new opportunity for MRCs in helping to reduce disaster risk. And risk really is a function of the hazards and vulnerabilities of a disaster. And while it may be difficult to reduce the hazard, vulnerabilities themselves can be lessened and you can do that by decreasing things like the exposure to the hazard through evacuation plans and protective equipment, or by reducing susceptibility to the effects of the hazard, and I think this is really where MRCs can play a strong role. Helping to improve health before disasters is really key. So doing preventive care, screening and immunizations, things like that, knowing that healthy people before a disaster are really healthier during and after disaster. So, either really conducting those public health activities we talked about earlier helped to reduce that vulnerability a little — therefore helped to reduce risk.

So, I encourage everyone on the phone and to talk to others as well to find out more about the MRC. You can go to our website www.medicalreservecorp.gov and find your local MRC unit. You do that by clicking on the left panel, then find a MRC unit, and then searching by region, state or even a zip code. And find your local MRC unit, join it or support it at the local level.

I'm going to switch gears for a moment and talk about youth. It's what we are here for today — and youth involvement with the MRC. And the first question you might have is, why would MRC units want youth involvement? And why would youth want to join an MRC? Well, really I think that the youth can serve as force multipliers for the MRC, and I think this is one of those

true win-win situations. The youth members can bring incredible energy and enthusiasm to the MRC unit. That energy can really be contagious. And I think youth members can often have some great ideas to share. Often times youth members will have more credibility with some of the desired audiences, for example, other students or even younger children. Also, youth members are looking for opportunities to learn, to develop useful skills, and serve their community. This also can help to fill their resume as they are looking for future jobs and future school opportunities. Really, the youth members are the future health professionals; they're future leaders, future volunteers and overall future citizens. It's going to be great to have them aware of community service and aware of the MRC for the future.

So, what is it that youth members could do with the MRC? Well, first of all, think about what the MRC could do for the youth members. They can really provide a mentorship and maybe some shadowing opportunities for those youth members, helping them to develop their skills and knowledge. But again, I think one of the big ways that we see youth helping is for the MRC mission itself. And they can help with the public health mission of the MRC doing things like health fairs. They can help to set up and break down the health fair. They can watch kids so the parents can get checked and get information. We've heard of an MRC and junior MRC members who dressed up in costume at a health fair and handed out information to the health fair participants. MRC youth members could help out with screening. Recently we heard about a MRC in Alabama that had youth members provide health screening, including blood pressure, BMI and visual acuity tests to members and staff of the Alabama State Legislature. That was great because it serves the health mission, but it was also MRC outreach. They provided information to those legislature staffers about the MRC so hopefully in the future they can get support from them. Youth members can do outreach, they can do fund raising or developing radio, print or movie theatre ads. They can do in-school presentations. Now, remember that younger kids often think that high school students are the coolest people in the world. So, if you can get those youth members of the MRC to go into the schools, that audience is going to probably pay more attention to them than they might to, you know, an older clinician or somebody else that may not connect with them as well. Think about the different types of presentations that the youth members could give. They could talk about increasing activity so that they have a healthier lifestyle, talk about healthy eating, talk about the hazards of smoking and alcohol. Think about with H1N1, many MRC youth members helped. They could do things like education on hand washing and cough etiquette, you know, coughing into your sleeve instead of into your hand. At some of the mass vaccination clinics or PODs -points of dispensing- youth members helped with setup and take down of the POD. They helped with flow, making sure that the people coming through the mass vaccination clinic moved through in a timely manner. Youth members could help with assisting with paperwork, watching and distracting young kids or maybe even serving as interpreters. In preparedness activities, youth members can help share information about disaster preparedness, talking about kits and plans in their schools. I recently heard about one of the MRC units in Boyle County, Kentucky, that partnered with their local HOSA chapter to do a preparedness project with Walmart. They put together, at the front of the store, a sample kit and a list of disaster supplies, they provided a map of where those supplies were located in the Walmart store, and then they put stickers on the shelves to highlight where those supplies were located. They even came up with a mascot — a

purple elephant named Penelope — that showed their engagement with preparedness, and I think her motto was, “Make sure you pack your trunk.”

