Incentives to recruit a more diverse public health workforce 2025 SB: XXXX --\$5M



A paramedic who makes house calls

Nina Kerr-Bryant started her day with a disturbing phone call. One of her long-time patients with congestive heart failure had died. Later in the day, she found out that another of the nearly 35 patients on her case load, a woman who suffered with a chronic leg wound, had also died.

"I manage complex, chronically ill patients," said Kerr-Bryant who is one of 24 certified community paramedics in Oregon. She knows that some of her patients are going to die, but it is still upsetting when they do.

Unlike paramedics who respond when you call 9-1-1, community paramedics make house calls to prevent illness and coordinate care. Kerr-Bryant works for the Scappoose fire district and covers nearly all of Columbia County's 646 square miles, from Vernonia to St. Helens to Clatskanie and most of the rural towns between.





She describes her job as the county's chief roller-skater and cheerleader.

"I do a lot of medical stuff, blood draws, EKG and other tests, but a lot of what I do would be considered social work, like helping patients get signed up at the food pantry, or enrolling patients in a sharps container exchange program, or picking up and delivering medications to patients," said Kerr-Bryant.

And because her patients know they can count on her, they call 9-1-1 less often.

"She's been very helpful. If I have a problem now, I usually call Nina," says 89-year-old Kenny Lang who sometimes struggles to get enough oxygen because of his chronic lung disease.

Today, Kerr-Bryant visits Lang to make sure he's drinking enough water, taking his antibiotic, and that he's coughing up the sputum in his lungs.

This community paramedic says her mission includes improving patients' health and well-being as well as reducing the burden on the emergency response system.

One stark example she says is her "patient zero," a woman who struggles with health problems and anxiety.

"Over the four years I've been working with her, her transports to the hospital were reduced from 33 times a year to one time a year," says Kerr-Bryant who started her career as an emergency paramedic more than 40 years ago.

Although the community paramedic model is in its infancy in Oregon, more organizations are beginning to see its value. Columbia Pacific Coordinated Care Organization, the Medicaid health plan that has funded Kerr-Bryant's position for the last six years, is adding a second community paramedic position.

To find out more about community paramedics in Oregon, read this OPB story.