

# Public Health and Emergency Medical Services

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# The Plan

- Describe differences and similarities between EMS and Public Health
- List Resources
- Describe benefits of collaboration
- Provide examples of EMS activities
- Describe challenges and opportunities



# Key Differences – EMS/Public Health

- EMS is typically:
  - Patient/scene based
  - Reactionary
  - Optimized to respond quickly/maximally
  - Reliant on public access communications system to detect incidents and target response to threats
  - Not well integrated with other health care activities
  - Expecting patient's health to improve on the way to the hospital



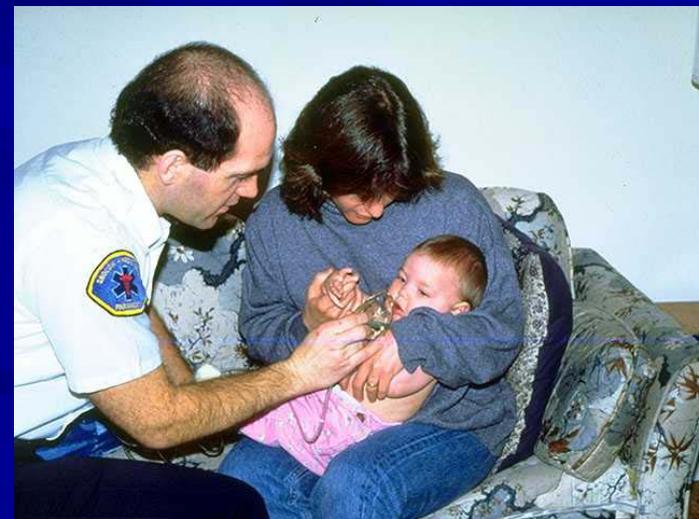
# Key Differences – EMS/Public Health

## ■ Public Health is typically:

- Community or population based
- Proactive
- Utilizing epidemiologic methods to systematically detect threats to community health
- Intervening mainly through changing environmental factors or through strengthening the community immunity to the disease
- Able to recognize that many changes will take time

# Key Similarities

- Committed to improving patient's health
- Workers are passionate about their field
- Immersed in same environment of change and the need to do things differently



# Changing Environment

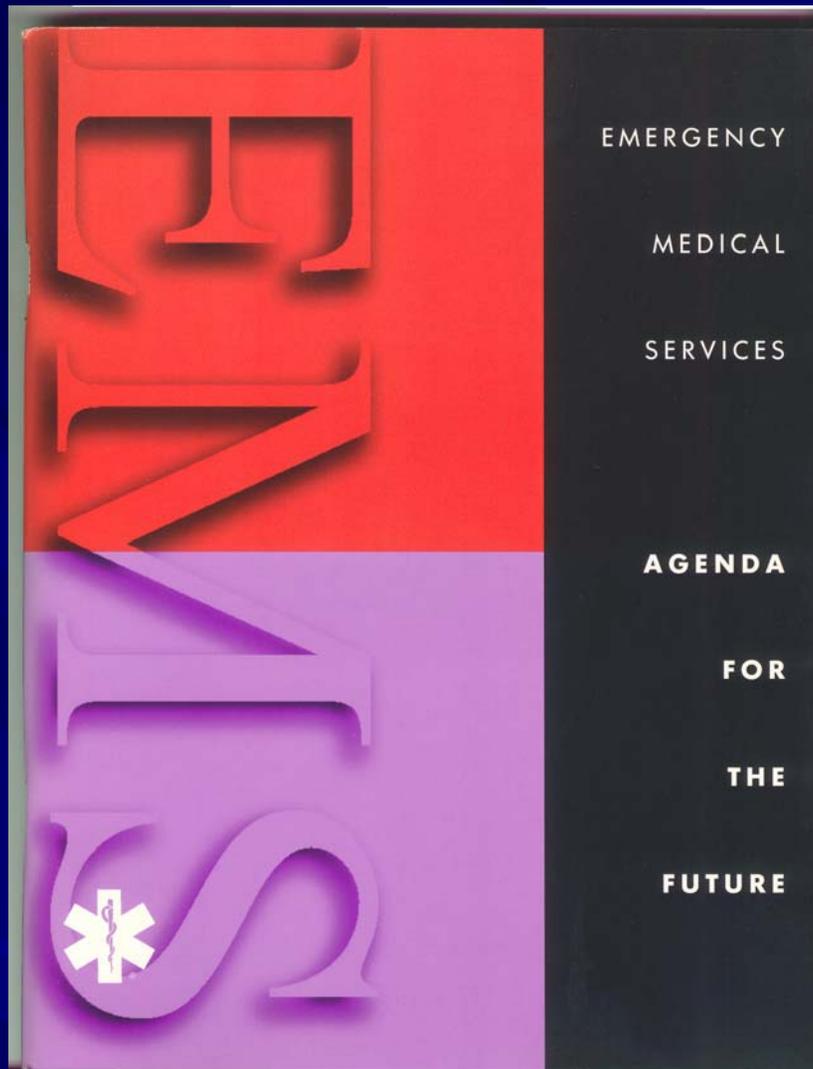
- Increasing recognition that collaboration is beneficial to both
- New partnerships forged between key national agencies
- Federal funds prompting inclusion of EMS and Public Health
- Most lead EMS agencies are within Departments of Health

