

**COMMUNITY ENGAGEMENT**

Goal	Necessary	Assets	Barriers	Solutions	Responsible for Solutions (Actors)
Early Recognition of Symptoms	Consumer knowledge, gender specific information and approaches	HeartSafe Communities Program, Web resources, MQF newspaper insert, hospital outreach, mini-grant projects, '06-'07 workplan , AHA (including Go Red for women), EMS, <b>HMP and other</b> networks, health plan education	Inconsistent messages, research indicates need for messaging to be sustained over long periods of time - lack of funding available, language barriers, gender differences not addressed, low self-confidence among some women, reimbursement limitations on ED visits, lack of insurance coverage.	Stakeholders prioritize development of consistent messaging, and pool resources to promote it. Community networks inform and activate individuals and communities; gender and culturally appropriate information and support. Educational curriculum includes information.	Patients, Caregivers, companions, primary care physicians, specialists, health education programs, payers, dispatchers, emergency room personnel, schools, adult education
Call 911 immediately--no later than 15 minutes	Consumer knowledge	HeartSafe Communities Program, Web resources, MQF newspaper insert, hospital outreach, mini-grant projects, '06-'07 workplan , AHA (including Go Red for women), EMS, <b>HMP and other</b> community networks	Lack of information, embarrassment, payment, concern about being wrong, lack of knowledge of signs and symptoms, and that there is treatment available	Stakeholders prioritize development of consistent messaging, and pool resources to promote it. Research how to address payment issues(work with payers, providers)	Above and dispatch, EMS
Aspirin as indicated	Consumer knowledge; provider knowledge; dispatcher knowledge	MQF newspaper insert, Dispatch and EMS curriculum/protocols	Aspirin contraindicated in some - research is inconclusive around recommendations. Lack of health literacy/numeracy.	Dispatch/EMS curriculum/protocols.	Patients, Caregivers, companions, medical provider and health education programs
Dispatch Coaching	Consumer input in developing curriculum. <b>(There is established and recommended EMD curriculum already developed)</b> Consumer education.	Legislation - funding for training and position (Jan 1, 2007) <b>LD 1373 states : "Establish or provide for approval of emergency medical dispatcher certification training programs, which must be conducted in accordance with appropriate national standards;"</b>	No clear mechanism for consumer input, Medical information needs to be translated	Provide input to EMS to include consumers Enlist consumers to participate Research other states' approach to consumer inclusion	EMS
Emergency Response : AED/CPR/911 by trained responders as appropriate	Community Support	HeartSafe Communities - Potential for community outreach, State-wide EMS protocols. <b>AED Bill LD 1432</b>	Consumer expectations for capacity in rural state, prioritization of funding	Positively promote resources with initiatives such as HeartSafe, more widely disseminate information regarding expectations	Communities, Hospitals, EMS
Medical Treatment	Consumer education. Metrics and best practice treatment pathways geared to consumers	Charge for MQF	Consumer expectations for capacity in rural state, Consumer understanding of best practices and metrics	Positively promote resources with initiatives such as HeartSafe, more widely disseminate information regarding expectations	MQF
In a Heartbeat Process	Advise the Executive Committee in appropriate ways to engage consumers	Diverse workgroup, Workgroup administrative support	Time commitment of members		Executive Committee