

GIVING IT OUR BEST SHOT

HOW EMS CAN PLAY A
SIGNIFICANT ROLE IN
PUBLIC HEALTH IN RURAL
COMMUNITIES

PRESENTED BY: HAILEY PALMORE, MBA, AEMT
DIRECTOR OF PUBLIC HEALTH SERVICES
MIST-BIRKENFELD RURAL FIRE PROTECTION DISTRICT



INTRODUCTION

My name is Hailey Palmore

Education



Bachelor of Science - Biology, Business
University of Puget Sound, 2015



Emergency Medical Technician
Portland Community College, 2016



Master of Business Administration (MBA)
Willamette University, 2020



Advanced Emergency Medical Technician
Clatsop Community College, 2021



Paramedic
National Medical Education & Training Center
Pending 2024 Completion

Employment & Activities

Commercial Construction 2015-2016

Large Private Ambulance Service Provider 2016-2019

Independent Business Consultant 2019

Commercial Construction (again) 2019-2022

Director of Public Health Services

Mist-Birkenfeld Rural Fire Protection District, 2021 - Present

Board Member

On Golden Rescue, 2022 - Present

AGENDA

What is EMS?

- History
- Rural EMS in Oregon
- Provider Levels & Oregon Resource Availability
- SWOT Analysis

Mist-Birkenfeld Case Study

- Demographics
- COVID-19 Vaccine Response
- Lessons Learned
- Other Public Health Services

Considerations for Public Health Collaboration



WHAT IS EMERGENCY MEDICAL SERVICES?

“EMS IS A VITAL COMPONENT OF HEALTHCARE, PUBLIC HEALTH AND PUBLIC SAFETY.”



History

- Early evidence as far back as 900 A.D.
- EMS in the United States gained traction in the 1960s as a response to a public health crisis - traffic accidents
- EMS Development Act of 1973
- Today, the EMS System landscape is very diverse across the United States



RURAL AND FRONTIER EMS IN OREGON

“Being a rural or frontier EMS agency means trying to be everything to everybody.”

— FRONTIER COUNTY
EMS MANAGER

**ORH Rural & Frontier EMS
Listening Tour, 2019**

- 35% of Oregon’s population lives in rural (33%) and in frontier (2%) communities
- Nearly 70% of Oregon’s Ambulance Service Areas are located in rural and frontier communities.
- 4 Oregon Counties do not have hospitals – including Columbia County
- Rural and Frontier areas are often underserved simply because of distance to resources



EMS PROVIDERS

Dynamic, Resourceful and Easily Deployable



Emergency Medical Technician

- 3-6 month training program
- Scope of practice includes BLS care, and includes/allows for immunizations
- 5,772 Providers in Oregon (2020)



Advanced EMT, EMT-Intermediate

- 3-6 month training program after EMT training
- Scope of practice includes ILS care, IVs and blood draws and includes/allows for immunizations
- 907 Providers in Oregon (2020)



Paramedic

- 18-24 month program after EMT training
- Requires Associate's Degree (Oregon)
- Scope of practice includes ALS care, IVs and blood draws, EKG interpretation and includes/allows for immunizations
- 4,238 Providers in Oregon (2020)

EMS SWOT ANALYSIS - PUBLIC HEALTH POTENTIAL

STRENGTHS

- EMS providers are naturally independent and resourceful at problem solving, even with scarce resources
- EMS systems are inherently dynamic and are already in place in Rural Oregon & America
- EMS providers have a unique healthcare insight in being able to see people in their home environments

OPPORTUNITIES

- EMS providers are trained in public health matters, such as immunizations
- Utilizing EMS providers to supplement in public health initiatives
- Community EMS/Paramedicine

WEAKNESSES

- Often underfunded
- EMS providers' Scopes of Practice are largely limited to the prehospital setting in Oregon only
- No centralized oversight - data is challenging
- Medical billing is complicated/limited, especially for smaller agencies

