

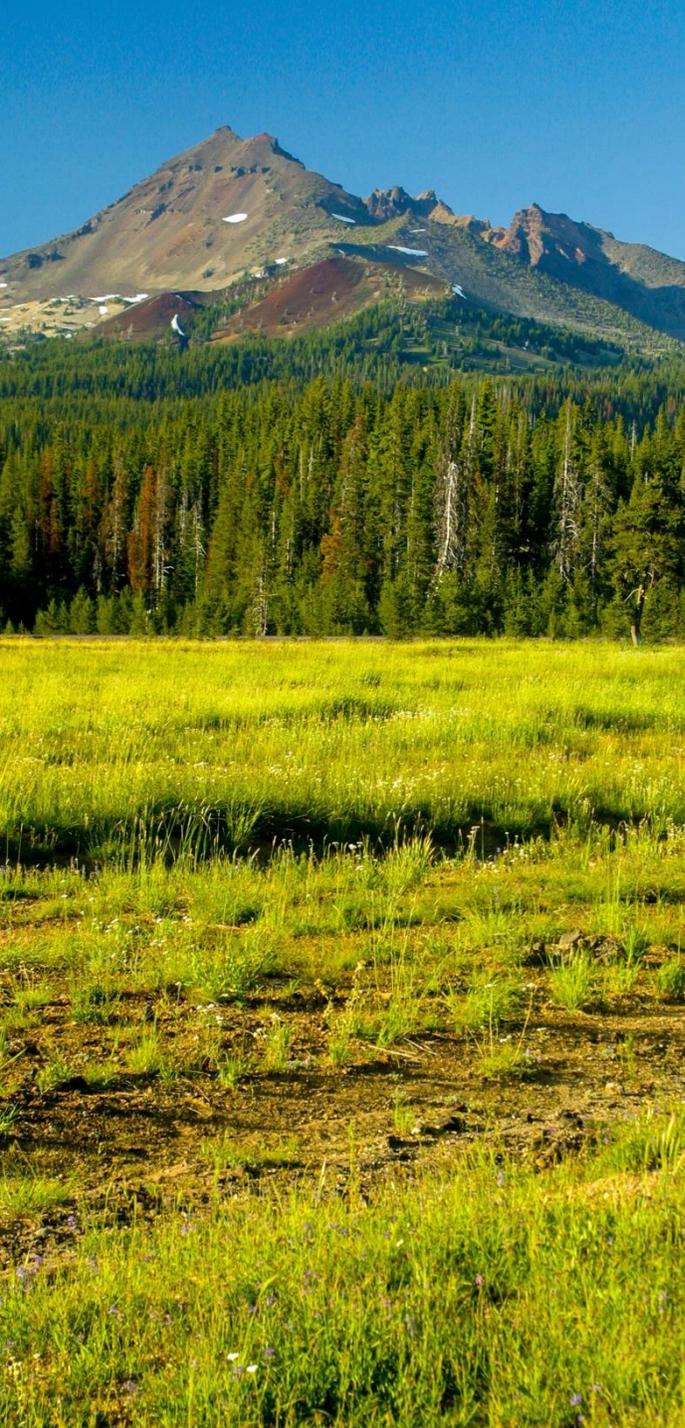
**Stabilizing the Front Line:  
EMS Workforce Recruitment and Retention/Mobile Integrated  
Health Programs  
in Rural Communities  
February 20, 2026**