MRC youth members could also help with other exercises, helping again with setup and take down or perhaps serving as victims or providing childcare for the participants. I think the key when engaging the youth in different activities is to be creative and really be flexible.

So how can this work? Well, I think the first thing to do is to find out what the local requirements or regulations are regarding youth and they really vary depending on the community and the state. Some might not allow youth members under 18. Some might allow 17 or older and some might allow 14-17 year olds with a responsible adult. The nice thing about that is you would get kind of a 2 for 1 there. You would have the youth member, and they would have to bring an adult with them. So, again, it's going to vary depending on the community, but there are a few options on how youth engagement could work with an MRC or with a local health department. One is to recruit youth into the existing MRC unit. They could be regular members just like everybody else or that MRC unit could create a youth component, specific to having youth members on their MRC. Again, it's going to be decided by that local MRC unit. Right now about 200 MRC units, or 22 percent of MRC units, allow youth members to serve as part of their regular MRC.

Another way that youth can be involved in the MRC is to form a junior MRC. We currently have 10 junior MRCs, and these are MRCs that are either stand alone as a junior MRC or they may partner with a local MRC. But in any case, they need to meet the regular MRC registration criteria and conduct their activities as an MRC in support of that local community. Now, there are challenges for engaging youth with an MRC — things like concerns about liability, making sure that if something happens to those youth members that they are protected, making sure that the MRC is protected. There are challenges with transportation because many of the youth members don't drive or have limited driving privileges. Making sure that they are able to get to the MRC meetings and activities is important. And then finally, communication with youth members can sometimes be a challenge. For them, for many, e-mail is really passé and that's what many adults use as communication. So, reaching out to the local MRC youth members in creative ways — using Facebook or Twitter — maybe even engaging one of the youth members to serve as a translator between the adult conversation and communication through e-mail into Facebook. So again, it's just a matter of being creative and being flexible.

Finally, if youth members are not allowed on the MRC, if there are regulations against it or if a junior MRC is not feasible, I think a great way to engage youth is to partner with a local youth organization. Here's some potential partners: Boy Scouts of America, Girl Scouts, Boys & Girls clubs, Civil Air Patrol, Camp Fire. There are a number of youth organizations active in communities all across the nation that can be engaged. One of our strongest partners that we've seen connecting with the MRC in general, but absolutely our strongest that we've seen with engaging youth, is the Health Occupations Students of America. We have seen a number of great activities formed, and great relationships formed between MRC units and HOSA chapters across

the nation. And at this point I want to turn it over to Dr. Koeninger and he can talk a little bit more about HOSA.

Dr. Jim Koeninger

Thank you, Captain Tosatto.

For those of you who may not be as familiar with HOSA, it would be important to know that HOSA members are also enrolled in health science programs in either secondary or post secondary schools. As a matter of fact, they are one of the career and technical education programs, and if you're not familiar with health science or HOSA, you might be familiar with agricultural education and their student organization, the FFA. So whenever you find a career in technical education program, there's both the enrolled student but they also have the opportunity to be a part of a student led organization.

As the second largest career cluster pathway in the public schools, health science offers an array of healthcare related programs for students in grades in 9 to 12 and even has some exposure in the middle schools. But it's the 9 to 12th grade level you may find an entire high school that's dedicated specifically to the health profession. For example, they would offer course work like medical and surgical technology, diagnostic services, patient care, medical administrative procedures, dental science, clinical rotations and other kinds of courses that are important for future health professionals. In the health science classrooms, instructors focus on their technical skills while HOSA takes responsibility, as the student organization, to develop and provide opportunities to develop and practice the soft skills like communication, listening, problem solving, leadership and of course being an effective member of a team. Partnering with the Medical Reserve Corps provides HOSA members with opportunities to volunteer, and they do like to volunteer — they like to be involved. They are looking for mentors. They are looking for training in emergency preparedness and in other health-related areas. They are always willing to participate in response simulations and, hopefully, once they become 18 years of age, they will be, again, a pool for opportunities for the Medical Reserve Corps.