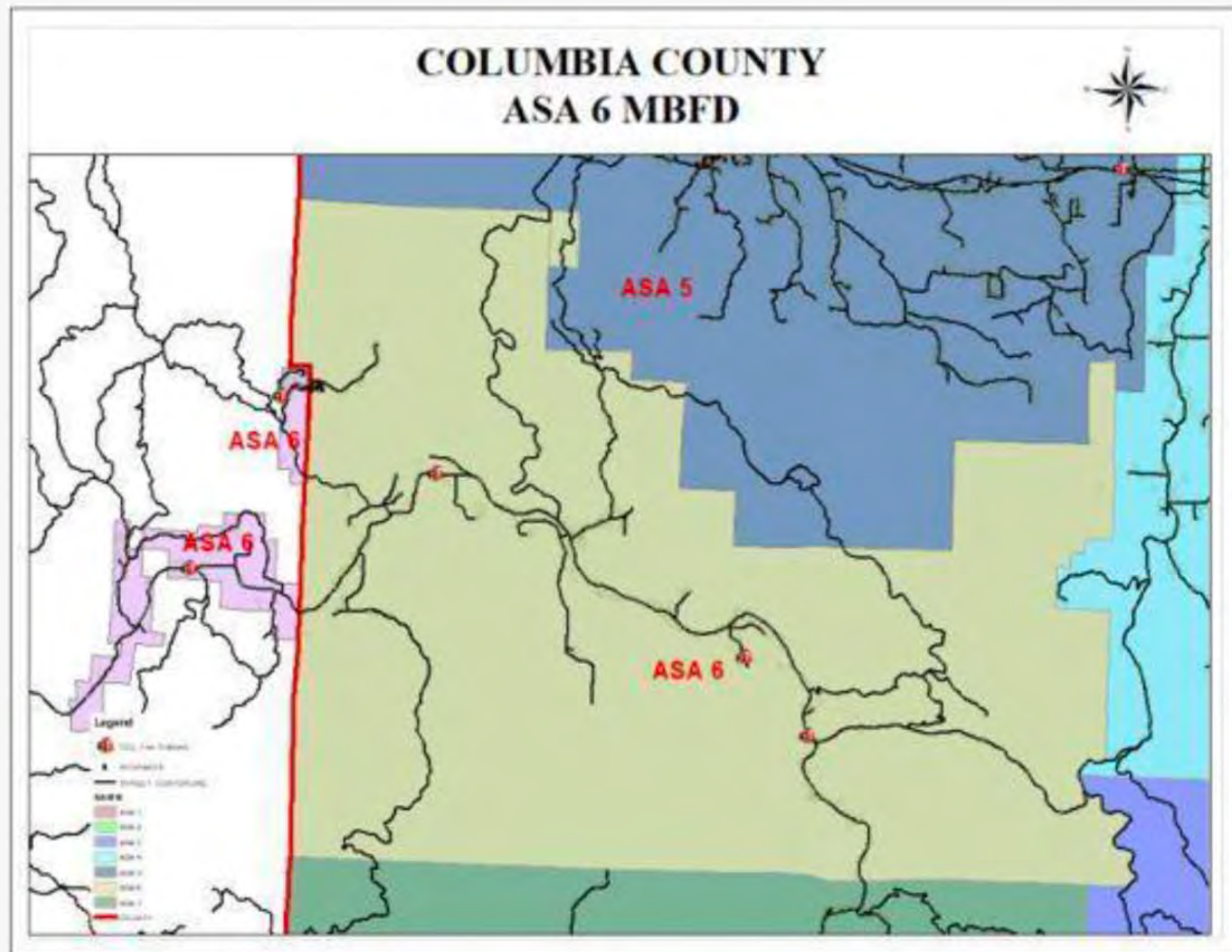
THREATS

- EMS often viewed as an "industry" rather than a medical "profession"
- Staffing issues
- Volunteerism is crucial for most systems but also on the decline

