

Linkages of Acute Care and EMS with State and Local Prevention Programs

Part 2: Status of Programmatic State EMS Involvement with Prevention Activities

An NASEMSD Report

January, 2003

**Supported in part by a grant from the National Center for Injury Prevention and Control,
Centers for Disease Control and Prevention**

Background

The concepts of preparedness, prevention and response are functionally interdependent but less than fully programmatically linked. Recognition of the need for better programmatic linkages and expansion of the role of EMS systems has been evident for some time:

Emergency medical services (EMS) of the future will be community-based health management that is fully integrated with the overall health care system. It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and follow-up, and contribute to treatment of chronic conditions and community health monitoring. This new entity will be developed from redistribution of existing health care resources and will be integrated with other health care providers and public health and public safety agencies. It will improve community health and result in more appropriate use of acute health care resources. EMS will remain the public's emergency medical safety net. — *Vision statement of the EMS Agenda for the Future*

Status of Programmatic State EMS Involvement with Prevention Activities is the second in a series of three surveys conducted by the NASEMSD. Information from all three survey instruments will ultimately be assimilated into an informational resource to illustrate the existing degree of EMS integration with prevention and preparedness.

The project is funded in part by the Centers for Disease Control and is built around the concept of identifying the level of integration between state and territorial EMS offices and prevention and preparedness initiatives at the federal, state or local levels. The underlying premise is that better integration and programmatic articulation will facilitate readiness, planning, prevention and response.

The survey instrument (attachment 1) is designed to elicit information as to what, if any prevention activities with which the EMS office is involved, whether collaboration with other agencies or non-governmental entities occurs, the principal sources of state and federal revenues that support these activities, whether EMS personnel are permitted to perform specific preventive activities, whether the EMS office is more involved in prevention than five years ago, whether 1 or more FTE are assigned to prevention activities, and any successful or innovative programs.

The survey population consisted of the EMS Directors of the States, Territories¹ and the District of Columbia. Of 56 surveys, 53 were returned, for a 95% rate of return².

¹ Territories include Guam, Puerto Rico, American Samoa, the Northern Mariana Islands and the U.S. Virgin Islands

² Surveys were not returned by American Samoa, Puerto Rico, and the U.S. Virgin Islands

Findings

Of the fifty-three respondents, thirty reported the state EMS office is programmatically responsible for one or more prevention activity. Participants in the survey were also asked to specify the types of prevention programs for which their state EMS office is responsible. The following list indicates the type of program, and the number of state EMS offices charges with responsibility for that type of program:

22	General injury prevention	16	Poison prevention
7	School violence prevention	1	Gang violence prevention
9	Gun violence prevention	7	Fire prevention
8	Child abuse prevention	13	Head/spinal cord injury prevention
15	School safety programs	12	Driver safety programs
11	Gun safety programs	18	Bicycle safety programs
12	Suicide prevention	18	Seatbelt/helmet programs
4	Workplace safety	20	Child car seat programs
1	Drug abuse prevention	6	Pool safety programs
7	Elder abuse prevention	11	Other prevention programs

Participants were asked whether the state EMS office collaborates with other state agencies in prevention activities. Forty-nine of the respondents indicated collaboration with one or more state agency. State Highway Safety agencies led the list with 46 state EMS offices reporting collaboration. State Maternal and Child Health agencies were cited as collaborators by 43 state EMS offices; and Health Statistics and Epidemiology by 39. Public Safety /Fire agencies were cited by 33 state EMS offices; law enforcement by 32; and Health Promotion by 31. Collaboration with the State Department of Education was cited by 25 respondents, and “other” state agencies were cited by 13.

Only 2 of the respondents indicated collaboration with a single other state agency. Seventeen state EMS offices indicated collaboration with seven agencies. The average number of agencies with which the state EMS offices collaborate in prevention projects is 4.65.

Participants were asked whether the state EMS office collaborates with non-governmental agencies in prevention activities. Forty-six of the respondents indicated collaboration with one or more non-governmental agency. Safe Kids led the list with 40 state EMS offices reporting collaboration. Poison Centers were cited as collaborators by 30 state EMS offices; and professional organizations by 29. Volunteer advisory groups were cited by 26 state EMS offices; MADD/SADD by 15; and the Safety Council by 14. Collaboration with “other” non-governmental agencies was cited by 19 EMS offices.

Survey participants were asked to indicate the principal source of in-state revenue that supports these activities. State General Revenue was cited by 21 states as the principal source of in-state revenue; “none” was cited by 19 state EMS offices. Fines were indicated to be the principal source of revenue by 3 states and special tax funds by 3. One state indicated private contributions constitute the main source of revenue support, and “other” was cited by 6 state EMS offices.

Asked to identify the principal source of federal revenue that supports these programs, Emergency medical Services for Children (EMSC) was cited by 16 respondents, federal Highway Safety by 15, Centers for Disease Control (CDC) by 8 respondents, and 5 respondents cited health and Human Services (HHS) as the principal contributor. Six EMS offices cited no federal contribution to prevention programs.