HOSA has become more visible among healthcare providers because our 3,500 chapters, located in the 48 states, are much more aggressive about reaching out to gain experience for their student members. As a pipeline organization for the healthcare industry, we see our role, as, number one, making sure we recruit qualified students that mirror the diversity of our communities. We are proud that 45 percent of the HOSA membership consists of talented racial minorities. The second is that we provide classroom training and realistic learning opportunities. Thirdly, through HOSA we develop soft skills that we had mentioned earlier to complement the technical skills that are delivered by full-time instructors in the schools, many of which are registered nurses. In 2006, we probably had at one of the best experiences we ever had when the keynote speaker at our national leadership conference was then Acting Surgeon General Moritsugu, and, candidly, the 6,500 delegates in attendance responded enthusiastically to the career opportunities in public health as if they had never heard of those opportunities. But also, the volunteer opportunities with the Medical Reserve Corps. The evening following that general session, Dr. Moritsugu suggested that we be in contact with Captain Tosatto, and he made those

arrangements for the director of our Washington office, George Suffokis, and me to meet with Captain Tosatto. And we began building that foundation for the win-win partnership that was mentioned a little bit earlier between the Medical Reserve Corps and HOSA. At the national level, what we can tell you is that we have an organization; we are actually a 501C-3, non-profit organization. Some of our sister organizations, again, you might be familiar with the FFA or you might be familiar with FBLA or DECA or a number of others. We were organized in 1976. We are led by an elected board of directors. We're headquartered near the Dallas/Fort Worth airport. It allows us to be able to get to either coast fairly quickly. And we have an office in Washington, DC, which gives us an opportunity to be involved with a number of governmental agencies as well as associations.

The state agencies, the HOSA state associations, are actually sponsored by state agencies. It differs from state to state as to how they are actually developed, depending upon whatever their particular requirements are, but there's always a HOSA state advisor that works closely with the health science program and/or is a member of the health science staff for that state. Health science programs and HOSA chapters are led by full-time health science instructors, mostly registered nurses, in the 3,500 secondary and post-secondary institutions and again, health careers are such a focal point at this time. We have more than 140,000 HOSA members enrolled now, but we expect those numbers to continue to increase as they prepare themselves for being a future health professional.

What we are proud of is, since 1976, we've had about 1.8 million students that have had the health science HOSA experience — which is what we are hoping is, is not only to recruit them and to provide them with in-school developmental opportunities and experiences, but we also are trying to retain them so that when they graduate from high school, for those that are in high school, we'd like to see them attend a collegiate program, either 2-year or 4-year (whatever's required for their particular interest area) and to this point our research shows that about 95 percent or maybe more of our HOSA members are actually pursuing a collegiate program. We've had a number of collegiate chapters that have been established in the past few years because those institutions recognized the value of recruiting HOSA high school graduates to their campus. What we're especially interested in with the Medical Reserve Corps is the training that can be provided. It's in perfect alignment in helping us build a team of healthcare providers committed to developing and delivering quality and compassionate healthcare to all Americans.

In terms of our vision, we really do believe it's a win-win relationship for Health Science and HOSA and for the local communities. Since we've launched the partnership with the MRC, we've noticed a great deal of interest in emergency preparedness and response in the classrooms and the curriculum, so don't be surprised if many of our HOSA advisors and members, they may already be involved in the MRC in some way. We're really proud of the kind of training that is received in the high schools in particular and have numerous examples of where HOSA members have become heroes in emergency situations before first responders were able to arrive. In fact, one name that you've heard more recently is Daniel Hernandez, a health science student at Sunnyside High School in Tucson, Arizona. You might be interested to know that he was recognized as national finalist in the Kaiser Permanente Healthcare Issues Exam at our 2008

National Leadership Conference. His adviser, Catherine Munroe, described Dan as being extremely motivated to learn with a wide range of interests and on January the 8th, very few were surprised at how he reacted; it was reported that his quick thinking amid gunfire likely saved the life of Congressman Giffords.

