



**EMERGENCY MEDICAL SERVICES  
IN  
RURAL ILLINOIS**

**Report of 10 Community Forums**

Kewanee, Havana, Morrison, Effingham, Carterville,  
Champaign-Urbana, DeKalb, Freeport,  
Carlinville, and Mt. Vernon

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# **EMERGENCY MEDICAL SERVICES IN RURAL ILLINOIS - AN AGENDA FOR IMPROVEMENT -**

## ***Executive Summary***

Emergency Medical Services (EMS) providers in rural Illinois experience unique challenges, particularly when compared to their urban and suburban counterparts. Low population density, limited human and fiscal resources, the lack of community awareness, and burdensome regulations are all factors that impact daily operations.

As a result of its mission to strengthen health systems for rural residents, the Illinois Rural Health Association (IRHA) created a workgroup to investigate the challenges facing rural EMS providers in Illinois. This workgroup hosted ten (10) “town meetings” geographically dispersed throughout rural Illinois. Data collected at the town meetings reveals that over 350 individuals from 48 counties participated in the discussion. Participants ranged from EMS providers, hospital staff, local health departments, fire departments, physicians, nurses, sheriff departments, IDPH employees, and elected officials.

IRHA has developed a report which outlines the five (5) major issues which were consistently raised at the EMS town meetings. This report also discusses solutions and recommendations generated as a result of the dialogue at the town meetings. A brief review of the rural EMS challenges and solutions is as follows:

### **A. Inability to Recruit and Retain EMS Personnel**

#### **Current Status**

- Difficult to find volunteers due to time and money needed to invest in training, as well as time away from regular job.

#### **Recommendations**

- A state income tax credit for EMS volunteers.
- State-funded scholarships for required training programs.
- Maximize use of technology to provide training curriculum.
- Provide organization management training for EMS agencies to include fundraising, volunteer management, and community relations.

### **B. Inability to Generate Revenue to Pay Expenses**

#### **Current Status**

- Inconsistent funding streams are not able to match the increasing cost of operations.

#### **Recommendations**

- Low interest loans for capital purchases.
- Develop legislation that clearly identifies EMS providers as an integral component of a community health system.
- Create ability for EMS providers to receive revenue from impact fees.

## **C. Lack of Community Awareness**

### **Current Status**

- Rural Illinois residents do not understand the complexities involved with providing emergency medical services. There appears to be a major disconnect between the service level expected and what is actually available from EMS providers.

### **Recommendations**

- Develop statewide public information resources/tools which can be tailored for local use.
- Develop statutory authority for public entities to impose fees specific for EMS provision.
- Authorize and fund state-level agency to carry out designated responsibilities to enhance EMS in Illinois.

## **D. Burden of Regulatory Requirements**

### **Current Status**

- Legislation and regulations create a significant strain on the ability of rural EMS providers to perform their job responsibilities.

### **Recommendations**

- Create an EMS Licensing Board to support the licensing of professionals.
- Develop a model for statewide utilization related to the performance of EMS Community Assessment and Strategic Planning.
- Review and standardize all regulatory document requirements.
- Establish a lead agency within IDPH responsible for EMS system planning and development.

## **E. Lack of Collaboration within Rural EMS System**

### **Current Status**

- There appears to be very little collaboration within EMS systems in rural Illinois. Each service provider – EMS, fire protection, hospital, physician – often operates in a vacuum and minimal coordination occurs.

### **Recommendations**

- Create workgroup at state-level to create a state-wide plan for EMS
- Provide resources necessary for community-based self-assessment and determination concerning the level and type of EMS desired.

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