Research about Emergency Response Willingness

This document contains information about research regarding emergency response willingness within the public health system. In addition, a brief bibliography of recent work in this area is provided.

Emergency Response Willingness within the Public Health System
Studies have repeatedly confirmed that members of workforces within the public health system – including emergency medical services workers (EMS) and health department employees – may be reluctant to participate in emergency responses. This is particularly true for less familiar emergency scenarios, including radiological events or novel infectious diseases.

Given this knowledge, it is critical to develop an understanding of why individuals may not want to participate in emergency responses as well as what could be done to facilitate their participation. Several resources, described below, have assisted researchers seeking to answer these and related questions.

Longitudinal Emergency Medical Technician Attributes & Demographics Study
The National Registry of Emergency Medical Technicians (NREMT), a national certification organization for EMS workers, fields an annual survey among the EMS workers known as the Longitudinal Emergency Medical Technician Attributes & Demographics Study (LEADS). In some years, NREMT also fields a mid-year survey, which focuses on a specific topic of relevance to EMS workers. In 2009, the LEADS mid-year survey contained questions about willingness to respond to an influenza pandemic. Dr. Daniel Barnett and colleagues analyzed the responses and found:

- 93% of EMS workers would report to work if required, but only 88% would report to work if asked but not required.
- Response willingness dropped to 48% if there were a chance that influenza could be transmitted to EMS workers’ families.
- 80% of EMS workers would volunteer in a neighboring community experiencing an influenza outbreak if the chance of becoming ill were low. However, only 37% would volunteer in a neighboring community if the chance of becoming ill were high.

For additional information about these findings, click [here](#).

Johns Hopkins~Public Health Infrastructure Response Survey Tool
Dr. Daniel Barnett and colleagues developed the Johns Hopkins~Public Health Infrastructure Response Survey Tool (JH~PHIRST), an anonymous web-based survey designed to ascertain perceptions about emergency response willingness among the local public health workforce. The survey was fielded from 2009-2010 among eight clusters of local health departments throughout the United States. Dr. Daniel Barnett and colleagues analyzed the responses and found:

- In general, members of the local public health workforce in rural communities had higher levels of response willingness than individuals living in more urban areas.
- Response willingness was typically lower for man-made disasters (i.e., “dirty” bomb; inhalational anthrax) than for natural disasters (i.e., weather-related; pandemic influenza).
- Individuals were more likely to report to work for an emergency response if they were required to do so than if they were asked, but not required, to do so.

For additional information about these findings, click [here](#).
**Selected Bibliography** (click each link below for abstract)


**Additional Information**

For additional information about research concerning emergency response willingness and the public health system, click [here](#).

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