There's that example, but there's many other examples of the HOSA heroes. Our chapters are offered numerous opportunities to support the MRC mission. For example, serving as ambassadors to go into the schools to support the Surgeon General's priorities for public health engaging in a number of public health initiatives, participating in whatever emergency preparedness response activities are made available. As a matter of fact, within HOSA itself, to enhance the partnership and encourage chapter involvement we created a category of skills-based competitive events called Emergency Preparedness, and we have several events that we're running, and fortunately, Captain Tosatto and the MRC team have assisted us in developing these events and also have served as judges in the national competitions. The MRC partnership event, you may have heard something about, several of the MRCs have partnered with HOSA chapters for this competition: the Public Health Emergency Preparedness Event, the Epidemiology Event, CERT Skills Event, Emergency Medical Technician Event, and the CPR/First Aid, which is what the coursework was that Daniel Hernandez was involved with.

Probably a good way to just show the relationship between Health Science, HOSA, and the Medical Reserve Corps is to look at the graphic that is up on the screen. In the health science program, our instructors can provide school-based learning and experiences. We know it enhances their technical knowledge and skills of the health science students. HOSA, then, through its student-led chapter activities, can adopt a plan of work that provides members with opportunities to practice their soft skills, delegation, leadership, teaming, problem solving, fundraising, and more. At the MRC level, what we are always looking for is to have that community-based learning and experiences, as well as providing them with networking opportunities with health professionals. The more experience they have in the community, the more they begin to realize there is more than the classroom, more than the HOSA chapter. They are going to be serving in the community and the MRC gives them that initial opportunity to be able to demonstrate what their level of skills are.

I just cannot imagine that there is any better preparation for future health professionals than health science programs, the HOSA chapter membership participation, and also the MRC emergency response preparedness and response. One of the things that we really are hopeful is that the knowledge and skills that have been provided in the health science classrooms and through the MRC that our chapter members are going to be better prepared to respond to school-based emergencies. Let me give you one in particular that sort of was one of the earlier campus-based emergencies that occurred and has encouraged us to be much more involved in emergency preparation and response. On May 20th, it was in 1998, the HOSA chapter adviser, Bill Duffy, headed his school's campus emergency preparedness team at Thurston High School in Springfield, Oregon. It was a calm day, except hearing gunshots coming from the cafeteria. Bill was in his health science class and mobilized his HOSA members that were a part of their CERT team. They rushed to the cafeteria, and obviously they found chaos because there were two dead

students and 24 injured students, 14 to 18 years old. The HOSA members immediately set up a triage area and provided first aid until the EMTs and police arrived.

They were credited with, obviously, with sustaining life with some of those students and administering to others. There are numerous other incidents where HOSA members have saved lives and provided lifesaving first aid, so let me assure you that HOSA members who have been involved in health science, whether it's the 1 year to 4 years in high school, they have some skills that they can begin to make a contribution. As a matter of fact, what begins to be alarming is the amount of violent events and activities that are occurring on school campuses. One of the events that we put together in order to motivate our HOSA members and our HOSA chapters, and also to engage the local MRC units, is called the MRC partnership event. What we are hoping is, is that this partnership will contribute to strong, healthy, and prepared communities. As a matter of fact, at this last year's national leadership conference, the national event winners in the MRC partnership event partnered with a number of MRCs, including the Greenbrier Valley MRC, the MRC of Anoka County, Pima County Health Department, Gateway to Care MRC of Harris County, Mass Care MRC in Fredericksburg, Tarrant County Public Health, Danville Kentucky MRC, The West Tennessee Region Crockett County Health Department and Sheriff's Department, and the Center Ossipee MRC in New Hampshire, to name a few of those.