**Sarah Andersen, Director of Field Services**

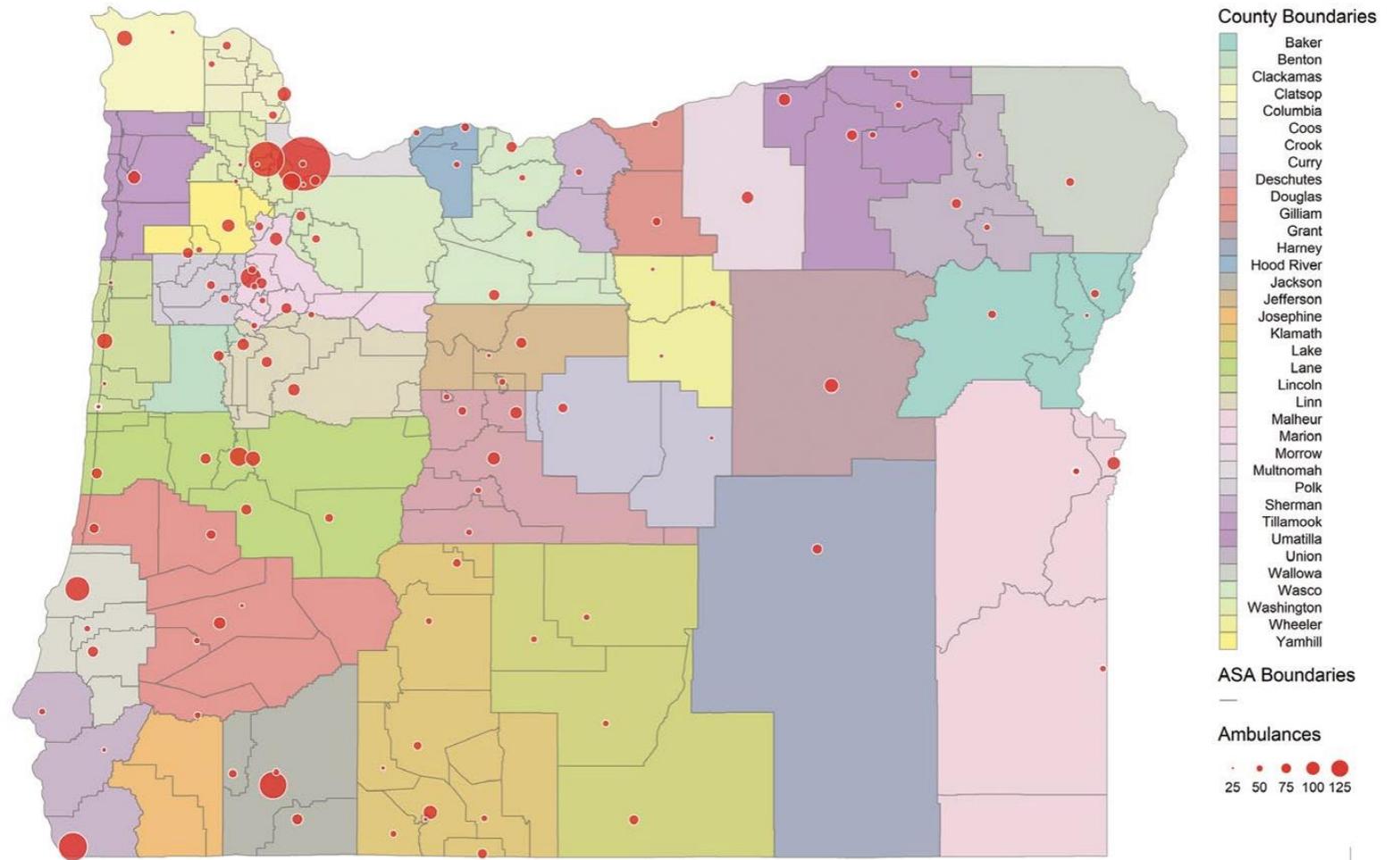
*The mission of the Oregon Office of Rural Health is to improve the quality, availability and accessibility of health care for rural Oregonians.*

*The Oregon Office of Rural Health's vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.*





# Oregon Ambulance Service Areas





# ORH History Supporting Rural/Remote EMS Agencies



# 2024 Oregon Rural EMS Workforce Recruitment and Retention Needs Assessment

## *Top EMS resource needs (from survey and interview data)*

- **Equipment (87.1%)**
  - o High demand for ambulances, command vehicles, AEDs and cardiac leads
  - o 86% of agencies must **fundraise** to purchase essential equipment
- **Workforce recruitment (65%) and retention (64%)**
  - o Only 18% of agencies reported **adequate staffing** for all emergency calls
  - o **Barriers to recruitment** include long hours, training requirements and reliance on an aging volunteer pool
- **Retention-Specific Issues**
  - o Heavy reliance on **volunteers** (57.2% in Oregon vs. 38.1% national average)
  - o Volunteers often face **training access barriers** and financial strain (e.g., travel and tuition costs)
  - o Retention hampered by **scheduling conflicts**, burnout and lack of accessible continuing education
  - o Some agencies offer support (e.g., flexibility, career track opportunities), but most rely on **non-monetary incentives**, such as small tokens of appreciation