MIST-BIRKENFELD RFPD

CASE STUDY

ABOUT MIST-BIRKENFELD



- Rural Fire Protection District that covers 165 Square Miles in Rural and Frontier Columbia & Clatsop Counties in NW Oregon
- Fire District also holds the ASA and provides Emergency Medical Services
- Population last estimated to be 1,388
- Few commercial locations - largely dispersed residential farmlands and timber forests
- Closest Hospital:
 - 43 Minutes (WA), 60 minutes (OR)
- Closest Clinic: 24 Minutes
- Fire District is approximately 90% volunteer

COVID-19 VACCINE RESPONSE: HOW IT STARTED

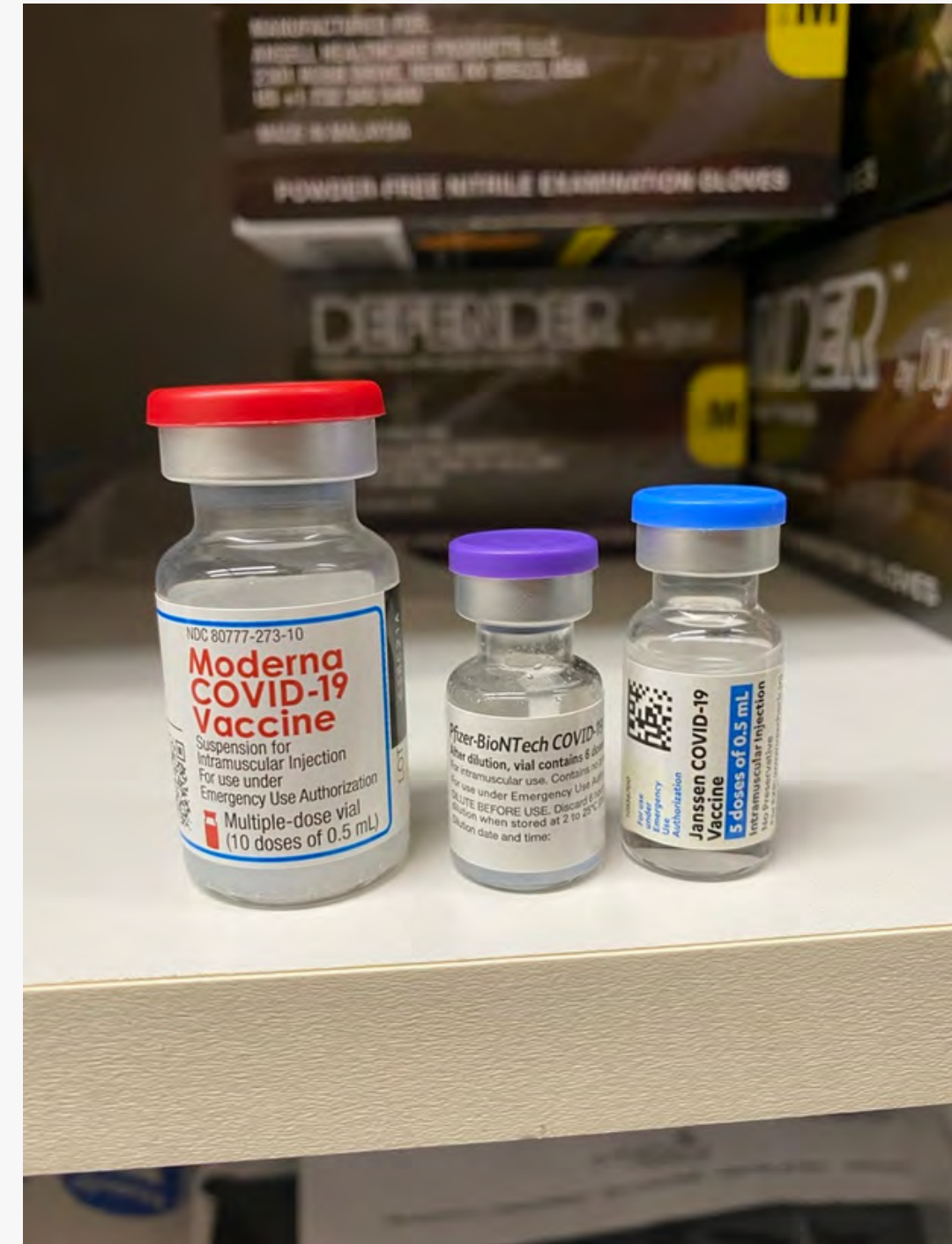
Timeline

Late 2020

- COVID-19 vaccines become approved for use under FDA Emergency Use Authorization
- Inquiries whether the Fire District would offer these began to flood in