That partnership event is a wonderful resource for us to engage with the MRCs and for the MRC's mission and goals to be accomplished. We also launched this past year, with the help of Captain Tosatto and others, the Office of Surgeon General internship and have already had four HOSA members and one HOSA state advisor that have had unbelievable exposure to leading professionals of the United States public health service. We recently posted the applications on the HOSA website for the 2011 OSG internships and it appears to be we're going to have an avalanche of applicants for this unique, one week experience at the OSG and the MRC. The HOSA/MRC partnerships, we believe they are going to continue to mature and improve, which will benefit our HOSA members, chapters, and advisors, and we're also hoping that that partnership will benefit the MRC units that engage HOSA members, either as part of their MRC unit or as a junior MRC or as partners. We are also noticing a greater interest among our students in the public health service and including the commission core. HOSA, from our standpoint, is fertile ground for volunteerism, both in the community with MRC units, as well as volunteerism on the school campuses to respond to various emergencies. If you think about it, that 140,000-plus members will become future members of MRC units in communities across the country. That will tell us that this partnership has really become a win/win. Again, what we're wanting to accomplish in partnering with the MRC is to provide our members with opportunities to gain training and experience and then to demonstrate that HOSA is preparing future health professionals for healthcare and public health service.

What can HOSA members do? We can fill gaps in local emergency response plans; we can be involved in flu vaccination clinics, diabetes detection programs; we can be involved in community disaster drills; we can provide hands-on opportunities for students to make informed decisions. We can raise the national readiness through enhanced community awareness, as well as, even, involvement of parents in the MRC. We also believe that our HOSA members can be

excellent recruiters. They can recruit other HOSA members and other chapters. They can recruit other non-medical volunteers. We think that once they become old enough, they will transition to medical volunteers as they complete their healthcare education. They can staff recruitment booths at malls and community functions. They can help staff evacuation and special needs shelters; they can hold food drives to help stock emergency shelters. There are any number of other ways by which they can be of service, including, they are involved in community flu clinics, health fairs, blood pressure checks, wellness fairs — we can develop health fair displays. As a matter of fact, they can even enter those displays and exhibits in HOSA competitions. They can present health information within the school itself as well as to community groups. As a matter of fact, we have a number of competitive events that they look for opportunities to make presentations. HOSA members can also conduct community awareness projects on specific health issues.

They can enter those projects in HOSA competition. Let me assure you that if you want to get HOSA members involved, they are extraordinary victims in disaster drills, and at the national conference — where we are involved in first aid CPR — or other workshops or activities, you'll notice lots of interesting victims walking through the halls. What we believe is, through all of this, they can learn more about the careers that are available in the public health service. They can volunteer for public health service activities. What can they volunteer doing? What can you volunteer doing as MRC units?

Each year the HOSA conducts an annual state leadership conference in every state. There are 48 of them that will be operating during the spring each year. They offer general sessions, competitive events (which are really skills-based demonstrations) as well as workshops, which HOSA members take full advantage of. MRC volunteers can conduct those workshops that can staff a booth to encourage participation in local MRCs; they can encourage MRC members to serve as competitive event judges, especially for our emergency preparedness events. The partnership has just begun, and we look forward to identifying greater opportunities for MRCs and HOSA chapters and members and advisers. And we do believe there is a synergy that is going to be beneficial to all of us. HOSA is thankful for its growing partnership with the Medical Reserve Corps and the public health service. I would like to thank you for this opportunity to share a little bit about HOSA with you. We look forward to future opportunities for partnering.