Respondents were asked to identify particular prevention initiatives in which prehospital personnel could participate in their jurisdictions. Only 19 jurisdictions indicated it was permissible for EMS personnel to administer immunizations. Performing home wellness checks was permitted by only 12 jurisdictions. Playground safety inspections are permitted by EMS personnel in 14 jurisdictions and workplace safety inspections in 11 jurisdictions. “Other” prevention activities were permitted in 29 jurisdictions, and where described, appeared to be of an education and outreach nature.

Participants were asked whether they felt the EMS office is more involved than 5 years ago in prevention activities. Of the 53 respondents, 36 felt EMS had become more involved with prevention. Twenty-three jurisdictions indicated the presence of one or more FTEs assigned to prevention activities in the state EMS office.

Discussion

The EMS Agenda for the Future lists prevention as one of fourteen EMS system attributes. The data seem to indicate an increasing involvement of state and territorial Emergency Medical Services programs with various prevention endeavors. The principal foci have been in areas supported by federal programs and grants. This is evident from ostensible correlation between the types of prevention activities and the principal federal revenue contributors and governmental and non-governmental partners cited.

Over a third of the jurisdictions report no in-state revenue to support prevention activities, and over 10% report no federal revenue to support prevention.

Over half the state and territorial EMS offices do not have a single FTE responsible for prevention activities; yet two-thirds of the respondents felt EMS is more involved with prevention than 5 years ago.

The average budget for a state EMS office is about \$5.7 million. The average federal contribution to that amount is about \$566,000. Many states are experiencing budget shortfalls and have slashed programs, and eliminated or frozen positions. In light of this, it seems unlikely that state EMS offices can expect increased resources from their state governments.

EMS holds significant promise for programmatic integration with prevention. The extent to which this will occur depends largely on federal leadership and funding. What is clear is that EMS can only do so much without support.

NASEMSD Survey: Integration of Prevention Programs

State	Contact Name	Contact Phone
Is your State EMS Office programmatically responsible for any prevention activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, with what types of prevention activities is your state EMS office charged? Check all that apply:
<input type="checkbox"/> general injury prevention <input type="checkbox"/> school violence prevention <input type="checkbox"/> gun violence prevention <input type="checkbox"/> child abuse prevention <input type="checkbox"/> school safety programs <input type="checkbox"/> gun safety programs <input type="checkbox"/> suicide prevention	<input type="checkbox"/> workplace safety <input type="checkbox"/> drug abuse prevention <input type="checkbox"/> elder abuse prevention <input type="checkbox"/> poison prevention <input type="checkbox"/> gang violence prevention <input type="checkbox"/> fire prevention <input type="checkbox"/> head/spinal cord injury prevention	<input type="checkbox"/> driver safety programs <input type="checkbox"/> bicycle safety programs <input type="checkbox"/> seatbelt/helmet programs <input type="checkbox"/> child car seat programs <input type="checkbox"/> pool safety programs <input type="checkbox"/> other: _____
Does your State EMS Office collaborate with other state agencies in prevention activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your State EMS office collaborate with any non-governmental organizations in prevention activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
With which agencies? <input type="checkbox"/> Highway Safety <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Maternal and Child Health <input type="checkbox"/> Health Statistics/Epidemiology <input type="checkbox"/> Public Safety/Fire <input type="checkbox"/> Health Promotion <input type="checkbox"/> Department of Education <input type="checkbox"/> Other: _____	With which organizations? <input type="checkbox"/> Safe Kids <input type="checkbox"/> MADD <input type="checkbox"/> SADD <input type="checkbox"/> Safety Council <input type="checkbox"/> Professional Organizations <input type="checkbox"/> Poison Centers <input type="checkbox"/> Volunteer advisory groups <input type="checkbox"/> Other: _____	
What is the principal source of <i>state</i> revenue that supports these activities? (check only one) <input type="checkbox"/> General Revenue <input type="checkbox"/> Fines <input type="checkbox"/> Private Contributions <input type="checkbox"/> Special Tax Funds <input type="checkbox"/> Other <input type="checkbox"/> None		
What is the principal source of <i>federal</i> revenue that supports these activities? (check only one) <input type="checkbox"/> Highway Safety <input type="checkbox"/> HHS <input type="checkbox"/> EMSC <input type="checkbox"/> CDC <input type="checkbox"/> Other <input type="checkbox"/> None		
Is it permissible in your state for EMS personnel to: <input type="checkbox"/> Administer Immunizations <input type="checkbox"/> Perform Home Wellness Checks <input type="checkbox"/> Perform Playground Safety Inspections <input type="checkbox"/> Perform Workplace Safety Inspections <input type="checkbox"/> Perform other prevention activities		
Is your State EMS Office more involved in prevention activities than 5 years ago? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your State EMS office have 1 or more FTEs assigned to prevention activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe any prevention programs in your state you feel were particularly innovative or successful: (Use additional sheets as necessary)		