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Standard Guide for Establishing and Operating a Public Information, Education, and Relations Program for Emergency Medical Service Systems¹

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INTRODUCTION

The Emergency Medical Service (EMS) system exists for only one reason—to serve the public. If the system is to perform its functions, the public must be aware of it and must use it to the fullest extent. Because the public is an essential part of the EMS system, every EMS system must support a public information, education, and relations (PIER) component. However, because other elements such as categorization, critical care protocols, communications, and provider training require as much time and energy, plus the fact that most administrators lack orientation to public information principles, there is a tendency to approach the public information, education, and relations component in a less organized and scientific way. Consequently, PIER may suffer a lower priority and may become a random or fragmented activity.

The fact is that people do not readily change their attitudes and behavior unless it is specifically and immediately demonstrated to them that there is a need to do so. In this day of complex media message sending, it is often difficult to get the attention of the general public in the first place. To achieve a successful PIER program, it should be an organized and systematic effort, including:

- (1) An assessment of the attitudes, awareness and knowledge about one's health and access to the health delivery system;
- (2) A determination of the knowledge needs and identifiable components of the general public;
- (3) A method for delivery of information that is relevant, accessible, understandable, acceptable, usable, timely, and cost-effective;
- (4) Ensure that, as much as possible, the information is integrated into attitudes and behaviors of daily living; and
- (5) Evaluate PIER objectives to assess whether or not behavioral changes have occurred, with beneficial effect upon the individual and ultimately society, and adjusting future PIER activities as indicated.

Education about health matters has to be interesting, enjoyable, uncomplicated, relevant, and have some evidence of immediate concrete benefit to the individual's activities. In EMS, some of the programs are intrinsically appealing: for example, people might readily participate in CPR training as it represents a dramatic and demonstrable learning process. However, citizens are less enthusiastic about access information, abuse and misuse messages, or other facts which are to them, less dramatic and apparently less relevant.



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