

MCHB/EMSC April 28, 2006 Webcast

Integrating Family Representatives into EMSC Advisory Committees

TINA TRUGEL: Welcome to the EMSC program webcast to help with tools and resources to perform the performance measures for EMSC. Slide two. Good afternoon. My name is Tina Trugel, nurse consultant for the EMSA emergency medical services program for children at HRSA. I would like to go over a few instructions for this afternoon. Slides will appear in the central window and advance automatically. Slide changes are synchronized with the presentation. You do not need to do anything to advance the slides. You may need to adjust the timing to match the audio by using the slide delay control at the top of the window. We encourage you to ask questions during any time during the presentation. Type the questions on the right side of the interface, select question for speaker and hit send. Include the state or organization in the message so we know where you're participating from. The questions will be relayed onto the speaker periodically throughout the broadcast. If we don't have the opportunity to respond to your question during the broadcast we'll email afterwards. We encourage you to submit questions at any time and - any questions we don't answer will be available on archive.

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automatically. Please take a couple of minutes to fill out the online evaluation. Your responses will help us to improve the technical support.

Slide three, please. Today we'll discuss one of the elements of performance measure 68. EMSC family representatives on advisory committees and include information on how EMSC management -- examples of successful partnerships with family representatives. For state partners grantees to be successful it's critical that you establish an advisory committee. It can ensure the priorities of your grant are addressed and you develop the partnerships necessary to make system changes within the district, state or territory. Family representatives now are required member of all EMSC advisory committees can help you achieve success. This is to provide you with helpful hints to involve your family representatives. Family representatives who are active with the advisory network and the program manager will share what they've learned and how their partnerships have helped to improve emergency medical services systems within their states.

Slide five, please. I would like to welcome our panel. First we have Cindy Wright Johnson from the State of Maryland. She has been an EMSC program manager for the State of Maryland for 13 years and the director for EMSC systems.

CYNTHIA WRIGHT JOHNSON: Thank you for inviting me to participate in the webcast.

MELODY MESMER: We'll also have miss Melody Mesmer joining us today and volunteered as Colorado's EMSC family liaison. She is the central emergency regional

council advisory coordinator. Lastly we welcome Connie Wells, a family representative for the State of Florida. She volunteered there since 1993. She's also the southeast EMSC regional council family liaison and is the family recovery project coordinator for the Florida institute for family involvement.

CONNI WELLS: Good afternoon. Thank you very much.

TINA TRUGEL: Sure. Slide six, please. OK. Let's go to questions. Cyndy, have you provided your family representative with information on your approved grant initiative and training materials for the new EMSC performance measures?

CYNTHIA WRIGHT JOHNSON: Yes. Maryland has provided both the family representatives on our state emergency medical advisory committee and the family representatives to our regional pediatric committees. Our state family representatives attended the 2005 grantee meeting which included a rollout of these new federal performance measures.

Maryland has had a state committee since 1994 and regional committees since 1994. It was to provide on and offline medical direction as the local, regional and state for community and hospitals, that committee at the time was primarily physician focused. Within two years through our enhancement grant we established regional pediatric committees the first time we actively involved families on a bimonthly basis. Families included parents, grandparents and sometimes adult siblings of children and youth who

had had one or more and sometimes many experiences with emergency medical services and injury prevention coalitions. The focus of the regional committees has been on ensuring that pediatric education is available to all of the EMS and hospital providers which is another one of the EMSC performance measures. In addition to the regional committees working on these things we want to be sure the resources where our pediatric specialty centers are in suburban areas reaches into the urban and rural areas. At the state advisory meeting we reviewed all performance measures including the membership of the advisory committee and discussed where the state and regional pediatric committees fall on those measures. In our may regional council meetings which include the regional pediatric committees we'll extend those performance measures and give family members and healthcare professionals the ability to provide input on baseline assessments. It is our plan through our EMS for children's website to put more detailed information about the performance measures, sample surveys, and online ability to provide us feedback throughout the process as we benchmark in October and proceed through the three and five year process.

