

### Impact of Rural Identity on Access to Emergency Health Care for Asthma: Impact of Community Perceptions

Amee Morgans; Frank Archer

Monash University, Victoria, Australia

Asthma is responsible for the highest proportion of emergency department attendance in Australia, and previous studies have identified that people with asthma delay seeking medical help during acute asthma episodes, which are associated with increased morbidity and mortality. A survey of rural and remote asthma patients and their families was conducted, which revealed that half of all respondents would call family, friends, neighbors, or local doctors first in an asthma emergency, rather than hospital emergency departments or ambulance services. This response to emergency asthma is distinctly different than a recent clinical audit of suburban asthma patients, who access ambulance services ten times more frequently than they call a local doctor.

Community-based focus groups in four rural areas of southwest Victoria were conducted to explore perceptions on the role of health services and the community in acute asthma management and asthma health promotion. The community-based focus groups identified rural perceptions of asthma that acted as barriers to accessing effective emergency management, as well as the concept of what “country people” do in a health-related emergency. The focus groups also proposed innovative strategies for getting the health promotion and prevention message out into the rural community. The health promotion suggestions of both rural asthma patients and medical health professionals were from a rural perspective, cost-effective, and community-based. These were passed on to the National Asthma Council of Australia as possible improvements to existing asthma health promotion and prevention strategies. This study identified a unique rural identity, which must be acknowledged as distinct, rather than as a barrier to health promotion and management, and can be directed toward creating modern, rural, community-based strategies for better health promotion and prevention.

**Keywords:** asthma; community-based; emergency services; health; prevention; rural; strategies; urban

*Prehosp Disast Med* 2005;20(3):s140

### High-Speed, Tilt Train Crash—Queensland, Australia

J.P. Higgins

Department of Emergency Services, Australia

At 12:06 hours on the morning of 16 November 2004, a high-speed, “Tilt Train” crashed in an isolated area of Queensland, approximately 60 km north of the provincial city of Bundaberg, Australia.

With 156 passengers and seven crewmembers on board, and the nearest emergency resource >50 km away, this incident presented a major logistical and operational challenge for emergency services in Queensland. It also provided the first significant multi-casualty test for the new Queensland Emergency Medical System arrangements.

This presentation describes the operational response to this incident with a particular focus on the coordination and collaboration between the various agencies required to work together to deliver the emergency response. The presentation emphasizes the lessons learned and the key issues faced in providing emergency services to a large-scale incident at a remote location.

**Keywords:** Australia; emergency services; large-scale incident; response

*Prehosp Disast Med* 2005;20(3):s140

### Health Emergency Preparedness in an Ultra-Peripheral European Region—The Archipelago of the Azores

I. Pereira

Hospital do Divino Espirito Santa, Portugal

**Introduction:** Emergency preparedness constitutes one of the most fundamental steps in developing the process of disaster management. Small islands and archipelagos, if located in under-developed areas and/or disaster-prone regions of the world, present a huge variety of vulnerabilities and constraints. In such areas, the health sector must assume very particular responsibilities, since the consequences of failing to do so could be catastrophic to the health of the affected population for years after a devastating event occurs. Integrated measures in respective community plans are necessary. In order to identify the best strategies to be followed in terms of health emergency preparedness in such setting, a comprehensive study of the current state of health emergency preparedness on the Archipelago of the Azores was performed.

**Methods:** The study used several methods: (1) background data collection and review; (2) interviews with relevant senior representatives of local agencies involved in disaster situations, namely those related with emergency pre-hospital transport; (3) questionnaires addressed to medical directors of public hospitals and primary healthcare centers (PHCCs) and to Presidents of Municipal Councils (MC); and (4) on-site observations.

**Results:** Background reviews and interviews conducted identified important weaknesses, with prehospital medical care and transport. Of the 16 questionnaires sent to the PHCCs and the three sent to the hospitals, 15 (93.8%) and two (66.7%) were returned, respectively. Thirteen of the PHCCs (81.3%) provide emergency and in-patient services. The data indicated that the capacity is poor in terms of staff, emergency equipment, and methods employed. Fourteen PHCCs (93.3%) and one hospital (33.3%) do not have any external or internal emergency plans. A low level of emergency preparedness exists also in several other areas explored. Existing special communication systems were not present. Of the 17 questionnaires sent to the MCs, four were returned, representing a response rate of 23.5%. Of these, only one contained updated data. The observation sites selected confirmed some of the results obtained.

**Conclusions:** Despite important improvements in recent years in the Azores, the current local state of health emergency preparedness remains critical and requires urgent