Public Health Problem
Your grandfather has a heart attack... your toddler drinks poison... your teen crashes the car. Every day, families encounter sudden, terrifying experiences and dial 911. Last year, 911 calls rushed emergency medical technicians (EMTs) to more than 850,000 emergencies in Massachusetts homes, workplaces, schools, and streets.

The good news is that the chance of surviving a medical emergency in Massachusetts is better than ever because today’s EMTs have received high-quality training on how to save people who are sick or injured and transport them safely to nearby hospitals. In the past, that was not always the case.

In 1992, an audit by the National Highway Transportation Safety Administration (NHTSA) identified several areas of weakness in Massachusetts’ emergency medical services (EMS) system. Professional training for EMTs, state-of-the-art ambulatory practices, and a standardized state accreditation process were sorely lacking, putting the lives of 6.6 million residents and visitors at risk.

Taking Action
In response to the NHTSA audit, state officials enacted a law authorizing the Massachusetts Department of Public Health’s Office of Emergency Medical Services (OEMS) to accredit EMS training institutions. With support from CDC’s Preventive Health and Health Services (PHHS) Block Grant, OEMS began setting higher regulatory standards for EMT training and accreditation in 2005. Today, all EMT training institutions in Massachusetts are required by law to provide professional training that includes

- Clear accountability and annual evaluations for programs and instructors.
- High-quality classroom space and skills-training areas.
- An adequate supply of high-quality training equipment.
- Practical skills testing that is both administered according to OEMS requirements and supervised by OEMS-approved examiners.

OEMS officials also developed a state accreditation team with experience in the Advanced Life Support and Basic Life Support programs. The team’s primary responsibilities are to

- Review and approve programs at existing EMT training institutions.
- Evaluate applications for new institutions.
- Conduct comprehensive site visits as part of the review and approval process.
- Conduct at least one annual on-site audit of state-accredited training institutions, with accreditation renewal every 3 years.
Impact
Today's emergency medical technicians (EMTs) are better trained than ever to administer state-of-the-art, life-saving procedures as soon as they arrive at your side. The implementation of higher standards for EMT training in Massachusetts has resulted in the following cost and health benefits:

- In the first year of the new state accreditation system, the average passing score for EMT-paramedic candidates rose seven points, and has remained at this increased level.
- The state accreditation team approved 33 existing training institutions in its first year. Over the past 2 years, it has approved 14 additional institutions.
- The administrative burden on both EMT training institutions and the Massachusetts Department of Public Health’s Office of Emergency Medical Services (OEMS) decreased significantly. For example, the decision to combine applications for EMT-basic and EMT-paramedic training programs reduced the required paperwork by 50%.
- EMT training institutions now schedule and administer the practical skills portion of the state’s certification exam for EMTs. Shifting accountability to the training institutions, with oversight provided by OEMS, saves the state more than $55,000 each year.

PHHS Block Grant Supports Massachusetts’s Healthy People 2011 Priorities

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from Healthy People 2010.

Massachusetts uses its funds to address 14 health objective priorities, including

- Rape or attempted rape.
- Public health access to information and surveillance data.
- Substandard housing.
- Emergency medical services.
- Older adult participation in community health promotion activities.

For a complete list of funded health objectives, go to www.cdc.gov/phhsblockgrant/hp2010.htm

For more information on the PHHS Block Grant, go to www.cdc.gov/phhsblockgrant

For more information on Healthy People, go to www.healthypeople.gov