SOUTH DAKOTA

Foundation for Medical Care

District 4 and 7
Emergency Medical Services (EMS) Community Assessment

August 2025

EMS Regional Service Designation Grant

SOUTH DAKOTA DEPARTMENT OF HEALTH

Table of Contents

Strengthening and Sustaining the EMS Infrastructure **3**
Designated Project Area 3
EMS District 4 and District 7 Site Map 4
Community Engagement **4**
Community Meetings 5
EMS Community Assessment **6**
Data Review and Analysis 6
Demographics 6
Social and Economic Factors 8
Health Infrastructure 10
EMS Landscape 15
Needs and Knowledge Assessment 22
Respondent Demographics 22
Emergency Situation Exposure and Confidence 23
EMS Structure and Interest 25
Key Informant Interviews 27
Workforce Insights 27
Funding Insights 28
Collaboration Insights 28
Community Conversation Events 29
Breakout 1: EMS Identification and Community Education 30
Breakout 2: EMS Workforce and Volunteerism 31
Improvement Priorities **32**
Workforce 32
Funding 32
Collaboration 33

SDFMC EMS RSD Project Overview

Strengthening and Sustaining the EMS Infrastructure

Project Goal: *Develop and implement long-term sustainable solutions for Emergency Medical Services (EMS) in South Dakota.*

Every minute counts in a medical emergency. Delayed emergency medical care combined with limited EMS personnel or trained volunteers in rural and underserved areas increases the risk for negative health outcomes and preventable death.

Empowering communities to follow health crisis best practices and provide basic emergency medical care will improve health outcomes and contribute to local EMS workforce pipelines. The Strengthening and Sustaining the EMS Infrastructure project is focused on creating a process and the corresponding tools for EMS districts and communities to collaborate and implement EMS improvement and training cycles.

SDFMC's mission is to collaborate with partners to improve health outcomes. Engaging key stakeholders and gathering qualitative and quantitative data provide the foundation for determining priorities, identifying goals, and establishing SMART (Specific, Measurable, Attainable, Realistic, Timely) objectives. The SDFMC team will guide communities from engagement through implementation by completing four project activities.

Project Phase 1 Activities:

1. Community Engagement — December 2024 to April 2025
2. EMS Community Assessment — April to August 2025

Project Phase 2 Activities:

3. EMS Improvement Plan and Implementation — September 2025
4. EMS Awareness and Training — January 2026

Designated Project Area

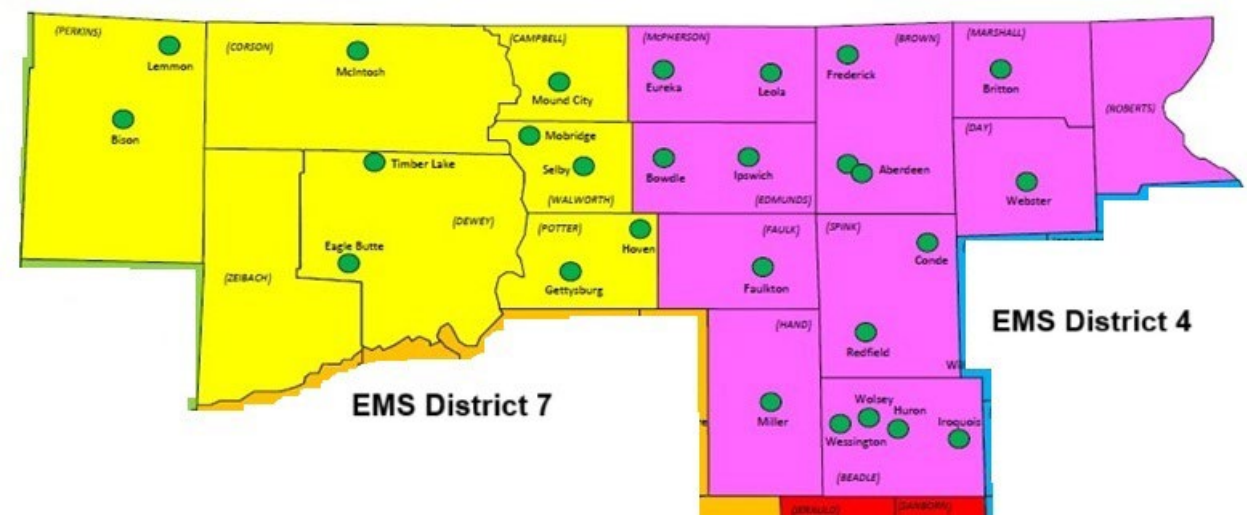
SDFMC chose EMS Districts 4 and 7 for strengthening and sustaining EMS infrastructure efforts based on data related to late response times, mutual aid requests, and uncovered service area. These districts include 17 counties, including six counties with a race/ethnicity mix over 35%.

- **Beadle**
- Brown
- Campbell
- **Corson**
- Day
- **Dewey**
- Edmund
- Faulk
- Hand
- Marshall
- McPherson
- Perkins
- Potter
- **Roberts**
- Spink
- **Walworth**
- **Ziebach**

Initial outreach was focused on 12 communities serving as EMS sites with populations ranging from nearly 30,000 to under 1,000.

- Aberdeen
- Eagle Butte
- Gettysburg
- Huron
- Lemmon
- Miller
- Mobridge
- Redfield
- Selby
- Sisseton
- Timber Lake
- Webster

EMS District 4 and District 7 Site Map



Community Engagement

Initial phases of the Strengthening and Sustaining EMS Infrastructure project included community engagement and data collection activities for the completion of the EMS Community Assessment. SDFMC launched an initial outreach effort to over 350 potential stakeholders.

Stakeholders represent **civil service organizations** (ambulance, fire, police), **government agencies** (city, county, state), **health care facilities** (hospitals, nursing homes, physical therapy), **nonprofits**, and **schools**.

The Project Kick-Off meeting provided an explanation of the project and was followed by virtual meetings for 11 of the 12 target communities. Attendees provided information on existing infrastructure and discussed key challenges and priorities for improving EMS. The meeting recording was distributed to stakeholders and viewed over 20 times.

> *Ongoing outreach and communication activities continue to generate interest. As of August 2025, the stakeholder list has grown to **over 160 contacts**.*

Activity	Timeline	Result
Stakeholder Interest Form	January – June 2025	91
Project Kick-Off Meeting	March 19, 2025	32
Community Meetings	April 2025	11

Community Meetings

Key stakeholders identified through the initial outreach efforts were invited to a virtual project introduction meeting and engaged in open discussion. The intimate nature of these community champion meetings reinforced the project's intent of collaborating with and supporting community efforts to strengthen and sustain EMS infrastructure.

Attendees received an overview of the project and description of the planned activities. SDFMC provided opportunities for general feedback and facilitated discussion to gain insights on community perceptions and engagement.

Discussion Topics:

- Role in the community
- Reason for joining the community meeting
- Value of EMS to you and your community
- Perception of gaps and strengths in the EMS system
- Current EMS challenges in the community

Lively discussion extended meetings beyond the allotted hour for multiple communities. The passion for supporting and sustaining local EMS was evident. Ongoing communication and engagement with the SDFMC team verified the commitment to improvement and change. In addition, the list of community stakeholders grew and responses to the Needs and Knowledge Assessment further confirmed project engagement.

Community	Date	Attendance	Response
Aberdeen	April 28	3	7
Eagle Butte	April 7	1	1
Gettysburg	No Date	-	1
Huron	April 9	3	8
Lemmon	April 1	4	61
Miller	April 3	2	28
Mobridge	April 8	6	8
Redfield	April 23	2	11
Selby	April 14	2	23
Sisseton	April 16	3	4
Timber Lake	April 22	0	5
Webster	April 17	7	21

EMS Community Assessment

SDFMC recognizes the value of data-driven solutions. Gathering and analyzing quantitative and qualitative data is essential for identifying areas for improvement, recognizing gaps, and evaluating potential strategies. While data trends and health indicators can help establish a foundation for improvement, gaining insights from experts doing the work and people living in the community is what leads to action and creates long-term impact.