TINA TRUGEL: Slide seven, please. Next question for Melody. How were you selected as the EMSC representative for a State of Colorado and how did you hear about the program?

MELODY MESMER: Colorado hosts a group website the Colorado Department of Health and public environment posted an application on the website. It was relatively simple and included letters of reference. I asked for those letters of reference from my peers in the fire

service as well as my fire chief and from the principal of my child's school as we had worked closely together integrating services and educating the staff on my youngest daughter's sensory integration disorder. After submitting my application with the pediatric emergency care committee they held interviews at their quarterly meeting and I was notified a short time later that I had been chosen for the position. I later met with our EMSC programming coordinator and went through the same process and reelected for another three years on our committee.

TINA TRUGEL: Fantastic. Can you please go to slide nine, please? The next question is for Conni. How would you best describe your role on the State of Florida's EMSC advisory committee?

CONNIE WELLS: I see my role on several levels. First I'm the voice of families. I represent families of children with special healthcare needs and we've had many interactions with EMSC system but I think it was our interactions due to living on the coast of Florida panhandle and our son that made us most interested in disaster planning for families and helping with the EMSC system to be responsive to the needs of families. The first year we lived on the coast we had to evacuate five times and quickly realized the importance of our EMSC system. That led me to be invited to participate on the only parent on a national committee looking at children and disasters. As our son grew we got to know the system more in our rural community. I was then introduced to the Florida EMSC office and started participating as their family representative. At first my main focus was on representing our family and trying to share with people exactly what it is that we had learned and how the

system impacted us. And then later on I started an organization focused on supporting families of children with special healthcare needs in Florida including those with mental, emotional and behavior disorders. We FIFI is for family voices Florida and the Florida federation for mental health. We work with the system and the families it serves to try to develop resources and information for families to make wise healthcare decisions for their children. Last year we had about 33,000 requests for assistance and as we assist families and the professionals that serve them we learn so much regarding EMS needs of children and the providers. I now use that information to help our EMSC advisory committee.

Slide 10, please. I feel that I'm a catalyst for family-centered care. A culture broker, a facilitator of conversation that revolves around family and their service system. I'm a link between the system that serves families in a crisis and often forgotten once the crisis is over. I try to be the reality check at the very base of all the services.

TINA TRUGEL: Thank you, Conni. Slide 11, please, the next question for Melody. Are you a voting member of Colorado's advisory committee and could you tell us how your involvement in the advisory committee has helped move EMSC initiatives forward?

MELODY MESMER: Yes. I am a voting member on our committee and with my interest and available time, I have been able to work on various projects with the state including letter writing and faxing position statements to our local and national legislators.

Submitting articles to our state EMS association newsletter and working on the data collection task force which has been part of our EMSC grant. I also make in person visits

to our state capital when we have issues on the table that they need to have a face to remind them we have families out there.

Slide 12, please. I also participated in the beta test project for the performance standards and work on smaller projects within the system. I've had the opportunity to present the family centered care program at the Colorado state EMS conference and other local sites creating a focus on integrating family.

TINA TRUGEL: Slide 13, please. The next question is for Cindy. Would you recommend the involvement of a family representative to review EMS protocols, rules, regulations and proposed legislation?

CYNTHIA WRIGHT JOHNSON: Yes, I would strongly recommend that family representatives be an active part in reviewing all levels of the process including developing and maintaining an EMS system delivery. I have probably been heard to say 100 times in the year if not in the last six months in our state we have 5.4 million citizens. 1.5 million of those are children and they depend on us to be their advocates to educate and care for them. We have to speak when sometimes others won't listen for them and we also need to make sure that each state and local community can make sure the specific numbers are there that the needs of children on the western part of our coast as well as the east Atlantic ocean are met. I'm very comfortable that at our State, City and our regional committees we have pediatric specialty healthcare professionals that bring to that committee science, decades of experience and new and innovative policies, procedures

and guidelines and EMS, firefighter law enforcement professionals that bring to the committee to talk about the best practices and put them into procedures that can be implemented and taught to thousands of providers.