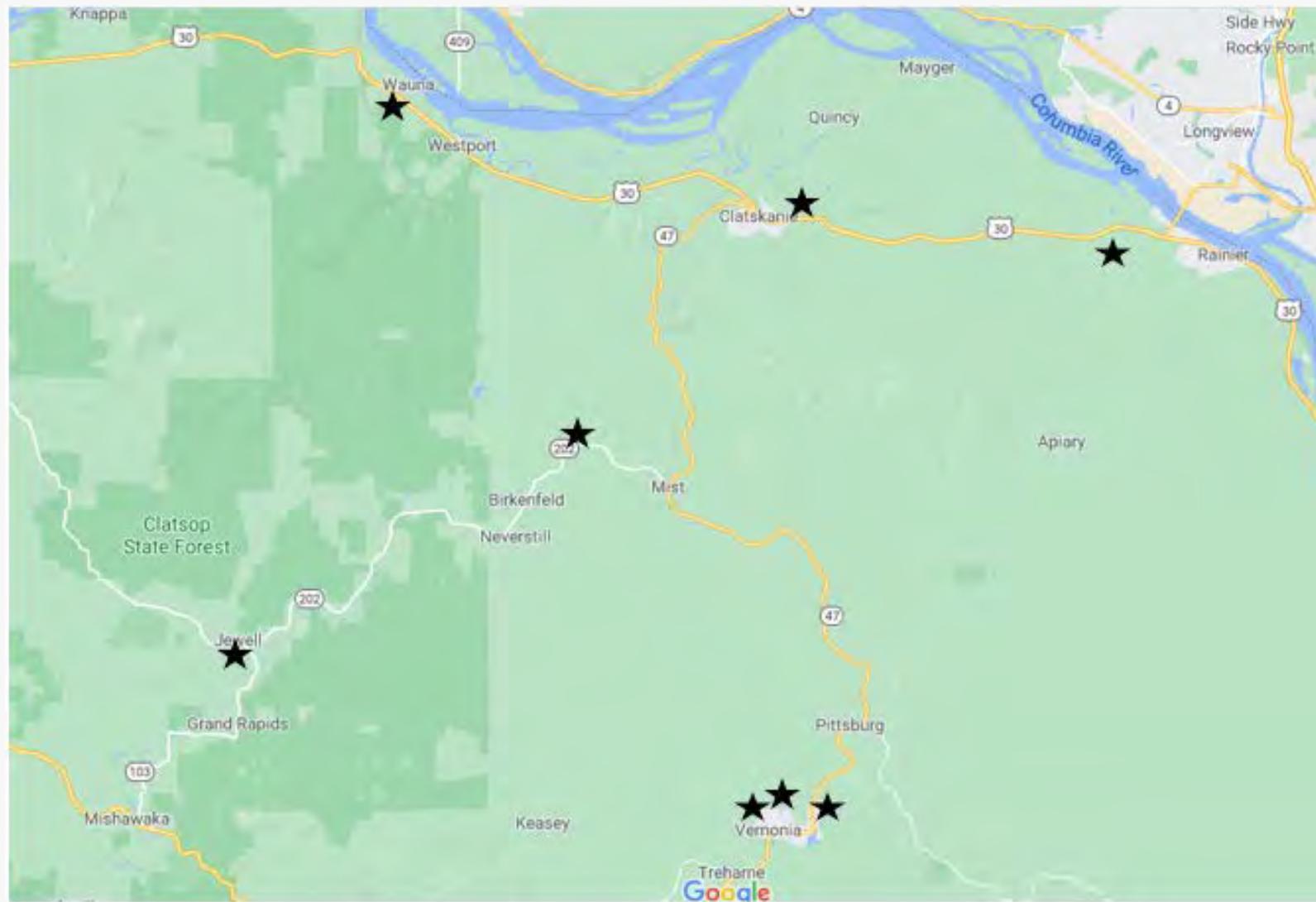
Early 2021

- Existing staff began doing work to get authorized as vaccine provider through CDC and State of Oregon
- Board of Directors voted to allocate \$60,000 out of Contingency Fund to hire up to 2 temporary people to manage vaccine response
- March 1, 2021: My first day
- March 9, 2021: Our first vaccine clinic