Initial quantitative data was gathered from public data sources and provided by the South Dakota Department of Health, Office of Rural Health and Emergency Services. To supplement these key data points, SDFMC developed assessment tools and coordinated virtual and in-person discussion opportunities. Community members and key stakeholders provided valuable insights and fresh perspective while also highlighting challenges and brainstorming solutions.

Activity	Timeline	Result
Data Review and Analysis	February - July 2025	Done
Needs and Knowledge Assessment	April 22 - May 30, 2025	317
Project Update and Assessment Results Meeting Recording – June18, 2025		
Key Informant Interviews	April - June 2025	12
Community Conversations	June 23 – July 29, 2025	6
AC3 Model	June – July 2025	Done
EMS Community Assessment Report	August 2025	Done

Data Review and Analysis

An updated Model of Health released by the University of Wisconsin Public Health Institute illustrates how power and societal rules shape community conditions for health. This model was used to develop the State Health Assessment, which SDFMC used as a data resource for this report. Key data points specific to the target communities were further explored and analyzed.

- Demographics
- Social and Economic Factors
- Health Infrastructure
- EMS Landscape

Demographics

The population data across EMS Districts 4 and 7 in South Dakota highlights demographic patterns that suggest greater demands for age-specific EMS services. Specifically, the high percentages of youth in Dewey County may indicate a need for increased pediatric care.

In addition, six of the target communities are located in counties with a race and ethnicity mix over 35%. American Indian (AI) continues to be the largest minority in the state; however, the Hispanic/Latino population is closing the gap. Ten of the 12 communities have at least 4 different racial/ethnic groups represented within their population.

Population and Age Range

Community Highlights:

- Miller, Lemmon: 30% or higher for the 65 and over age group
- Eagle Butte, Timber Lake**:** 35% or higher for the under 18 age group

Population by Age Range - 2023

Location	Population	Median Age	Under 18	18 to 64	65 and over
South Dakota	919,318	38.5	24%	58%	18%
District 4					
Aberdeen	28,297	35.8	23%	60%	16%
Huron	14,618	35.1	28.4%	52.6%	19%
Miller	1,346	45.9	24%	46%	30%
Redfield	2,230	44.2	23%	53%	24%
Sisseton	2,593	35.1	29.3%	49.9%	20.7%
Webster	1,823	42.7	19%	57%	24%
District 7					
Eagle Butte	1,492	27.8	38%	56%	6%
Gettysburg	1,344	46.8	23%	50%	**27%**
Lemmon	1,214	45.7	17.2%	50.6%	32.2%
Mobridge	2,928	42.3	20.9%	56.3%	22.9%
Selby	642	41.7	21%	51%	28%
Timber Lake	677	27.4	35%	56%	9%

Source: https://censusreporter.org

Race/Ethnicity Mix

Designated Project Area Counties with Race/Ethnicity Mix over 35%

• Roberts	55.7%	• Dewey	36.5%
• Beadle	48%	• Walworth	37.5%
• Corson	45.8%	• Ziebach	35.2%

Source: US Census Bureau: South Dakota: 2020 Census

Community Highlights:

- Huron: Over 10% Asian and Hispanic/Latino populations
- Sisseton, Eagle Butte, Timber Lake: High percentage of American Indian population
- Mobridge: Higher American Indian/Alaska Native and multiracial populations

Population by Race and Ethnicity Mix – 2023

Location	White	AI/AN	Hispanic/ Latino	Black	Asian	2+ Races
South Dakota	79%	7%	5%	2%	2%	4%
District 4						
Aberdeen	81.4%	5.4%	5.2%		3.7%	7.5%
Huron	**66.8%**	1.5%	14.7%	0.8%	12%	
Miller	96.4%	0.4%			1.2%	2.1%
Redfield	92.8%			0.3%		6.2%
Sisseton	**41.3%**	51.4%	4.6%			
Webster	91.4%	2.6%	2.9%			3%
District 7						
Eagle Butte	**7.4%**	84.9%	4.5%	0.9%		2.21%
Gettysburg	82.7%	1.9%		3.5%	1.60%	8.2%
Lemmon	91.9%	5.3%				2.4%
Mobridge	**68.5%**	17.1%	1.3%			12.8%
Selby	82.6%	4.1%	3.3%	2.3%		7.2%
Timber Lake	46.5%	44.2%	1.8%	0.9%		6.2%

Source: https://censusreporter.org

Social and Economic Factors

The impact of social and economic factors on health is clear. The interconnected nature of these factors is complex. Assumptions related to social factors make accurate data interpretation difficult. The following highlights are general observations for consideration.

Income and Education

Community Highlights:

- Median income ranges from 89% to 57% of the state average
- Poverty level ranges from a high of 31.8% (Eagle Butte) to a low of 6.8% (Selby)
- Sisseton, Eagle Butte, Mobridge: 20% or higher poverty level
- Selby: Lowest median income, Lowest poverty level; Lowest high school degree
- Huron, Selby: Less than 85% of the population has a high school degree
- Mobridge, Selby: High percentage of Veterans

Income, Poverty, Education, Veteran - 2023

Location	Median Income	Poverty Level	HS Degree	Veteran
South Dakota	$71,810	11.8%	93.5%	7.9%
District 4				
Aberdeen	$63,715	12.9%	93.1%	4.3%
Huron	$57,702	11.1%	81.9%	4.2%
Miller	$51,774	7%	94.4%	4.5%
Redfield	$60,586	7.3%	95%	4.4%
Sisseton	**$44,477**	22%	88.4%	5.9%
Webster	$55,074	15.1%	91.5%	4.5%
District 7				
Eagle Butte	$53,558	31.8%	90.6%	3.5%
Gettysburg	$59,667	9.7%	97.2%	4.9%
Lemmon	**$42,461**	19.7%	89.4%	6.9%
Mobridge	$61,556	20.2%	94.3%	7.7%
Selby	**$40,882**	**6.8%**	76.4%	7.8%
Timber Lake	$58,000	18.1%	93.2%	3%

Source: https://censusreporter.org

Household and Transportation

Community Highlights:

- Aberdeen: Low home ownership, High home value among District 4 communities
- Sisseton: Lowest home ownership, Lowest home value among District 4 communities
- Eagle Butte: Highest household size, Low home ownership, Lowest home value
- Lemmon: High home ownership, Low home value

Household, Ownership, Value, Commute - 2023

Location	Household Size	Own a Home	Home Value	Min to Work
South Dakota	3	68.6%	$236,800	17.6
District 4				
Aberdeen	2.2	58%	$205,500	11.1
Huron	2.5	64.9%	$133,600	12.3
Miller	2.1	64%	$135,100	10.5
Redfield	2.2	63%	$117,000	13
Sisseton	**2.6**	50%	**$111,900**	10.9
Webster	2.1	68%	$122,200	19.8
District 7				
Eagle Butte	3.4	57%	$51,500	9.5
Gettysburg	2.2	**79.5%**	$127,000	11
Lemmon	2.2	78.7%	**$79,700**	10.2
Mobridge	1.9	67%	$122,000	13.2
Selby	2.4	76%	$104,800	27.3
Timber Lake	**2.6**	61%	**$83,600**	25.8

