

**Community Health
Needs Assessments:
Resources for
Community Paramedicine
&
Mobile Integrated Healthcare**

May 2017

NASEMSO CP-MIH COMMITTEE

Community Health Needs Assessments Resources for Community Paramedicine/Mobile Integrated Healthcare

Introduction

The 2015 NASEMSO report *EMS Office Assessment on the Status of Community Paramedicine/Mobile Integrated Healthcare in the States and Territories* (<https://www.nasemso.org/Projects/MobileIntegratedHealth/documents/CP-MIH-Survey-2014-2015.pdf>) indicated that 90% of State EMS offices are aware of CP-related (“CP”, for this paper’s purpose includes mobile integrated healthcare, or “MIH”) activities in their states. These activities range from preliminary discussions to maturing CP delivery systems.

As state EMS officials take on both leading/enabling development of CP services and protecting the public as they develop, they need resources to which they may refer their EMS agencies who seek to explore CP. The purpose of this paper is to provide such a resource on targeting CP services based on community health needs. It provides recommendations on managing this endeavor and tools that may be utilized.

Community Health Needs Assessments for Community Paramedicine

Community paramedicine is intended as a means to utilize EMS resources to address community health needs. It is understood that the mix and delivery method of CP services will vary from community to community as needs vary. A fundamental element of establishing a CP program, therefore, is that the EMS agency assess what the unaddressed or under-addressed health needs of their community might be. It is only then that the agency can determine whether it has the staff, financial, and other resources to address some of those needs. The 2015 *EMS Office Assessment...* report found that, even this early in CP development nationwide, thirty percent of state EMS offices require needs assessments for CP programs (Table 1).

Early CP education programs incorporated significant attention on the need for and methods of assessing gaps in health care in communities*. Even with that CP training, conducting such an evaluation is not a simple task for an EMS agency to conduct on its own. It is a complex public health exercise requiring health system expertise. So, while the tools referenced below might help in conducting a needs assessment, the better approach is to find resources with that expertise. Another fundamental element in establishing a CP program is to become acquainted with other health care providers in the community and to integrate the CP program with them. Table 2, also from the 2015 report, shows that forty percent of states have requirements for such integration.

One place to start is with the non-governmental, non-profit hospital that serves the community. They are required, by the 2010 Patient Protection and Affordable Care Act, to perform a community health needs assessment (CHNA) every three years**. Also, while services and resources vary state by state, there should be public health resources within the state health department with providers covering public health needs down to county or municipal levels of organization.

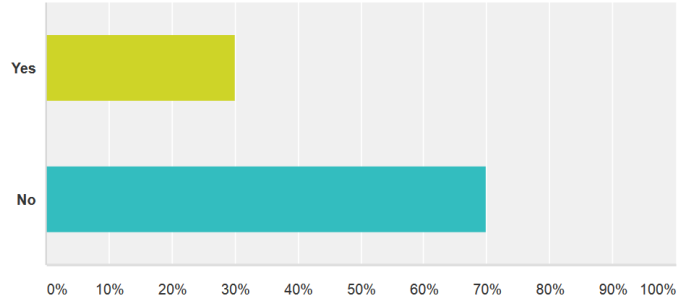
* See Hennepin Technical CP Program Community Needs Assessment Class Outline below.

**Stall E et al. Community Health Needs Assessment: 5 Phases to Compliance. Becker’s Hospital Review. 3/28/12

<http://www.beckershospitalreview.com/legal-regulatory-issues/community-health-needs-assessment-5-phases-to-compliance.html>

Are CP-MIH services required to do (or access an existing) community health needs assessment before commencing services?

Answered: 40 Skipped: 9

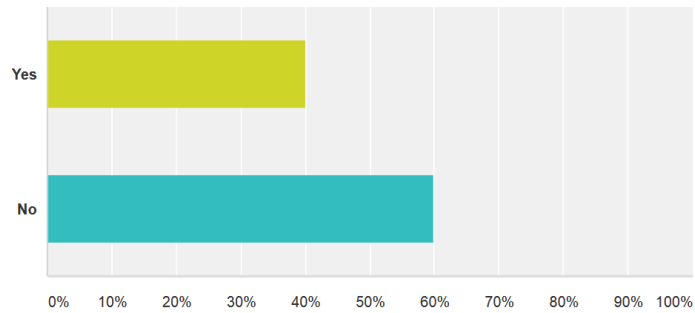


Answer Choices	Responses	Count
Yes	30.00%	12
No	70.00%	28
Total		40

Table 1

Are CP-MIH services required to demonstrate integration with other community health services?

Answered: 40 Skipped: 9



Answer Choices	Responses	Count
Yes	40.00%	16
No	60.00%	24
Total		40

Table 2

These can serve as a source of CHNAs as well. However they are accessed, CHNAs may provide the initial picture of where gaps in health care access and coverage may exist. The authors of the CHNA may provide additional data and background information not specified in the report. With this information in hand, the EMS agency should seek out, perhaps through their own medical director and public health resources, advice on approaching providers, provider practices, hospital staff, clinics and health centers, home health agencies and others already engaged in trying to meet community needs.

The approach to other community health team members is outside the scope of this report. But those with experience in CP program development know that finding a well-placed community provider with whom to partner, starting small with focus on one or two health needs and solutions which the agency staff can easily support, and gathering data on the impact of the service on that health need are essential to success.