Samuel Schaffzin

Captain Tosatto and Dr. Koeninger, thank you very much for your remarks. This is such an exciting topic and we very much look forward to learning about how MRC volunteers, HOSA members and focus clinician memberships can work together to develop the next generation of healthcare leaders. This concludes the presentation portion of the webinar. It brings us to the Q&A section. It appears that we may have a few questions on the phone and a few that have already been submitted on the Live Meeting. If we have some time at the end, we also did collect a few questions from the MRC network through the MRC listserv. And I will help facilitate the Q&A section. From the technical side, if the host of the call can jump on and remind us what to do if we have questions. Over the phone.

Andrew (Phone Operator)

Once again, if you would like to ask a question over the phone, please press star one. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. If you would like to withdraw your request, you may press star two. One moment please for questions.

Loretta Jackson-Brown

And while we're waiting for the first question, do you want to share any of the questions we have from the Live Meeting?

Samuel Schaffzin

Yes. I am just pulling this up here. We have a question from, one second, looks like it was withdrawn. This is from MRC Florida 1. Are HOSA members required to take an IS or ICS 100 and 700 courses and what types of training are they required to complete? Captain Tosatto, do you want to start here, and I can then step in and provide some additional info?

Rob Tosatto

I will start. Sure. The question is specifically about HOSA members, so that may be best directed at Dr. Koeninger.

Samuel Schaffzin

Oh, excuse me.

Rob Tosatto

I would say that MRC members in general, the guidance that we give to MRC units is that ICS 100 and 700 are expected for all MRC members. So if those HOSA members are joining the MRC, they should be getting those trainings. But there are a number of different trainings that MRC members have; again, it is determined locally. But again, Dr. Koeninger, you might want to chime in a little bit on what HOSA member training requirements are.

Dr. Koeninger

Most of our HOSA members, through the health science classroom, will have received basic emergency preparedness training. But in terms of being a part of the MRC unit, we have pretty much left it up to whatever the requirements are for them to become actively involved with that MRC. But I can tell you that all of our members are enthusiastic about the training that they can receive.

Samuel Schaffzin

Thank you, Dr. Koeninger and Captain Tosatto, and I am going to just add to one of the questions that was submitted to us over the MRC listserv. It's a related topic, is "What public health and preparedness training resources are available that are aimed at youth?" A few of the different resources that we have learned about, that have been very helpful to all involved in these processes, I have posted up on the webinar some of these resources in the shared notes section. Two of the main ones are the FEMA training for youth. Citizen rpsCorps developed, not

too long ago, a catalog of youth disaster preparedness and education programs, and there is a whole host of training programs that they have collected from the American Red Cross, the Corporation of National Community Service, to Civil Air Patrol Teen Cadet Program to different state-based programs — so it captures a lot of that. We also found some and saw some good resources out of the CDC healthy schools and healthy youth programs. So again, I posted this up on the shared note section here on the webinar.

Any questions on the phone yet?

Andrew

First question is from Mary Barrera. You have an open line.

Mary

Yes,

Andrew

Mary Barrera, you have an open line.

Mary

No.

Samuel Schaffzin

We can hear you Mary, feel free to go ahead with your question.

Mary

Just wanted to see if we could get a copy of the slide presentation that you presented today.

Samuel Schaffzin

Absolutely. Loretta, do you want to mention that?

Loretta Jackson-Brown

Yes, the slide presentation is available from the COCA website at www.emergency.cdc.gov/COCA. [<http://emergency.cdc.gov/coca/>]

And if you also have additional questions for the presenters or about the presentation in general, you may email us at coca@cdc.gov. That's C-O-C-A at C-D-C dot G-O-V.

Mary

Thank you.

Rob Tosatto

This is Rob. I am noticing a lot of questions on the Live Meeting site about how to find local HOSA chapters or the state advisers. Dr. Koeninger, can you mention that?

Dr. Koeninger

Probably the best way to do it would be to go to our website at www.hosa.org and there is a contact us link, and if you'll tell us where you are located we will identify for you the HOSA chapters that are in your vicinity, and we'll be happy to send those to you.