Source: https://datausa.io/profile/geo/south-dakota#housing

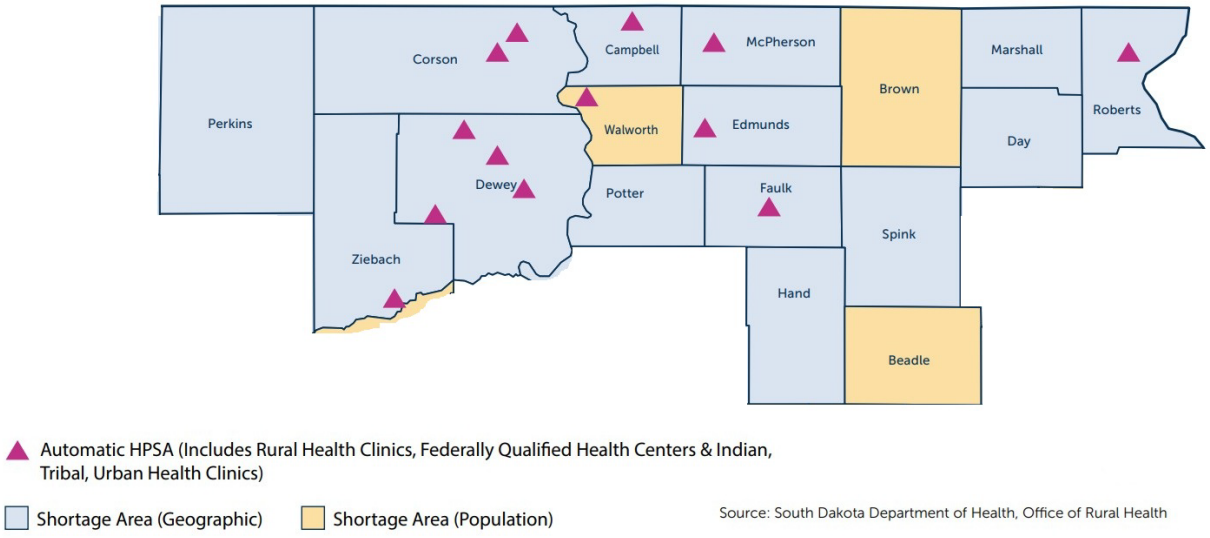
Health Infrastructure

Understanding the health landscape will help identify priority areas for increased community awareness and training in the next phase of the project. SDFMC explored health care access, disease prevalence, and causes of death in the designated counties and target communities. The location and type of health care facilities and health status of the population may help predict EMS service demand and influence health outcomes.

Health Care Facilities

As health professional shortage areas (HPSA), counties in EMS Districts 4 and 7 include critical access hospitals (CAH), federally qualified health centers (FQHC), and rural health clinics (RHC). In addition, counties with tribal lands contain tribal health entities to serve the American Indian population.

Health Professional Shortage Areas (HPSA), Primary Medical Care - July 2025



Source: South Dakota Department of Health, Office of Rural Health

Community Highlights:

- Aberdeen: Two hospitals in the community
- Miller: One hospital in the county
- Sisseton: Highest number of county health care facilities, combination of hospital and tribal health
- Eagle Butte, Timber Lake: High number of health care facilities in the county, combination of clinics and tribal health
- Lemmon: One rural health clinic in the county

Licensed Hospitals and Designated Clinic Facilities by County

County	Target Community	Hospital/ CAH	RHC	Tribal Health	FQHC	County Total
District 4						
Brown	Aberdeen	2*			1	3
Beadle	Huron	1			1	2
Campbell			1			1
Corson			1		1	2
Day	Webster	1	2			3
Hand	Miller	1				1
Perkins			1		1	2
Roberts	Sisseton	1	3	1		5
Spink	Redfield	1	1			2
Total:		**7**	**9**	**1**	**4**	**21**
District 7						
Dewey	Eagle Butte Timber Lake		1	1	2	4
Edmunds		1	2			3
Faulk		1	1			2
Marshall			1			1
McPherson		1	1			2
Perkins	Lemmon		1			1
Potter	Gettysburg	1				1
Walworth	Mobridge Selby	1	2			3
Ziebach				2+		2
Total:		**5**	**9**	**3**	**2**	**19**

**Hospital*
+Tribal Satellite Clinic

*Source: South Dakota Department of Health | **Tribal**: Indian Health Service | **FQHC**: Community HealthCare Association of the Dakotas*

Population Health

Tailoring medical training and health awareness to community needs helps reduce preventable deaths and improve emergency outcomes. EMS teams respond to critical incidents, so readiness for common accidents or chronic health conditions boosts survival rates.

Reviewing health factors and cause of death within the population contributes to an effective response from the community and the EMS team.

Health Factors

Recognizing the risky healthy behaviors in a community can guide EMS teams in preparing for emergency situations and the potential complications resulting from existing conditions.

County Highlights:

- Brown: **Only** county with a smoking rate **lower** than the state average
- Roberts, Dewey: Exceeding state averages in 4 of 5 categories
- Beadle, Day, Walworth: Above state average in smoking and uninsured

Health Behaviors and Factors by County - 2024

County	Alcohol	Smoking	Obesity	Diabetes	Uninsured
South Dakota	22%	16%	39%	10%	11%
District 4					
Beadle	18%	18%	37%	10%	15%
Brown	19%	15%	37%	9%	11%
Day	17%	20%	**39%**	10%	15%
Hand	18%	16%	36%	8%	9%
Roberts	17%	25%	45%	12%	17%
Spink	19%	16%	36%	8%	**12%**
District 7					
Dewey	18%	31%	45%	17%	18%
Perkins	18%	**17%**	36%	9%	11%
Potter	17%	16%	37%	8%	10%
Walworth	17%	19%	36%	9%	13%

Source: https://www.countyhealthrankings.org/health-data/

District 4 Cause of Death Summary

The top three causes of death from 2020-2024 are consistent for all District 4 counties.

1. Heart disease
2. Cancer
3. COVID-19

Within the top six, the following causes are common.

- Chronic lower respiratory diseases
- Alzheimer's disease
- Diabetes

County Highlights:

- Roberts: Chronic liver disease, cirrhosis was in the top five
- Roberts: Motor vehicle accidents in the top ten
- Spink: High cholesterol/triglycerides in the top five
- Spink: Suicide listed in the top ten

District 4 Top 10 Causes of Death by County – 2020-2024

County	Beadle	Brown	Day	Hand	Roberts	Spink
District 4						
Total	976	1983	430	250	625	416
High	216	366	95	59	159	90
Low	22	39	11	5	16	7
Heart disease	1	1	1	1	1	1
Cancer	2	2	2	2	2	2
COVID-19	3	3	3	3	3	3
Diabetes	4	6	6	9	4	8
Chronic lower respiratory diseases	5	5	7	8	T7	5
Alzheimer's disease	T6	4	4	5	6	7
Stroke	T6	7	5	6	T7	6
Dementia	8	8	T9	4		T10
Accidental falls	T9	9	8		9	T10
Influenza and pneumonia	T9	10				
Parkinson's disease			T9			
Hypertension				7		
Senile degeneration of brain				10		
Chronic liver disease, cirrhosis					5	
Motor vehicle accident					10	
High cholesterol/triglycerides						4
Suicide						9

Source: South Dakota Department of Health, Office of Health Statistics

District 7 Cause of Death Summary

Within the top five for District 7, the following causes of death were most common.

- Heart disease
- Cancer
- Alzheimer's disease
- COVID-19
- Diabetes

County Highlights:

- Dewey: Chronic liver disease, cirrhosis is in the top five
- Dewey Perkins: Suicide in the top ten
- Dewey: Motor vehicle accident in the top ten
- Walworth: Stroke is in the top five

District 7 Top 10 Causes of Death by County – 2020-2024

County	Dewey	Perkins	Potter	Walworth
Total	419	211	185	382
High	55	39	36	98
Low	7	6	5	7
Heart disease	3	1	2	1
Cancer	1	2	1	2
Alzheimer's disease		3	3	5
COVID-19	5	4	T6	3
Diabetes	4	5	T6	6
Stroke	9	6	T6	4
Chronic lower respiratory diseases	7	7	4	T7
Dementia		8	5	10
Suicide	8	9		
Influenza and pneumonia		9		
Hypertension	10		9	
Senile degeneration of brain			9	
Accidental falls			9	9
Chronic liver disease, cirrhosis	2			T7
Motor vehicle accident	6			

Source: South Dakota Department of Health, Office of Health Statistics

EMS Landscape

Each target community serves as an EMS site within the district. SDFMC reviewed data related to ambulance services, run volume, workforce structure, and initial impression of the emergency. South Dakota's Regional Services Designation Ambulance System Study - November 2023, was also used as a reference.