# NOSORH EMS Task Force

- Very active in developing bridges between rural health, public health and emergency medical services
- Supports priority that “EMS should expand to serve more public health functions that improve access to basic health care.”
- Terrific forum for information sharing
- Dennis Berens is point of contact

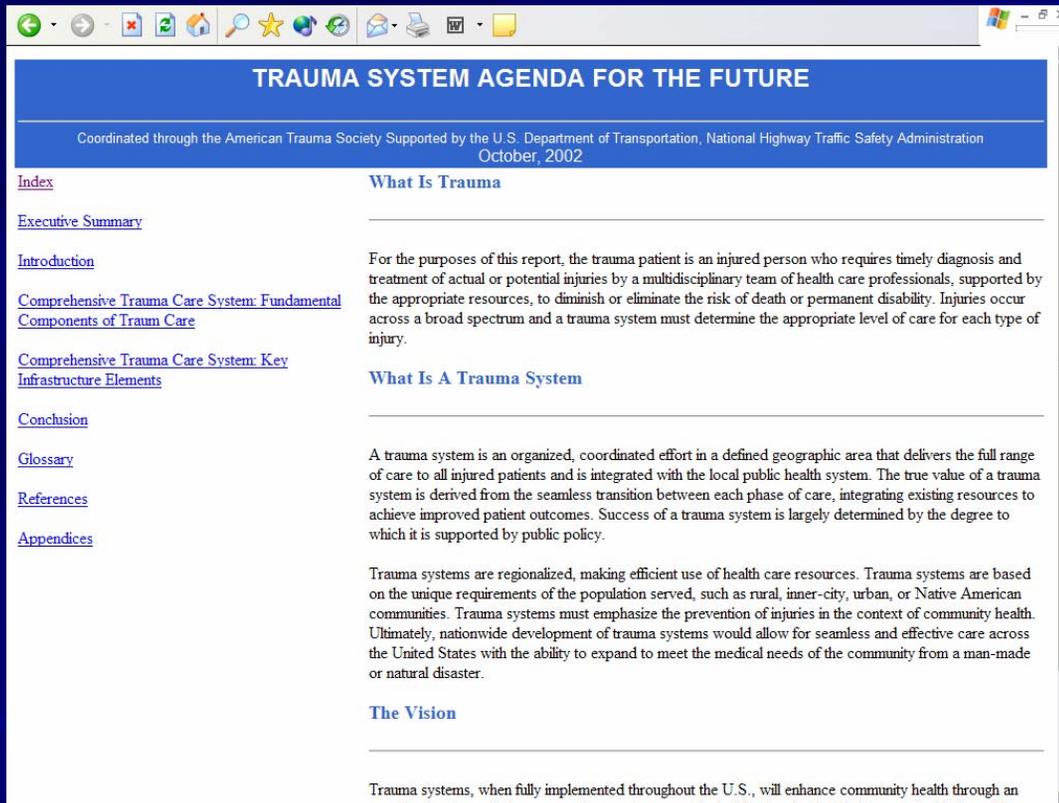
# EMS Agenda for the Future

- A vision that EMS will be fully integrated with health care providers, public health, and public safety.
- A vision that EMS can contribute to the treatment of chronic conditions and community health monitoring
- EMS represents the intersection of public health, public safety and health care systems
- Released in 1996
- Rural/Frontier materials being developed



*“EMS must expand its public health role and develop ongoing relationships with community public health and social service resources” . p. 10*

# Trauma System Agenda for the Future



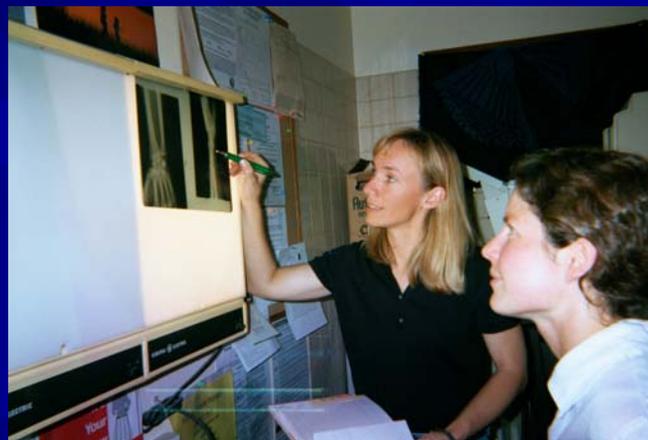
A trauma system is an organized, coordinated effort in a defined geographic area that delivers the full range of care to all injured patients and is integrated with the local public health system.