It's the parents, extended families, children and youth often the most outspoken about how those procedures and guidelines will work in their homes. Which is different from their school and community. Through a number of examples in education training, where to host those meetings or the format of hours to provide the families are an integral part of speaking to EMS providers on the front line to let them know what happens and we've had input from families on public information documents that we've done. We've done posters that parents of young children truly liked but parents of teenagers said weren't bold enough or graphic enough. When we create resources, whether it's about the right care or the right equipment or an injury prevention initiative we need to know that in a center city and on a farm and on a waterfront community, that message will be received across all of our citizens.

TINA TRUGEL: Slide 14, please. Conni, as a member of Florida's EMSC advisory committee what activities have you engaged in?

CYNTHIA WRIGHT JOHNSON: We've partnered on so many things that it's hard to sort out one activity over another. On a project development level I've assisted in strategic planning, the selection of priorities for the state for the project. The development of surveys and tools to measure some of that progress in setting direction for grant activities.

Slide 15, please. I've also been a member and chaired targeted interest subcommittees and participated in planning special activities like EMSC week. I've developed my child information sheet for families of children with special healthcare needs modified from the AAP emergency information for and developed by and for families. The Florida EMSC printed 20,000 counties and assisted in the distribution. More copies have just been printed and we continue to get more requests.

Slide 16. Our organization has also developed a disaster planning response and recovery guide through our work with EMSC. We've utilized the resources that we came there to work in partnership with the EMSC at family conferences where we assist families in developing their disaster plans and filling out my child forms. We have families line up and come in and the people from EMSC and advisory council members sit with us. Take pictures of kids to put on the front of the form. I've also been included as a co-presenter presenting the family side. Recently I really feel like our work came to what I feel is a complete fruition. After challenging the strategic plan in several places and pushing for family involvement that exceeded the national requirements and ensure cultural competence our EMSC program manager called and requested that I set up -- this is a long time and I haven't thought of an acronym. Integration of all aspects of family care into the EMSC committee. This is her recommendation. I'm blessed with a great team to work with but they've made it obvious they understand the importance of family centeredness. They want to exceed the standards.

TINA TRUGEL: Slide 17, please. This question is for Conni and Melody. What do you perceive as being the best advantage of being a family representative for the EMSC program? Melody, how about you?

MELODY MESMER: I believe the best advantage is we have the latitude to work with and contact our local and federal legislators. We truly have the opportunity to be the voice for our families. And I think this can take place on the smallest town local level through the state and our regions and nationally. Our local -- our elected officials appreciate hearing from a united voice on topics that affect families and they know that every issue out there affects families in some way and therefore affects those families both. Our voices rarely go unheard particularly if we approach them in a respectful and well educated manner. I think the old adage of the streaky wheel gets the grease is no longer effective. Today the squeaky wheel simply gets replaced. Therefore, it's better to be a reliable, steady presence. The legislators will look to the voice that they know, the voice that is respected and consistent. The family representatives carry that torch and I'm not saying we shouldn't ruffle feathers from time to time but we don't want our lawmakers to forget us, either.

TINA TRUGEL: Slide 18, please. Connie.

CONNIE WELLS: I have an unlimited access to a lot of professionals that can assist us in the work we do to improve the system and care. And I can learn from there. Tap into their professional experience and education and get feedback while sharing with them the ideas on how to be responsive to the real needs of our families. It is an open arena for

learning and teaching and I take full advantage of both. This is a free flowing exchange built upon a partnership of respect. My work with families is more balanced through my involvement with our EMSC. I learned how the system works, why they do things the way they do them and how families can make the jobs of responders in an emergency easier. I can look more easily at the needs of families and compare that with the limitations and needs of the system. I feel I'm lucky to have my feet in both worlds. I also feel it's given me credibility outside the EMSC world. As we work with the governor and others it helps to say I'm part of this effort. It gives me a sense of support and has increased my opportunity to help other families. Finally, I think more important remember that some who tested the system.