Source for EMS Landscape: South Dakota Department of Health, Rural Health and Emergency Services, 2024, unless otherwise noted.

In-State Ground Ambulance Services

The recommended number of ambulance services and workforce varies for urban and rural regions. Ambulance sites in the designated project area cover land areas and populations beyond the borders of their community.

The following ambulance service summary is a starting point for recognizing priority areas and outlining additional details to support data-driven improvement.

2024 Ambulance Service Summary

County	County Amb	Community	**Population**	Amb	Amb Staff
District 4					
Totals:	12		**50,907**	**7**	**184**
Brown	3	Aberdeen	28,297	2	62
Beadle	4	Huron	14,618	1	22
Hand	1	Miller	1,346	1	23
Spink	2	Redfield	2,230	1	23
Roberts	1	Sisseton	2,593	1	33
Day	1	Webster	1,823	1	21
District 7					
Totals:	8		**8,297**	**6**	**87**
Dewey	2	Eagle Butte	1,492	1	16
		Timber Lake	677	1	14
Potter	2	Gettysburg	1,344	1	14
Perkins	2	Lemmon	1,214	1	14
Walworth	2	Mobridge	2,928	1	20
		Selby	642	1	9

Source: South Dakota Department of Health, Rural Health and Emergency Services
Population: *https://censusreporter.org*

District 4 Ambulance Service Summary

Ambulance Classification Highlights:

- District 4: Workforce is paid, one service is combination
- Aberdeen: Fire Department ambulance service
- Huron: Population over 10,000, ambulance service classified as basic
- Redfield: Hospital ambulance service

District 4				
County	Ambulance Service	Ambulance Affiliation Model	Workforce Category	Life Support
Brown	**Aberdeen** Fire & Rescue/Advanced Care	Fire Department	Paid: Full-time or Part-time	Advanced
	D-n-D Inc., dba **Aberdeen** Ambulance Service	Private non-hospital	Paid: Full-time or Part-time	Advanced
Beadle	**Huron** Ambulance Service, Inc.	Community Non-Profit	Paid-on-call or Paid-per-call	Basic
Hand	**Miller**: Hand County Ambulance Service	Community Non-Profit	Paid-on-call or Paid-per-call	Basic
Spink	**Redfield**: Spink County Ambulance Service	Hospital	Paid-on-call or Paid-per-call	Advanced
Roberts	**Sisseton:** Grant Roberts Ambulance Service	Private non-hospital	Paid: Full-time or Part-time	Advanced
Day	**Webster:** Day County Ambulance Service	Governmental non-fire	Combination	Advanced

Ambulance Workforce Highlights:

- District 4: No EMRs listed
- Aberdeen, Sisseton: High number of paramedics
- Huron: Population over 10,000 – only 1 paramedic

District 4							
County	Community	EMT	Adv EMT	Int 85	Int 99	Paramedic	Total
Brown	**Aberdeen (2)**	21			1	26	48
		10		1		3	14
Beadle	Huron	21				1	22
Hand	**Miller**	21		1		1	23
Spink	Redfield	14		4		5	23
Roberts	**Sisseton**	17				16	33
Day	Webster	11	1			9	21
Total:		**115**	1	6	1	**61**	**184**

Ambulance Run by Age Highlights:

- Brown County: Aberdeen EMS site has two ambulance services
  - Aberdeen Fire & Rescue: over 40% of runs were for ages 19-44
  - D-N-D, Inc.: over 70% of runs were for those over 65 years old

District 4						
County	Amb Service	Runs	0-18 %	19-44 %	45-64 %	65+ %
Beadle	Huron Ambulance Service, Inc.	1516	7.26%	20.98%	21.57%	50.20%
Brown	Aberdeen Fire & Rescue/Advanced Care	3134	9.41%	40.59%	32.93%	17.07%
	D-n-D Inc.	1213	6.02%	8.00%	11.87%	74.11%
Day	Day County Ambulance Service	431	4.87%	19.03%	17.17%	58.93%
Hand	Hand County Ambulance Service	133	3.01%	11.28%	23.31%	62.41%
Roberts	Grant-Roberts Ambulance Service	2786	7.65%	20.14%	25.63%	46.59%
Spink	Spink County Ambulance Service	151	6.62%	12.58%	17.88%	62.91%
Total:		**9,364**	**7.75%**	**25.25%**	**25.09%**	**41.92%**

Ambulance Response Time Highlights:

- Aberdeen Fire & Rescue: Highest 911 run volumes and fastest response time
- Day County Ambulance: Slowest 911 response and transport response times

District 4					
County	Amb Service	Runs	911 Runs	911 Response	Trans Response
Beadle	Huron Ambulance Service, Inc.	1,497	56.51%	4.31	10.36
Brown	Aberdeen Fire & Rescue/Advanced Care	3,024	98.21%	1.30	0.51
	D-n-D Inc.	NA	NA	2.50	**25.34**
Day	Day County Ambulance Service	458	62.01%	6.57	32.35
Hand	Hand County Ambulance Service	226	54.42%	3.80	10.94
Roberts	Grant-Roberts Ambulance Service	1,630	68.71%	3.77	12.52
Spink	Spink County Ambulance Service	493	55.98%	4.49	4.21

District 7 Ambulance Service Summary

Ambulance Type Highlights:

- District 7: Workforce is a mix of paid, combination, and volunteer
- Gettysburg, Selby: Community, non-profit ambulance services classified as advanced
- Timber Lake, Selby: Volunteer workforce
- Mobridge: Hospital ambulance service

District 7				
County	Ambulance Service	Organization Type	Workforce Category	Life Support
Dewey	Cheyenne River Service Unit IHS Ambulance	Governmental non-fire	Paid: Full-time or Part-time	Advanced
	Timber Lake Ambulance Service	Community Non-Profit	**Volunteer:** No Compensation	Basic
Potter	Gettysburg Ambulance	**Community Non-Profit**	Combination	**Advanced**
Perkins	Lemmon EMT Association	Private non-hospital	Paid-on-call or Paid-per-call	Basic
Walworth	Mobridge Regional Hospital Ambulance	**Hospital**	Combination	Advanced
	Selby Volunteer Ambulance Service	**Community Non-Profit**	**Volunteer:** No Compensation	**Advanced**

Ambulance Workforce Highlights:

- District 7: No Intermediate 99 listed
- Timber Lake: Basic status with 3 paramedics
- Lemmon: No paramedic listed
- Selby: Advanced status with 1 paramedic

District 7							
County	Community	EMR	EMT	Adv EMT	Int 85	Paramedic	Total
Dewey	Eagle Butte		7	2		7	16
	Timber Lake		9		2	**3**	14
Potter	Gettysburg		11	1		2	14
Perkins	**Lemmon**	2	9	1	2		14
Walworth	Mobridge		7	2		11	20
	Selby	3	4	1		1	9
Total:		**5**	**47**	**7**	**4**	**24**	**87**

Ambulance Run by Age Highlights:

- Perkins County: over 30% of runs were for ages 19-44
- Potter County, Walworth County: over 70% of runs were for those over 65 years old