# 2000/2001 Public Health Roundtables

- Sponsored by HRSA and NHTSA and hosted by the National Association of EMS Physicians and the American Public Health Association
- Intended to foster innovative strategies for improving community health care
- Concluded that missions are complementary, not competitive or mutually exclusive
- Primary source of information for this presentation

# Benefits of Collaboration to EMS

- Increased professionalism
- More analytic approach
- Use of public health data for EMS purposes
- New funding opportunities
- Increased satisfaction
- Strong partnerships
- Broader community perspective
- Access to expertise



# Benefits to PH Mission

- Prevention
- Visibility
- Increased response capability
- Rapid communication
- Data collection
- Referrals
- Increased cost effectiveness
- Access to populations



# Benefits to the Community

- Reduced health care costs
- Increased access to health care
- Increased accountability
- Better consumer education
- Improved health



# Current EMS Resources/Activities

- Emergency medical care training
- Certification/licensing
- Injury prevention
- Technical assistance to communities
- Developing networks
- Research
- Basic recognition of domestic violence, abuse and neglect
- Do-not-resuscitate programs
- BT Planning and response
- Collection of data and narratives
  - Trauma registries
  - Prehospital data
- Critical Incident Stress Management

# Examples of EMS Involvement in Local Public Health

- “Treat and Release” and “Expanded Scope”
- Screening programs (BP, diabetes)
- Injury prevention and surveillance
- Immunization programs
- Community targeted technical assistance teams
- Collection of data and narratives
- Home visits
- Integration of Critical Incident Stress Management with community based mental health services
- Providing public information and education

# Injury Prevention in the Bag

- To educate existing home visiting groups of unintentional injuries and related hazards in the home.
- To train home visitors to perform home safety reviews and provide devices necessary to reduce hazards in the home.
- To integrate injury prevention information and messages into home visits.
- To improve safety and prevent injuries in homes visited by participants.





# Lincoln County EMS, NC

- Child Safety Seat Checks
- Bike Rodeo
- Operation Stroke (Screening for stroke risk factors)
- Operation Heartbeat (Campaign for AED placement in places of business)
- "Childproof Home" Safety Checks
- Diabetes Screening for senior citizens groups
- Heart Disease prevention efforts

# Medicvax Project

- Influenza vaccination project addressing *Healthy People 2010* objective
- 90 paramedics from 15 agencies at 73 events in western Pennsylvania
- 2,075 immunized
  - 49% had not been immunized previous year
  - 34% reported they would not have been immunized elsewhere
- No adverse reactions
- High satisfaction levels (patients, managers, paramedics)

# New Hampshire

- New Hampshire EMS and Public Safety Initiative
- Started in 2001 with more than 20 agencies represented
- Forum for:
  - collecting and promoting best practices;
  - Identifying resources;
  - Identifying opportunities for improved patient care and injury prevention; and
  - Promoting dialog.

# Future EMS Activities

- Changes in EMS education will better prepare EMS providers as PH team members
- Advances in medical care will bring new opportunities for patient care AND education
- More research will be done to focus EMS efforts



# Key Opportunities

- “Flex” program
- HRSA and CDC Bioterrorism Grants
- HRSA Rural AED Grant Program
- ORHP
- Making “Public Health 101” courses available to EMS
- Local emergency planning commissions
- Joint training
- Inclusion of EMS in roundtable discussions on improving public health



# Challenges

- Traditional roles and cultures
- Potential for new roles
- Traditional performance measures
- Funding and reimbursement issues
- Regulation/licensing issues
- Lack of cross training
- Inclusion of private practitioners and agencies
- Communications
- Legislative support
- Range of community needs
- Awareness of need for collaboration

# Next Steps?

- EMS and Public Health need to continue investing in the development of strong partnerships (HRSA has set an excellent example with this conference)
  - Round tables
  - Exercises
  - Training
- Remain flexible and focused on the health of the patient
- Seek and publicize best practices
- Become increasingly aware of funding streams

# Thanks



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