As I chatted about the EMS system and talked about family centered care and in between ER visits as I applied what I learned from my professional partners on the committee he learned as well. The son who sneaked out of the house to see the fire at 12-year-old and get dumped on by the fire helicopters. Who dove into black water and shattered his leg. Who drove a four wheeler with in helmet as age 18. He passed his state fire accreditation and become certified in EMS and currently working in the trauma unit of a hospital awaiting an opportunity to become an active member of a fire department and further his education in emergency management. I'm proud of him and proud of those that helped us to get where we are and we've really reaped a lot of advantages from being involved with this effort as a family, as an organization and I believe as a family movement.

TINA TRUGEL: Thank you. Slide 19, please. Cindy. What do you perceive as being the best advantage of being a representative actively involved for the state EMSC advisory committee?

CYNTHIA WRIGHT JOHNSON: Just like we heard this afternoon from two very active family representatives. The direct impact that families have had on our state pediatric and regional advisory committees has been that they've been in the development of our programs from the ground up. The best advantage is that each family member has a working knowledge of the day-to-day operations in their local community. They know how decisions are made. They know what procedures will work and they know what things are meant to fail before you even start. I have found that families are incredibly honest, that the youth in our families are incredibly honest and we're able to make sure that their concerns are not only voiced but are integrated in our practice. Families are the first ones to offer to host a training or tell you where you can find something. The feedback I get, whether it's written, faxed back or electronic first and foremost comes from the family members. They read the documents, circulate it to friends. Ask questions about words that may not be clear enough or statements that have been written in legal language and need to be translated into what practitioners, family members and community advocates can do. Most importantly for us has been the involvement in our family representatives of projects that specifically were to their interest. One of our regional family members was very interested in a school bus extrication and response to school bus incidents. And was key in making sure that we not only had the highway safety engineers and the manufacturers of the school bus there but that the parents who put children on in the dark, or have to

take children off of school buses in the rain are there. She managed to get parent teacher student associations involved in not only the drills we conducted but also in the reviewing the slides and making sure that the needs of the very young children as well as the needs of teenagers who are transporting their own children to school are incorporated into that five-step project. Not only is a family membership involved on the committees whether we're putting together public advocacy information or developing state policies but also having them at review teams and host pilot programs. Make sure that the high school programs are integrated and our elementary school children with special needs get the same access to the injury prevention safe kids and wrist watch program.

Our family representative came on board after three of her five children were involved in an automobile crash. She had a 2-year-old, 5-year-old, 16-year-old and 18-year-old as well as her 21-year-old son who was an EMT. He was not one of the people who responded to the crash but she knew based on her involvement in our committees that what happened in one of our hospitals was OK but wasn't best practice. Didn't follow the standards of care and she's been instrumental in helping hospitals understand the triage system. After two years of serving as a family member she has joined our child passenger safety project making sure that the messages not only get out the to university-based programs but meet the needs of a hospital and a fire station with two paramedics to cover an entire county. Through listening to families and youth, having them honestly give us feedback that we're able to make sure the programs we put together are through the eyes of children.

TINA TRUGEL: Thank you. OK. We actually have a question from Trish Thomas and this was to all the speakers. She would like to know how you are working with the deaf and hard of hearing individuals in the rural communities within your states. So how about Conni, you start.

CONNIE WELLS: Trish, it's interesting you ask that question. We recently became involved through my work with EMSC, I was assigned to be a representative on the bioterrorism and disabilities task force for the state. And as we started talking about some of the issues of different disabilities, that particular population came up as having -- needing very special consideration. So what we did was we went out and got representation from that population to come in and work with the committee and they eventually joined the committee. I don't think that we're doing enough in terms of that but that certainly has been a start and it has kind of sparked an interest in where we're going to take it to next.

MELODY MESMER: I don't know that that issue or the issue of other specific disabilities are being addressed at this time. I know on smaller, more personal levels with various departments that EMS in local areas or fire in local areas are notified and generally know about families and households that have hearing impaired or blind, ventilator, dependent, that type of thing and made special arrangements within their individual communities to make sure that those people have a voice and have access to care or specific items if they need those in case of emergencies.