District 7						
County	Amb Service	Runs	0-18 %	19-44 %	45-64 %	65+ %
Dewey	Cheyenne River Service Unit IHS Ambulance	1454	6.26%	15.61%	27.72%	50.41%
Dewey	Timber Lake Ambulance Service	21	9.52%	23.81%	28.57%	38.10%
Perkins	Lemmon EMT Association	853	11.72%	30.83%	24.50%	32.94%
Potter	Gettysburg Ambulance Service	185	2.16%	11.35%	14.05%	72.43%
Walworth	**Mobridge Regional Hospital Ambulance**	64	6.25%	10.94%	9.38%	73.44%
	Selby Volunteer Ambulance Service	447	6.04%	14.54%	17.67%	61.74%
Totals		**3,024**	**7.54%**	**19.44%**	**24.11%**	**48.91%**

Ambulance Run Response Time Highlights:

- Timber Lake Ambulance: 100% of runs are 911 response
- Gettysburg Ambulance: Lowest % of runs from 911, fastest 911 response, slowest transport response
- Selby Volunteer Ambulance: Slowest 911 response, fastest transport response

District 7					
County	Amb Service	Runs	911 Runs	911 Response	Trans Response
Dewey	Cheyenne River Service Unit IHS	3,384	71.3%	5.70	14.73
Dewey	Timber Lake Ambulance Service	21	100%	**7.02**	-
Perkins	Lemmon EMT Association	207	**91.8%**	6.37	6.20
Potter	Gettysburg Ambulance Service	147	35.4%	5.16	24.18
Walworth	Mobridge Regional Hospital Ambulance	932	63.3%	6.57	9.79
	Selby Volunteer Ambulance Service	71	**91.6%**	7.76	4.00

Ambulance Run Impressions

EMS teams document impressions of emergency situations, which provides a glimpse into a typical ambulance run. SDFMC compiled and categorized these impressions to create a generalized list. The high number of calls for general discomfort and pain may indicate a level of EMS misuse. Below are the six most common categories across both districts.

- **General Discomfort and Pain**
- **Behavioral Health**
- **Brain/Dementia/Stroke**
- **Cardiovascular**
- **Injury/Trauma**
- **Respiratory Distress**

District 4 Run Impression Highlights:

- Not Recorded was in the top six for three services

District 4							
County	Beadle	Brown	Brown	Day	Hand	Roberts	Spink
Impressions	3024	**2701**	400	737	119	755	64
High	1006	629	60	132	16	122	14
Low	64	87	17	32	6	32	2
Ambulance Service	Huron	Aberdeen Fire & Rescue	D-n-D	Day County	Hand County	Grant-Roberts	Spink County
General Discomfort	**1**	9	5	6	4	5	5
Injury/ Trauma	2	3	3	5	7	2	8
Pain	3	**1**	2	2	2	**1**	**1**
Not Recorded	4				5		6
Brain/Dementia Stroke	5	7	6	9	**1**	8	9
Cardio	6	5	**1**	3	8	4	4
Behavioral	7	2	7	8	9	3	
Respiratory	8	6	4	4	6	6	2
SU/Poison	9	4	9			7	10
Infection	10	8	8	**1**		10	
Reproductive/ Urinary		10					
Fall/Mobility			10		3		
Bleeding/ Fluids				7			
Gastrointestinal				10	10		
Cancer/ Kidney/Diab						9	
Mortality							3
Loss Consciousness							7

District 7 Run Impression Highlights:

- Behavioral calls impact all services and are in the top five for half

District 7						
County	Dewey	Dewey	Potter	Perkins	Walworth	Walworth
Impressions	1268	61	191	**1030**	337	21
High	215	13	36	235	72	5
Low	47	3	5	28	10	1
Ambulance Service	Timber Lake	Cheyenne River IHS	Gettysburg	Lemmon EMT Assoc	Mobridge Regional Hospital	Selby Volunteer
Pain	**1**	**1**	2	2	**1**	3
Behavioral	2	5	6	8	7	4
General Discomfort	3	7	**1**	3	2	2
Injury/Trauma	4	4	8		4	
Cardio	5	3	3	6	5	5
Brain/Dementia Stroke	6		7	4	9	7
Respiratory	7	6	5	5	3	6
SU/Poison	8			9		
Bleeding/Fluids	9	10				
Fall	10	2	4		8	
Not Recorded		8		**1**	6	
Cancer/ Kidney/Diab		9	10	10		
Loss Consciousness			9	7		**1**
Gastrointestinal					10	
Infection						8
Allergy/Exposure						9

Needs and Knowledge Assessment

Understanding the perceptions of residents living in the designated project area provides a glimpse into potential priority areas and motivation for improvement. SDFMC developed and distributed the EMS Needs and Knowledge Assessment to the existing list of over 350 stakeholders. Community champions added to the reach by promoting and distributing to their respective contacts and networks.

Assessment Categories:

1. Respondent Demographics
2. Emergency Situation Exposure and Confidence
3. EMS Infrastructure and Interest

Respondent Demographics

SDFMC encouraged stakeholders to promote broadly to gain feedback from all population groups living in or near the designated area. The number of female responses far exceeded male responses; however, the age range representation was strong. In addition, there was strong community voice with 60 percent of the individuals indicating a profession outside of the EMS or health care arena.

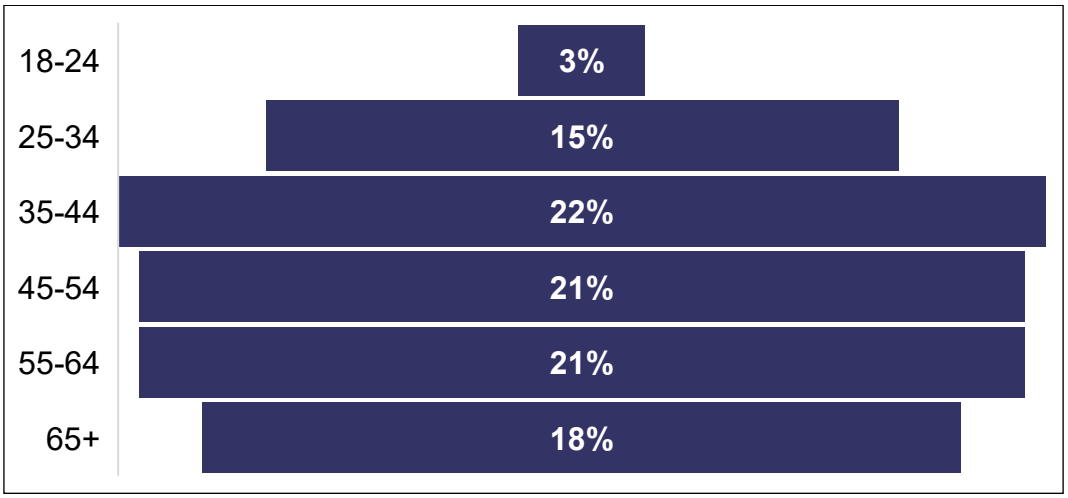
Respondents by Designated Project Area County

Total	Designated	Border	Near	Distant
317	257 (81%)	19 (6%)	11 (3%)	30 (9%)

Respondent by Sex and Race/Ethnicity

Female	Male	White	AI/AN	Asian	Hispanic /Latino	Prefer NA
71%	29%	95%	3%	<1%	<1%	2%

Respondents by Age

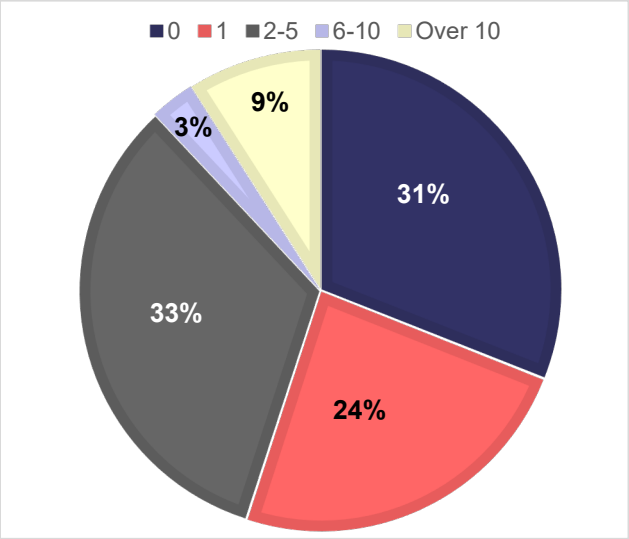


Respondents by Occupation

Total	EMS/First Responder	Health Care	Professional Mix (Ag, Edu, Bus)
317	51 (16%)	75 (24%)	191 (60%)

Emergency Situation Exposure and Confidence

Respondents included individuals with personal and professional interest in strengthening and sustaining the EMS infrastructure in their community. This section of the assessment provided insights into respondent's exposure and confidence to identify and manage an emergency situation before the arrival of an ambulance or other EMS support.