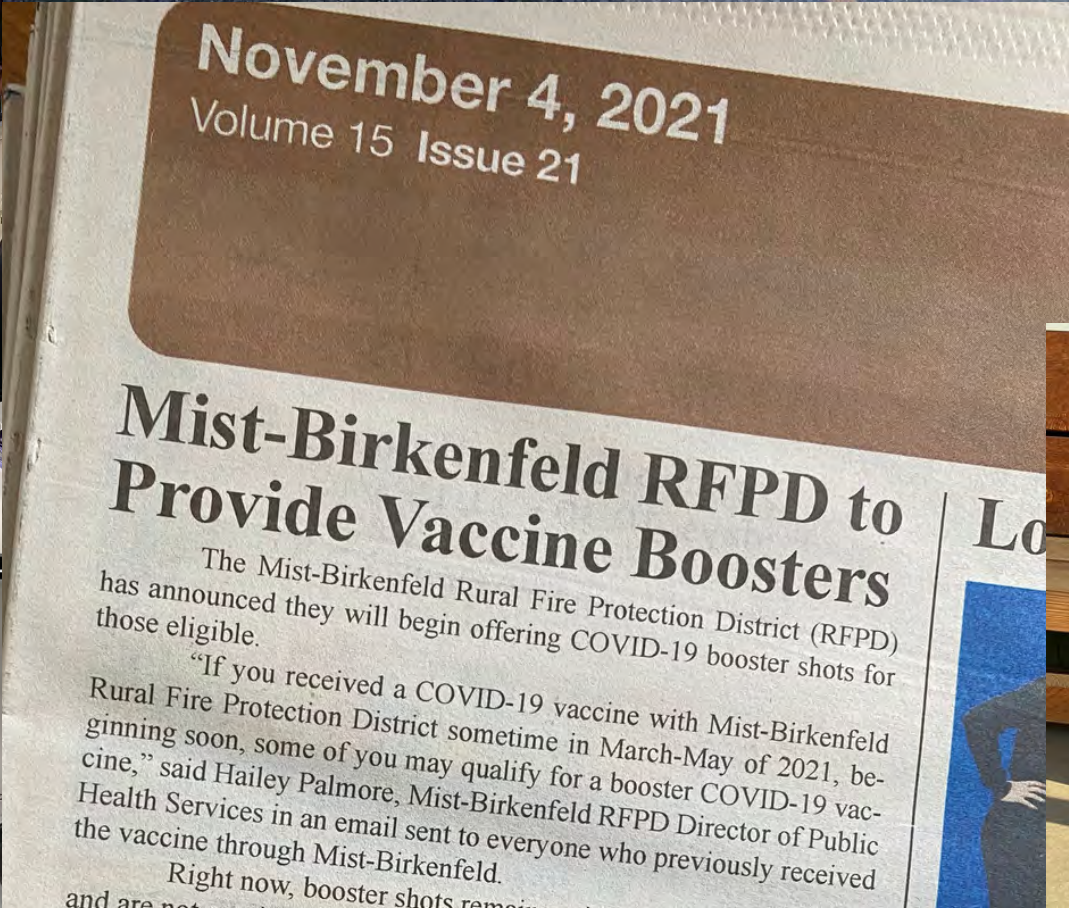
GOAL: 500 VACCINES

COVID-19 VACCINE RESPONSE: HOW IT WENT



- **FEMA Grant - \$572,000**
- **9 active clinic sites in Rural Clatsop and Columbia counties**
- **Administered over 100 in-home vaccines**
- **Director of Public Health Services established as a full-time paid position of the Fire District**
- **Expanded scope of work including COVID-19 testing, flu vaccines, and Community Paramedicine Program**

ACTUAL: ~4,800 VACCINES



LESSONS LEARNED



Cut Your Own Red Tape

Unless rules/restrictions are in place for legitimate safety reasons don't be your own worst enemy

Rural Work is NOT Convenient

Best way to serve these communities are to meet the people where they are most comfortable

Collaboration is KEY

Involve and collaborate with as many agencies and people as possible

Do The Right Thing

If you are trying to change a system or process and your goal is doing the right thing, you can't go wrong!

CHIPP

Community Health Integrated Paramedicine Program

- Service Beyond the Call
- Began as a free resource to the community to help with acute and chronic conditions
- Offered to every 911 patient who lives locally
- Visiting individuals in their homes to assist with different tasks such as vital signs, medication reconciliation, resource matching and other
- Success Stories



**UTILIZING EMS RESOURCES IN RURAL AREAS
CAN HELP BRIDGE THE GAP OF UNEQUAL
ACCESS TO TYPICAL URBAN HEALTHCARE AND
PUBLIC HEALTH RESOURCES AND HELP MAKE
THESE COMMUNITIES SAFER AND HEALTHIER
TO LIVE.**