Resources

NASEMSO would like to thank Gary Wingrove of Mayo Transport and the Paramedic Foundation (wingrove@paramedicfoundation.org) and Anne Montera, RN, BSN, of the Paramedic Foundation (amontera@paramedicfoundation.org) who helped assemble these resources. They are wonderful resources themselves.

One of the best places to start is with those who have gone before in establishing CP programs. Minnesota had the earliest comprehensive CP legislation and Medicaid reimbursement enablement. With that kind of experience over the past several years, the Minnesota CP Toolkit is a good resource for planning and implementing. It may be downloaded at:

<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/cp/2016cptoolkit.pdf>

A compendium of CP related information from which the Minnesota CP Toolkit was derived may be found at: <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/cp/>

An example of a CP class outline is from the Hennepin Technical College CP Program in Minnesota. It was one of the early leaders in CP education nationwide, with an extensive distance-learning initiative across the country. The outline may be found at:

<http://www.nasemso.org/Projects/MobileIntegratedHealth/documents/Hennepin-Outline.pdf>

A well-known, early CP effort paired an EMS agency and a public health agency in Western Eagle County, Colorado. Following a successful program establishment, a handbook was written based on their experience. As they are tracking who orders the book, the link may be accessed at:

<http://communityparamedic.org/Program-Handbook>

Eagle County also provides a good example of a public health-based CHNA:

<http://www.eaglecounty.us/flipbook/chip/index.html>

Finally, the former Eagle County public health director who partnered on the Western Eagle County program, and has been a prime mover in developing the national consensus CP curriculum, Anne Montera, paired with Matt Zavadsky, well-known MIH expert, in an EMSWorld webinar on CHNAs for CP-MIH in June 2015. While the webinar is not available, a related article and materials may be found at:

<http://www.emsworld.com/article/12083430/how-to-conduct-a-community-needs-assessment-for-rural-and-urban-mobile-integrated-healthcare-community-paramedic-programs>

Ms. Montera's slide deck for that program is at

<http://www.nasemso.org/Projects/MobileIntegratedHealth/documents/Montera-CHAN.pdf>

Another program handbook was produced by the South Carolina Office of Rural Health in partnership with the South Carolina EMS Office. It is based on the experience with the Abbeville County CP pilot which led to an expansion of CP programs in South Carolina:

https://nosorh.org/wp-content/uploads/2014/08/SC-Community-Paramedicine-Blueprint_V1-Melinda-Merrill-and-Michele-Staneck.pdf

The Kentucky Board of EMS produced a CP program handbook in 2014, describing its approach to service planning. This may be of more interest to state EMS offices than EMS agencies.

<https://kbems.kctcs.edu/~media/KBEMS/Medical%20Direction/Community%20Paramedic%20Handbook%20Version%201%209-14.ashx>

The Center for Health Care Strategies has Kaiser Foundation-funded resources for establishing the business case for CP, and lessons learned in doing so in one program area.

<http://www.chcs.org/resource/community-paramedicine-business-case-assessment-tool/>

<http://www.chcs.org/resource/business-case-community-paramedicine-lessons-commonwealth-care-alliances-pilot-program/>

It has two webinars, one on community health worker and the other on CP, that may be accessed at:

<http://www.chcs.org/resource/using-community-health-workers-volunteers-reach-complex-needs-populations/>

<http://www.chcs.org/resource/community-paramedicine-new-approach-serving-complex-populations/>

The state of North Carolina recently completed a report on its CP approach to handling community behavioral emergency response and alternative transportation and treatment services. This sheds light for agencies contemplating trying to meet such needs in their communities.

<https://ncdhhs.s3.amazonaws.com/s3fs-public/SL%202015-241%20Section%2012F%208%20d%20Community%20Paramedicine.pdf>

The North Carolina report reference the US Department of Health and Human Services, Health Resources and Services Administration's 2012 Community Paramedicine Evaluation Tool. While intended for evaluating existing CP programs, and fairly complex for a new CP planning effort, it may have content useful to the planner.

<https://www.hrsa.gov/ruralhealth/pdf/paramedicevaltool.pdf>

The Arizona Health Department created a crosswalk between county "health improvement plans" and EMS providers of CP. It has links to all of the county plans as well as survey responses in this regard of the EMS agencies cited, showing how EMS CP providers might address specific health needs.

<http://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/community-paramedicine/community-paramedicine-crosswalk.pdf>

The California EMS Office has an excellent description of its thirteen pilot projects to give the reader an idea of approaches to meeting identified health needs.

http://emsa.ca.gov/Community_Paramedicine

A January 2017 report on California's pilot projects is at:

<https://healthforce.ucsf.edu/publications/evaluation-california-s-community-paramedicine-pilot-program>

Maine also had thirteen pilot projects at the time that an evaluation was done of the program. It may be found at:

https://www1.maine.gov/ems/documents/cp_muskie_report.pdf

A 2013 University of California Davis report *Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care* provides good background material on the uses of CP and how it can address community health needs.

http://ucdmc.ucdavis.edu/iphi/publications/reports/resources/IPHI_CommunityParamedicineReport_Final%20070913.pdf

The National Conference of State Legislatures published useful material on the background and uses of CP. Given the source, it may be of political value as well.

<http://www.ncsl.org/research/health/expanding-the-primary-care-role-of-first-responder.aspx>

For those wanting more detail on the CHNA process from a public health perspective, the National Association of County and City Health Officials offers that, as well as examples of assessments:

<http://www.naccho.org/programs/public-health-infrastructure/community-health-assessment>

<http://archived.naccho.org/topics/infrastructure/CHAIP/guidance-and-examples.cfm>