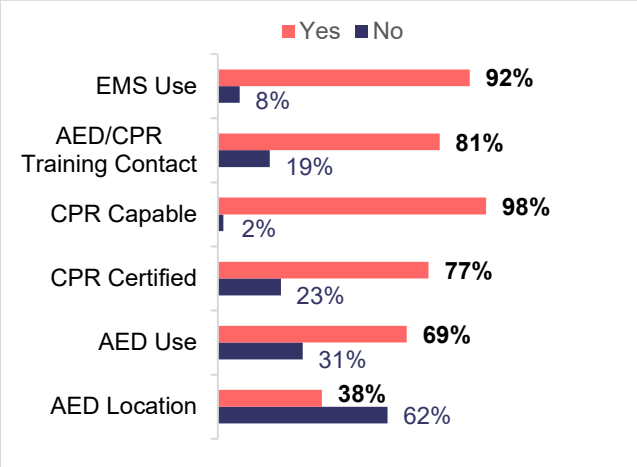


Number of EMS Support Requests in Lifetime

Just short of **70 percent** of the respondents have requested EMS support **at least once** in their lifetime.

- Note: 60 percent of the respondents indicated an occupation outside of EMS or health care.

Almost **10 percent** made **over ten** requests.



EMS Equipment and Training

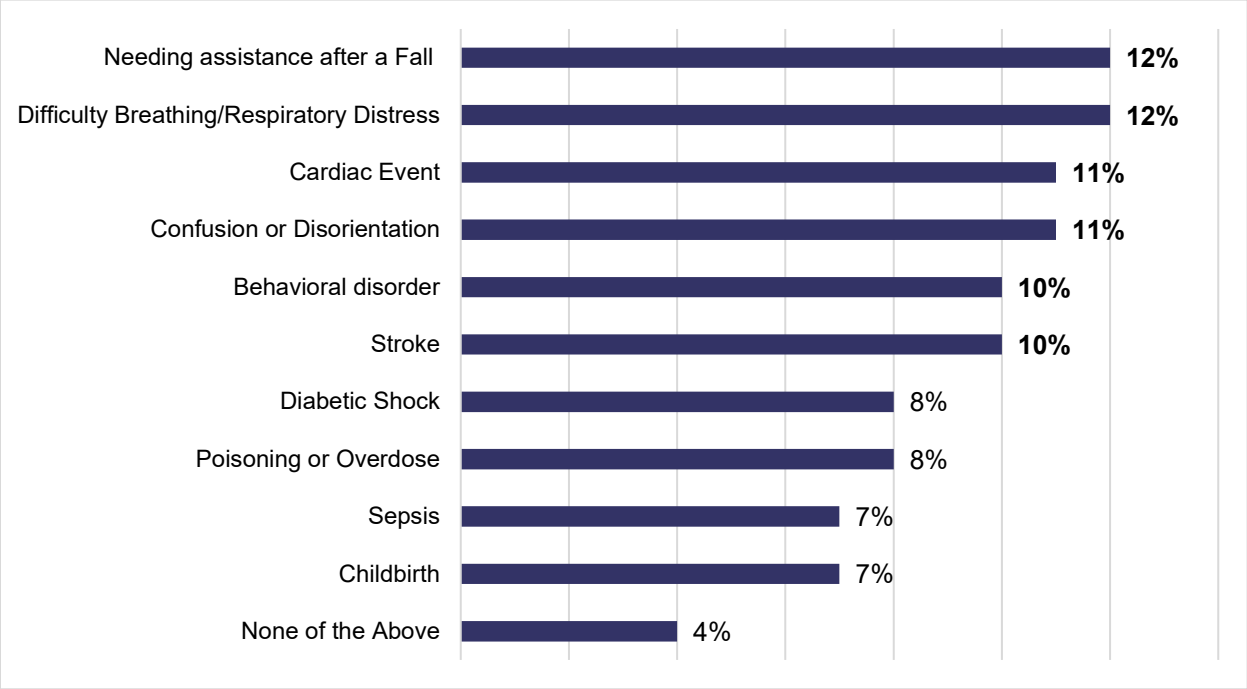
Respondents were confident about when to use EMS services and in their ability to perform CPR.

Almost **70 percent** indicated they could **use an AED**, but under **40 percent** knew where to **locate** an AED in their community.

Note: The respondents who indicated they had never requested EMS support (31%) consistently skipped this question on the assessment.

Personal or Professional Experience with Health Emergency

Building on the personal experience of community members related to EMS support may help generate interest in training and engagement. At least 10 percent of respondents had direct experience with six of ten situations when EMS may be required.



Emergency Identification and Management

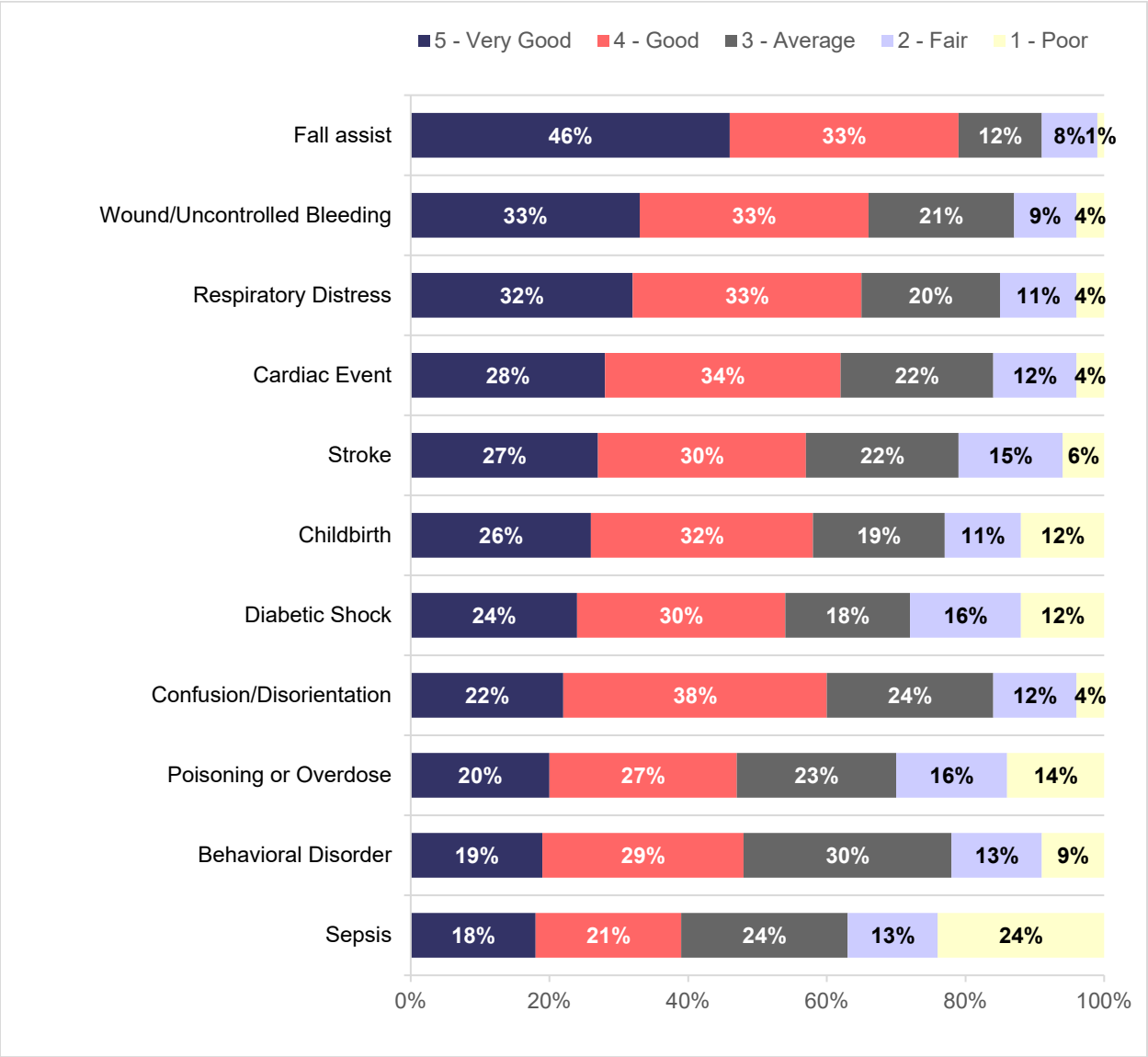
Individuals who can identify emergencies and assist until EMS personnel or ambulances arrive play a significant role in rural areas. More than half of the respondents reported a confidence level of good or higher in eight of eleven situations described.