TINA TRUGEL: Thank you. Cindy.

CYNTHIA WRIGHT JOHNSON: We have the clear advantage and are lucky to have -- we have three or four EMS instructors who have, because of either a history in being a school teacher for the deaf and hard of hearing and/or through family involvement gotten involved in doing some training. The emergency information form that Melody referred to has worked to a great advantage for us as we identify the children and it's through a school preparedness project we did that we've had the families identify for us which classrooms their children are in, what types of evacuation plans they would want to do. Clearly there is always room for more improvement. But the Maryland school for the blind and the university for the deaf have been integral in making sure those needs are raised within the local planning committee.

TINA TRUGEL: Great. OK. Connie, and Melody also, where would you find a family representative?

CONNI WELLS: You know, finding a family representative is not always an easy thing to do and one of the reasons why this performance measure has caused people to say what are we going to do? You know, besides posting notices at public buildings, at the post office, contacting other agencies and programs, finding families who have been through the system and interacting with them. You could also ask the EMS or other outreach healthcare providers who work closely in the community. Maybe talk with some home nursing companies. Then you're only targeting the special needs population and you want to broaden it to include more people. So you have to go out into the community. You have

to -- there is nothing that attracts little children and their families more than a man in a uniform or a woman in a uniform and I notice that when we go out and we have someone in a uniform with us it's amazing how families just come in. That's another way, then, to start talking to them about the program and the next thing you know they say oh, yeah, my son was in a car accident, you know. Capitalizing on those interactions but you have to be on the look. It's kind of like being a talent scout.

TINA TRUGEL: Do you have something to add?

MELODY MESMER: I do. I think advertising is critically important. I think a lot of states may have experienced failure with their family representatives just hoping somebody was going to drop on their door steps because they typically don't. The advertising is going to find those champions out there waiting to speak their voice, waiting for that cause. And I think in general the public truly have no idea what EMSC is. I think there are a lot of EMS and fire agencies that don't know what EMSC is and putting up the notification really isn't going to broaden their horizons without doing more advertising and get creative. You have to broaden their horizons a little and find somebody out there who is ready to utilize their voice to do something good for their community and state.

TINA TRUGEL: How about you, Cindy, anything to add?

CYNTHIA WRIGHT JOHNSON: Those are great suggestions. The two places we've successful in our smaller communities is our parent teacher student associations. Once

we were going in to introduce a curriculum with children with special healthcare needs. One of the mother's got involved. The cute panda bear. As long as you are sure they're not under five the so they don't choke the pins work. One of the expectations has to be that there is a limited amount of time anyone has and they may want to get involved in three of your projects but not all nine performance measures. That's OK. The second place I found very successful is auxiliaries. The law enforcement auxiliary, the fire department auxiliary. People not responding to 911 calls, typically not working 12 hour shifts in hospitals but have a knowledge and dedication to public safety. Our job is to make them fluent in EMS and EMS for children. They know their communities. They'll teach us. All we need to do is bring them up to speed. Provide them the resources. Provide them with transportation and lodging when we're asking them to come to a state meeting and then we'll have a partner, hopefully for a very long time.

TINA TRUGEL: Thank you. I think that goes along with the question that Bob from Nevada wrote in asking do you use EMSC dollars to pay for a family representative.

CYNTHIA WRIGHT JOHNSON: I know that within our projects and specifically within this next three years we've budgeted for travel and childcare for the families when they're attending and we'll do that in a stipend form and that has worked very well for us in the past on specific projects. That will now be on a regular basis. The current state family representatives lives very close so it hasn't provided a problem for her. Travel is all she's needed.

CONNIE WELLS: We took a different slant because we're a family organization. And we have this special interest in disaster planning. And what we did was we started writing a piece of every one of our grants and contracts to focus on master planning for whatever population it was targeted towards. And then this year we broadened out and started going to other family organizations who were also writing grants like the PTI, parent training initiative. The parent to parent. Family cafe and went to them and said gee, we really need to capitalize on this whole hurricane aftermath and we need to write and get some funds dedicated toward that. So we've been trying to not just utilize the dollars that come down from the federal government but create our own resources so that we can hit from both ways.