**PLEASE CONSIDER PARTNERING WITH LOCAL
EMS AGENCIES AS PART OF EXPANDING
RURAL ACCESS TO ESSENTIAL PUBLIC HEALTH
AND OTHER HEALTHCARE SERVICES.**

QUESTIONS AND DISCUSSION



THANK YOU TO THE FOLLOWING INDIVIDUALS AND
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PANDEMIC RESPONSE

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Clatskanie American Legion Post 68
Columbia County Public Health
Elsie-Vinemaple RFPD
FEMA
Jewell School District
Mist-Birkenfeld RFPD Board of
Directors
Oregon Health Authority
Rainier School District
Vernonia RFPD
Vernonia School District

RESOURCE LIST

Slide 4

<https://loc.gov/pictures/resource/cwpb.03790/>

https://en.wikipedia.org/wiki/History_of_the_ambulance

<https://barnfinds.com/original-1955-ford-courier-national-ambulette/>

<https://www.naemt.org/docs/default-source/about-ems/what-is-ems-for-web-04-17-2017.pdf?status=Temp&sfvrsn=0.46038588091233634>

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[https://www.ohsu.edu/sites/default/files/2020-](https://www.ohsu.edu/sites/default/files/2020-04/2019%20Oregon%20Rural%20%26%20Frontier%20EMS%20Listening%20Tour%20Report%203.pdf)

[04/2019%20Oregon%20Rural%20%26%20Frontier%20EMS%20Listening%20Tour%20Report%203.pdf](https://www.ohsu.edu/sites/default/files/2020-04/2019%20Oregon%20Rural%20%26%20Frontier%20EMS%20Listening%20Tour%20Report%203.pdf)

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https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/DATA/EMSDashboard_final1-20-22.html

Slide 9

Columbia County Ambulance Service Area Agreement