Intentional training programs can increase low confidence ratings or boost areas of average confidence to improve community response and support.

Community Confidence Highlights:

- Fall assist had the highest confidence rating at 89%
- Behavioral disorder had the largest response in the average confidence rating at 30%
- Sepsis had the lowest confident rating at 39%
- Sepsis, Poisoning or overdose, and Diabetic shock responses for fair or poor larger than average rating

Confidence Rating by Emergency Situation



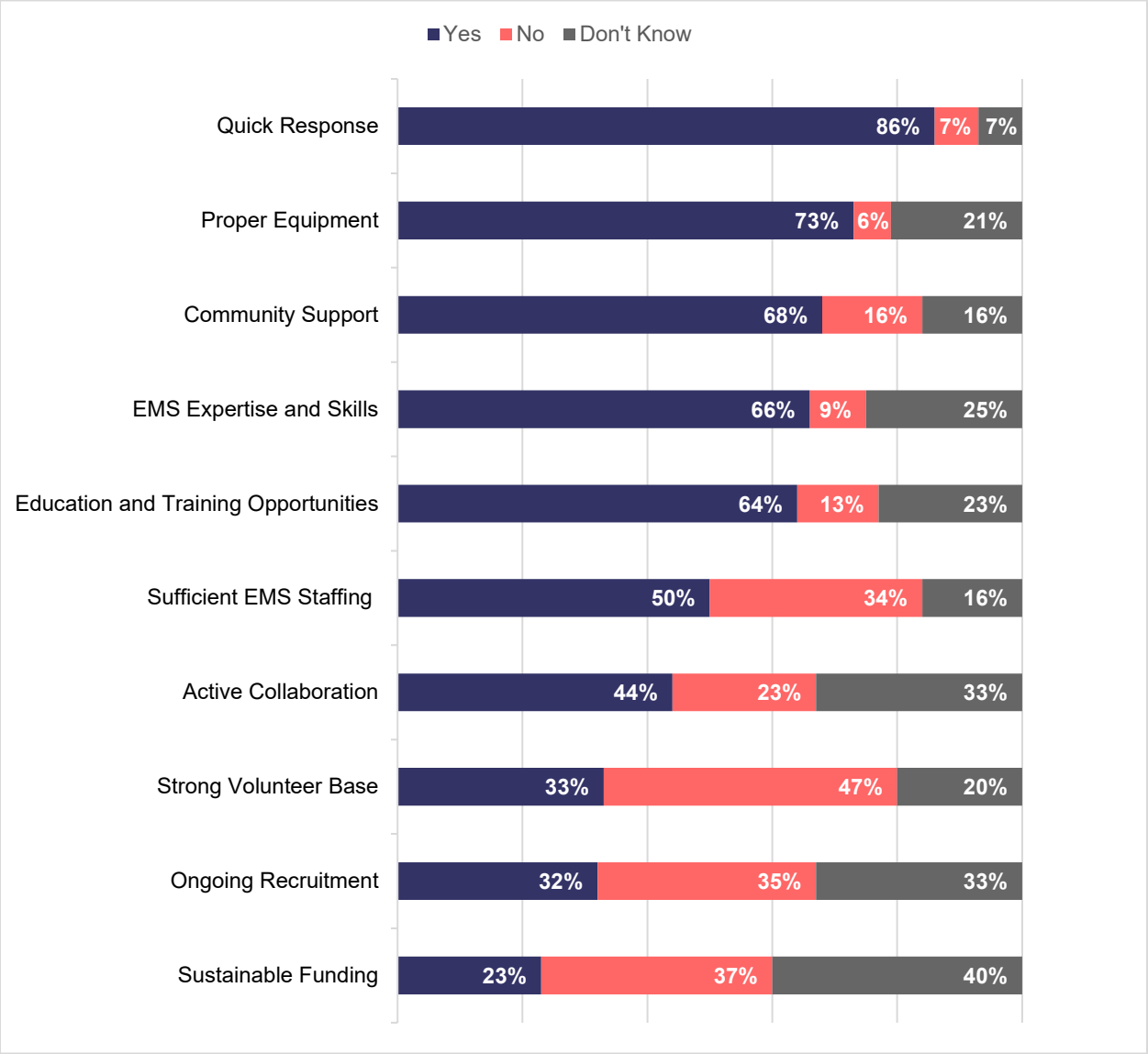
EMS Structure and Interest

Impressions of the capacity of the EMS system in the community may influence engagement in either a negative or a positive way. Community members who believe the EMS system is running smoothly and providing great services may sit back. Those who recognize limitations and value the services may initiate change. During phase 2 these impressions will be compared to facts and used to create messaging focused on advancing improvement goals.

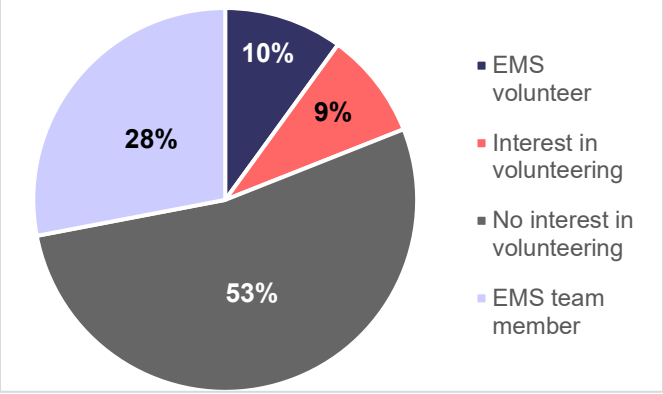
Community Impressions Highlights:

- Positive impressions of the EMS response, equipment, skill, and training
- Negative impressions of funding, recruitment, and volunteer base
- Divided impression of staffing levels
- Unsure of collaboration, recruitment, and sustainable funding

Impressions of EMS Function and Capacity



EMS Volunteer Interest



Despite the clear impression that EMS lacks a strong volunteer base, **53 percent** of respondents had **no interest** in volunteering.

The EMS volunteer and EMS team member portions of the chart align with responses for occupations related to EMS or health care.

Key Informant Interviews

SDFMC interviewed a group of eleven individuals with direct connections to EMS systems and services. These key informants were intentionally selected based on their expertise and experience. Each interview followed a standardized format and set of questions to ensure consistency. Informants described their role, explained their connection with EMS systems, and provided feedback and insights.