MELODY MESMER: Great. I think it's very important when you're looking at these issues for your family representatives that you do put them into your grants. You do that planning and plan ahead of time to include them on a stipend rather than a reimbursement because a lot of these families don't have a couple thousand dollars available on a credit card and have it waiting four to six weeks to get reimbursed. Stipending is important and something the states will work for. I can say Colorado has taken care of me nicely and I seldom have out-of-pocket expenses. I hope I'll be written into a little corner of the grant for targeted issues and champion causes on a bigger level within the state.

TINA TRUGEL: What if you already identified an ideal candidate to volunteer but sometimes the individual isn't able to attend the quarterly meetings due to transportation issues. How would you recommend overcoming this challenge?

CONNI WELLS: I've had to miss some meetings. We've done a couple different things. Number one, you should never have just one family representative. You should have more. I know that the guidance says one but this is where we need to look at -- it's a lot of pressure on a parent who is also trying to juggle another job and several other things to be able to get to everything. So first of all if you have more than one parent family member that's involved you have more than -- you're more likely to have somebody there representing families.

The other thing is capitalize on the technology that's available like what we're doing right now. I mean, you could get a little camcorder and put it on top of their computer at home. You can put them in by conference call. And also don't confuse a physical presence at a meeting as family involvement. You can have a parent come to a meeting all year long and not have family involvement. But you can be very creative if you utilize families in a variety of ways. Having them review materials. Have them look at brochures. Have them give feedback on a strategic plan and maybe they don't have to attend a meeting to do.

CYNTHIA WRIGHT JOHNSON: I would echo what Connie said as far as using the technology. We've found that conference calls and online discussions through emails have worked extremely well in making sure that families have the background information ahead of time. Then if they're unable to attend the meeting I can present to the committee or I can have someone else present to the committee their input. The other thing that I found is very important is leaving the central office. We have an office in a large city and

part of our state but I learn more by taking the regional medical director and that physician and I going out and meeting with the families in their communities. That's when we can get longer dialogue and actually come to consensus on meetings. And obviously providing feedback from that committee meeting in the form of written handouts. Many things are done electronically right now but as a family with many responsibilities. Getting a packet of what went on at a meeting I wasn't able to go to is what I've gotten the most feedback. They don't feel left out. They get mailings bimonthly. The old fashioned postal service mail still does have a role in what we do.

TINA TRUGEL: Melody?

MELODY MESMER: I echo what both of them have said and want to add that I think it's important to give them those little projects and they can review items, they can review changes, they can write articles, they can have that role without necessarily needing to be that physical presence. And if they have a long way to travel, maybe look at your agenda for that meeting. Do you have action items that will be important for that voting member? If you don't, maybe they don't need to travel for that meeting. Maybe you can just handle it through conference calling or something along those lines. If you do have action items, maybe try to plan them so you have a bulk of action items hitting at the same time so they're heard congruently.

CONNI WELLS: I have one other thing, Tina, on this topic. The other thing we need to represent I don't represent all the families of Florida. There are other families with different

needs that I haven't had an opportunity to speak to. We have a responsibility to reach out to other cultures besides those that I represent. And I believe that this is one of the things that we'll have to focus the hardest on and figure out how it is when there is such minimal representation and capacity to get family involvement and family input at this level, how are we going to make sure that all the cultures, the people who don't always speak the same language but are going to receive exactly the same services hopefully, how are we going to get that kind of input? That's where this question becomes critical. On a majority of the families served by the State of Florida live 12 hours away from the capital where many of the meetings are held. We move our meetings around as well. But you have to be very strategic. You have to do exactly what you say. You have to look carefully at what you want to do and when you want to do it and how will you get the real voice, the authentic voice of families?

TINA TRUGEL: That moves us into the next question from Trish asking for Connie and Melody how are you working within your state with the native tribes?