The other possibility would be, as you begin to identify the state advisor, and again, we can introduce you to that state advisor, the state advisor could also perform that function, probably much more quickly even than we can. One way or another, we will introduce you to the state advisor or we will send you the list based on zip code.

Samuel Schaffzin

Thank you. Do you want to go back to the phone?

Andrew

There are no further questions on the phone.

Samuel Schaffzin

Okay, well I have one, another question that was submitted to us. It was somewhat touched on, but I'm going to push out to Captain Tosatto. What funding sources are available for Junior MRC programs? And actually, Dr. Koeninger, if you could also address this, because you bring a different perspective from looking into funding, resources that are available for youth programs. Whomever wants to start?

Rob Tosatto

This is Rob; funding is often a concern for MRC units and junior MRC units are no different. We encourage all MRCs to look at a number of different potential funding sources to support their activities. First, looking at different federal types of grants through the Department of Health and Human Services, such as the ASPR, Assistant Secretary for Prepared Response, or Centers for Disease Control Public Health Preparedness grants, the MRC program itself, through our cooperative agreement with NACHO has capacity building awards for MRC units. But we also encourage MRCs to look at non-preparedness, non-emergency related grants as well. Specifically looking at some of those, the variety of public health activities that MRC units could work on — so there are number of those. MRCs are also encouraged to look at different types of foundations that may provide funding support for MRC activities. Again, those may be related to preparedness work to public health in general or they may be related to youth or education. And then finally, I think we really need to look at how we can best leverage the partnerships that the MRCs make. Perhaps there could be funding through those partnerships, but also in-kind resources that the partners may be able to provide.

Samuel Schaffzin

Dr. Koeninger, anything to add?

Dr. Koeninger

From a HOSA perspective, there is no doubt that there could be in-kind, because our local chapter advisers are full-time employed, are HOSA members, are volunteers. The way our

chapters operate, is that they, they are involved in developing their plan of work, and they are also involved in fundraising. So they are not, it is not forward to them to be involved in helping raise funds for those things that they want to be involved with and be a part of. But no state funds, at least over on the health science side, that I am familiar with. (01:00:41)

Samuel Schaffzin

Great. Thank you. Can we go back to the phones? Any questions?

Andrew

There are no questions at this time.

Rob Tosatto

There was one comment on the Live Meeting that says that this seems to be doing much the same as Teen CERT. Are you competing with or working with Teen CERT? Isn't this a duplication of effort? One of the things we really do encourage with MRCs and junior MRCs is to work with their local programs including Teen CERT. I know that HOSA has a CERT competition, very similar to what they have with the MRC partnership, so this is definitely not an area where we want to compete, but we do see that CERT and MRC can work very closely together in communities. In some communities, the MRC and CERT are the same. In others they partner together. But again, we do not want to compete with them, we want to make sure that resources are available for both of them.

Dr. Koeninger

As a matter of fact, from a HOSA perspective, we have a number of our HOSA members who are involved with CERT. And many of our instructors are actually those who are head of CERT teams within their schools.

Samuel Schaffzin

Very good. Thank you. Any other questions from on the phone? We have covered most, if not all, of the submitted questions and addressed all of the submitted web-based questions or comments if they applied to all. So, any other questions on the phone?

Andrew

If you would like to ask a question over the phone, please press star one. One moment please, for questions.