## 2024 Oregon Rural EMS Workforce Recruitment and Retention Needs Assessment (continued)

- **EMS staff training (65%)**
  - o Training is often not locally available and costly
  - o No hybrid (virtual/in-person) EMT courses; travel distances can exceed 2.5 hours one way
- **Billing and coding challenges (65%)**
  - o Lack of staff training and resources to optimize reimbursement
  - o Often managed by EMS personnel as a secondary duty, especially in volunteer-led agencies

# Rural EMS Workforce and Recruitment Initiatives





# Medicare Rural Hospital Flexibility (Flex) Program EMS Supplement Grant

- Five-year grant from the Federal Office of Rural Health Policy
  - Sept.1, 2024 – Aug. 31, 2029, pending congressional approval of funds on a yearly basis
- Focus on EMS workforce recruitment and retention
  - Can pay for ORH's staffing, educational activities (e.g. scholarships for EMS education, barrier removal for students, billing and coding workshops, leadership training, etc.), HERO grants
  - Cannot pay for EMS equipment



# EMS Recruitment

- Scholarships for EMS Courses and Certification – 10 scholarships annually of up to \$6,000 each
  - In the 2025 program year, 13 scholarships awarded
  - In 2026, 17 scholarships awarded
- Student Barrier Removal – Limited funds support enrolled students with expenses such as mileage, lodging and childcare
- Community Paramedic (CP) Training – Four students per year supported
- Leadership Academy and Peer Workgroup – ORH will host and facilitate regular meetings
- Job Boards – build and facilitate Rural EMS Job Boards for both paid and volunteer positions
- Online EMT Course – work with regional community colleges to develop

You can learn more about all program offerings on [ORH's website](#).



# EMS Retention

- [Helping EMS in Rural Oregon \(HERO\)](#) program expansion
- EMS Peer Support Training
- EMS billing and coding training and facilitate an ambulance billing peer network

# Rural Oregon Mobile Integrated Health Program



## Rural Health Care Outreach Services Grant Details

- Grant from HRSA's Federal Office of Rural Health Policy
  - Over 500 applications for 58 grants!
- This community-based grant program aims to support organizations to promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.
- \$250,000 per year for four years (depends on annual congressional appropriations)



## Program Goals

- Establish and support the Rural Oregon Mobile Integrated Health Program consortium; including:
  - The Oregon Mobile Integrated Healthcare Coalition
  - Asher Community Health Center in Fossil
  - The three volunteer EMS agencies in Wheeler County
  - Wheeler County Public Health
  - Northeast Wheeler County Health District
- Develop and disseminate an MIH toolkit and technical assistance
- Launch Wheeler County pilot MIH program
- Improve patient health outcomes and support EMS sustainability
- Expand MIH model across rural Oregon



# Program Impacts

- Patients
  - Home visits for seniors and others with chronic conditions
  - Improved access to mental health and social services
  - Greater continuity of care and patient empowerment
- EMS agencies, clinics and hospitals
  - Reduce non-emergency 911 calls
  - Prevent burnout of volunteer EMTs
  - Increase sustainability with new funding streams
  - Strengthen partnerships with clinics and health systems

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A gravel road winds through a field of yellow flowers under a blue sky with white clouds. The road is made of grey gravel and leads towards a large tree in the distance. The field is filled with vibrant yellow flowers, and there are some green plants in the foreground. The sky is a deep blue with scattered white clouds. In the background, there are rolling hills and a line of trees. On the left side, there is a wooden structure and a pile of dark soil.

# Questions and discussion