CONNI WELLS: Well, Trish, I had an opportunity to meet with Joe just briefly and he's the chief of Indian affairs for the State of Florida. We talked about EMS services, period. Not EMSC but I was trying to understand EMS services and I did not realize they had their own EMS system set up on the reservation. So we're going through a period of trying to understand how their system is set up compared to how ours is and to bring Joe in. I think -- I've been lobbying for Joe to become a more active member of our EMSC committee

because I think he would be a wonderful addition to help us understand exactly how it is we'll bring those families in and maybe you could come to Florida and help us.

MELODY MESMER: Colorado has an opportunity that I think helped take care of that.

We're split up into 11 different regional trauma and advisory councils. The southwest counsel has the majority of our Native American and Indian culture population. Their coordinator does a lot of one-on-one work with those groups. Unfortunately they're funded via how many counties are in their -- I feel those tribal nations need additional funding.

They have entirely different issues, entirely different challenges and hurdles to be overcome and I think they need an individual voice to help take care of that. I would like to see us participating more and maybe integrating more. Maybe we aren't doing the best job we could. I think we're on the right track and in recognizing that they're meeting that as a first step.

CONNI WELLS: Trish, one of the things that really concerns me in Florida is evacuation process and that whole disaster component. The planning and not even the recovery process but the response to a hurricane coming and how we fragment different cultures of people not just the Native Americans and the Indians but all kinds of cultures in Florida who are used to staying together and moving together and how we fragment them and I hope it's something we can address at the EMSC advisory committee in the coming year.

CYNTHIA WRIGHT JOHNSON: We have a very small Native American population but we do have large shifts in our population during our summer harvest system and during the

influx of individuals who, as families, are helping the men and women who work on the water. And it is exactly what Connie has said. We need to make sure through work with the governor's commission on Hispanic affairs as well as working with leaders within the local communities.

MELODY MESMER: I think that's a good point because if anything, our tribal nations are typically stable and stay put. Our migrant worker populations I would honestly pose a greater challenge to our needs.

CYNTHIA WRIGHT JOHNSON: That has been our experience.

TINA TRUGEL: OK. At this time I would like to open it up to anyone else who would like to put a question in for our speakers. We'll wait a few moments. Anything more to talk about? Open it up to the speakers if you have any last minute comments you would like to make.

CYNTHIA WRIGHT JOHNSON: One of the notes that I recall as we were planning this is the importance of regular schedules and the importance of broad dissemination of when those dates out. If you have one representative or a team of people coming in from other regions and can alternate for one another. Making sure that you have a commitment to meetings. And that there has to be consensus, if not a unanimous decision to cancel or move a meeting. Those in the academic world like to have schedules changed at the last minute and we've made it a policy for the last five years this is the schedule. This is the

annual schedule. It is published in November and everyone has that. That allows the families to pre-plan, to have adjusted schedules and to make those meetings.

TINA TRUGEL: Thank you. OK. In closing of the webcast if you could go to slide 21, please. They ensure family centered care in all phases of emergency care. Enhanced communication between providers, and families. Ensure culturally appropriate care and facilitate increased focus on the psychological needs of the family. Slide 22, please. During their involvement with the state EMS programs they've assisted in the design of family satisfaction surveys, provided a consumer's perspective in development and procedures. Served on council and shared their knowledge and perspectives as consumers to help make the delivery system more responsive to the needs and priorities of families. Slide 23, please. Key steps in integrating family representatives into the EMSC advisory counsel include introducing family members to the state advisory encouraging their participation and involving them in program activities those focused on the performance measures. Provide them with the status of program initiatives and activities and meeting regularly. Slide 24, please. Thank you very much. I would like to thank Conni, Melody and Cindy for putting this together for us today. And the participation of everyone else and all questions involved. Just to let you know an archive of the webcast will be available in a few days and answers will be crafted to respond to the questions you're not able to. Texts of the answers you heard verbally will be available. At the conclusion the interface will close automatically and you'll have the opportunity to fill out an evaluation form. Take a couple of minutes to do so and thank you very much for your participation this afternoon.