Rob Tosatto

There is one more question on the Live Meeting. This is Rob. It says, "What type of legal issues can my MRC expect when incorporating minors into our activities?" Again, I think the legal issues are going to vary depending on what types of coverage you have in general for your MRC volunteers. We definitely want to think of the workers' compensation type of coverage. What would happen if the youth member was injured? What would happen if, somebody that they are working with were injured, so that liability type of issue? And then consent issues. Making sure

that there is consent from their adult either parent or guardian, for them to be doing that. So again, it's going to vary by state to state, locality to locality. In some ways, I think working with HOSA is going to help with that, because in many, many of the chapters have some of those legal protections in place for their HOSA members. But again, it's going to be key to develop the appropriate memorandums of agreement, memorandums of understanding to ensure that those coverages are provided. Some other organizations that may be needed to get buy-in from includes, you know, the superintended or administrators or other school officials. But then if you're partnering with other existing organizations, like the Boys & Girls Club or Boy Scouts, Girl Scouts, Boy Scouts Ventures programs, some of those organizations may have the legal protections available already for those youth members. (01:04:23)

Samuel Schaffzin

Thank you. And Loretta, there is another question that was just submitted on how participants can access continuing education credits for participating in this webinar. I'm guessing you will touch on that again when you wrap up in a few moments?

Loretta Jackson-Brown

Yes I will, Sam.

Samuel Schaffzin

Thank you. I guess we have time for one more question over the phone?

Andrew

We have a question from Rita Foster. Your line is open.

Rita

Thank you. My state does not let us use youth in our MRC. How hard is it to get that instituted so that we can use youth? There is a HOSA group in the town that I have my MRC group. So how hard is it a get the state to switch and be able to use youth? (01:05:21)

Rob Tosatto

This is Rob. I will start, and then maybe Dr. Koeninger can jump in. First of all, again, it depends on your state. If they do not currently allow you to participate, then it would require your state executive branch or your state legislation, legislative branch to make that change. I'm not sure where the requirement is, whether it is law or regulation. So again, you would have to work with your local council to find out where that prohibition lies and then to do outreach to them to see that could get changed. But in the meantime, I think there's a lot of ways you could, you know, maybe not have them as members of your MRC, but use them as a partner organization. Just as you would, you know, the Red Cross or a local hospital or any other partner that you might work with. These just happen to be a partner with youth members. And again, you could conduct the activity using the HOSA chapter members, but they are not serving as your MRC; they are serving in their capacity as a HOSA member. Until the regulation or law could be changed, I still would encourage you to reach out to that local HOSA chapter and work together. (01:06:37)

Rita

Thank you.

Samuel Schaffzin

Thank you, Loretta, I think we are going to hand it over to you at this time for wrap up.

Loretta Jackson-Brown

Thank you, Sam. On behalf of COCA, I would like to thank everyone for joining us today, with a special thank you to our presenters, Captain Tosatto and Dr. Koeninger, and today's COCA call moderator, Lieutenant Commander Schaffzin. If you have additional questions for today's presenters, please e-mail us at COCA@cdc.gov. Put Captain Tosatto or Dr. Koeninger in the subject line of your e-mail, and we will ensure that your e-mail is forwarded to them for a response. Again, the e-mail is COCA@cdc.gov. The recording of this call and the transcript will be posted to the COCA website at emergency.CDC.gov/COCA within the next few days. Free continuing education credits are available for this call. Those who participated in today's COCA conference call and would like to receive continuing education credits should complete the online evaluation by February 28th, 2011, using course code EC1648. That is E as in Echo, C as in Charlie and the numbers 1-6-4-8. For those who will complete the online evaluation between March 1, 2011, and February 27th, 2012, use course code WD1648. That is W as in Walter, D as in Delta and the numbers 1-6-4-8. All continuing education credits and contact hours for COCA conference calls are issued online through TCE online, the CDC training and continuing education online system at [www \(the number\) 2\(the letter\) A.cdc.gov/tceonline \[http://www2a.cdc.gov/TCEOnline/\]](http://www2a.cdc.gov/TCEOnline/) . To receive information on upcoming COCA calls, subscribe to COCA by sending an e-mail to COCA@cdc.gov and write "Subscribe" in the subject line. Thank you again for being a part of today's COCA conference call. Have a great day. (01:09:02)

Andrew

Thank you for joining today's conference. You may disconnect at this time.

Rob Tosatto

Thank you all.

[Event Concluded]