Key Informant Representation:

- Emergency medical services
- Healthcare settings
- Legal and policy advisors
- Public safety and communication
- State agencies
- Tribal health services

These candid discussions offered essential context for identifying three key challenges and provided insights into potential strategies for strengthening and sustaining EMS infrastructure within communities.

1. Workforce
2. Funding
3. Collaboration

Workforce Insights

- Aging EMS workforce
  - Existing volunteers/workforce are dedicated and have a strong work ethic
  - Promoting EMS to youth through programs helps build interest
    - Dual enrollment and career incentives at tech schools
  - Lagging interest in volunteerism

- Language and cultural barriers in communities with a higher race/ethnicity mix
  - Recruiting individuals from these populations would improve cultural awareness
  - Language barriers impact ability to provide care

- Training/Testing requirements are difficult
  - Low call volumes can impact skill and confidence levels due to lack of application
  - EMS career training takes the individual out of the community
  - Community members lack motivation to complete EMS training

- Demands for on-call scheduling
  - Full-time employment reduces availability during workday hours
  - Individuals work or live greater distances from the ambulance site

Funding Insights

- Reimbursement fails to meet operational costs
  - Fee for service is less than cost
  - Medicare is underfunded
  - Inconsistent payer mix complicates billing
- Internal billing practices
  - Outsourcing billing may reduce errors and improve cash flow
  - Need education on correct billing practices

- Funding streams and support
  - Community and state funding is minimal
  - Limited funding for compensation impacts workforce

Collaboration Insights

- Improve community awareness and engagement
  - Identifying EMS community leaders can help drive improvement and change
  - Increasing awareness of EMS support opportunities beyond direct response (fundraising, billing support, training, meals, etc.) could improve engagement
  - General lack of awareness or recognition for the EMS team
  - Skewed understanding of how EMS is funded
  - Increase understanding of when to call EMS

- Ability to identify EMS needs and gaps is limited
  - Regular coalition meetings help advance improvement efforts
  - Data analysis would be improved with increased Medicare data submission and access to local health data
  - Resistance to sharing cost reports and proprietary data

- Differing operational models reduces collaboration
  - Standardizing models and data requirement could improve collaboration and sustainability
  - Operational models differ based on the EMS type (hospital, community, fire, private, etc.)

- Optimize co-response and shared resource opportunities
  - Joint housing of public services may increase collaboration and reduce training burden (fire/ambulance, police/ambulance, hospital/ambulance)
  - Define role to optimize reimbursable calls and balance call volumes to support sustainability
    - EMS versus law enforcement for transport of patients
    - Community paramedics reduce EMS call volumes and associated income

Community Conversation Events

SDFMC traveled to six communities to facilitate a guided discussion on strengthening and sustaining EMS. Community champions and key stakeholders broadly distributed event outreach materials.

The event included an overview of the Needs and Knowledge Assessment responses and two sessions of guided discussion related to emergency identification, community education, EMS workforce, and volunteerism.

The following breakout summaries were developed by compiling responses from all six events.

Community	Date	Attendance
Aberdeen	June 25	7
Lemmon	June 23	**28**
Huron	June 24	11
Sisseton	June 26	7
Webster	June 26	16
Selby	July 29	**24**
Total:		**93**

*The **Lemmon** community has been actively engaged throughout the assessment process. They achieved the top participation in the EMS Needs and Knowledge Assessment (61) as well as the Community Conversation Event (28). (photo above)*

Breakout 1: EMS Identification and Community Education

Evaluate how well community members recognize medical emergencies and assess their confidence and readiness to respond appropriately to ensure timely action during critical moments.

1. **What are the most frequent emergencies in your community?**
    a. Falls
    b. Cardiac: Heart Attack/Stroke
    c. Car or Farm Accident
    d. Respiratory Distress
    e. Diabetes

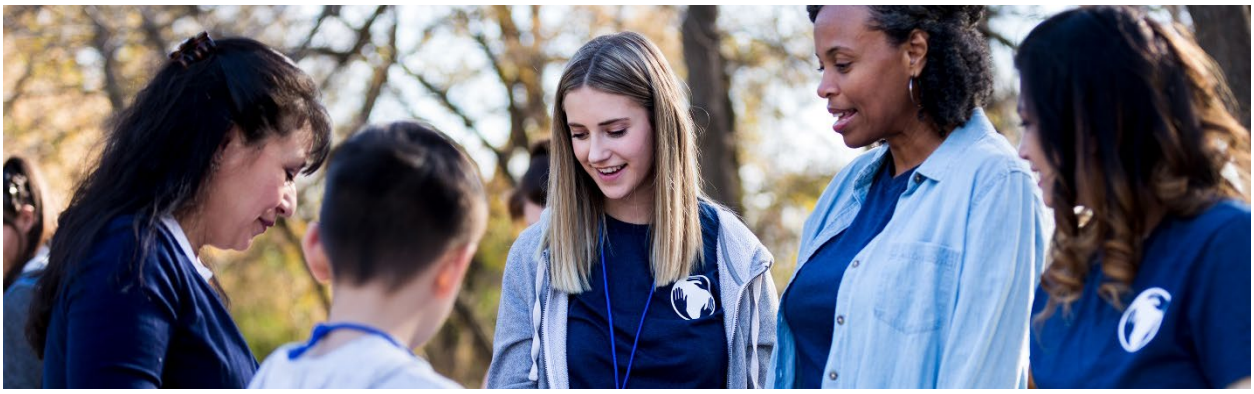
2. **What would increase your confidence to handle a medical emergency?**
    a. More training and ability to practice the skills
    b. Focused education and/or refresher courses
    c. Working with an EMT or trained professional/Having a backup

3. **What are some reasons you would hesitate to call 911?**
    a. Unsure of the seriousness of the injury or illness
    b. Financial concerns/cost for the services
    c. Too embarrassed or proud to ask for help
    d. Response is too slow

4. **What might prevent someone from calling 911?**
    a. Don't want to be a bother/burden
    b. Lack of phone/cell service
    c. Unsure of the seriousness of the injury or illness
    d. Lack of health coverage/cost for services

Attendees provided the following comments and ideas for improving EMS identification and community education.

- Engage community in CPR/AED training
- Provide education on EMS coverage on health insurance plans
- Host community events in the EMS/ambulance facility to increase awareness
- Incorporate a chaplain or pastor as part of the EMS team
- Engage medical directors at health care facilities
- Engage kids and schools
- Better communication with the dispatchers regarding who to call in the community and how to find rural addresses to ensure proper location.
- Provide EMT classes and support individual interested in taking the exam
    - Certification exam is difficult
    - Pass/fail rate is poor
    - Cost and time for EMT training is an obstacle



Breakout 2: EMS Workforce and Volunteerism

Explore barriers to EMS recruitment and retention, and gather realistic, community-driven solutions.

1. **What do people in your community understand/not understand about EMS?**
    a. Know it exists, but view it as someone else's responsibility
    b. Believe the ambulance will come, but don't realize how long it may take
    c. Fear of medical emergencies/prefer not to think about it
    d. Unsure about when to call

2. **What stops people from volunteering or working in EMS?**
    a. Time
    b. Fear/discomfort related to EMS work/expectations
    c. Training and exam requirements
    d. Conflicts with full-time job
    e. Live out of town/too far to travel to respond

3. **What would help recruit or retain EMS workers in the community?**
    a. Promote EMS careers: Scrubs camps, ride-along opportunities, school credits
    b. Create more visibility/interaction with EMS
    c. Compensation/Paying volunteers to leave on call
    d. Awareness campaigns

4. **How can we support volunteers and reduce burnout?**
    a. Community involvement and appreciation
    b. Increase the number of volunteers
    c. Adjust scheduling to reduce on-call time
    d. Secure funds to pay volunteers/fundraisers

Attendees provided the following comments and ideas for improving EMS workforce and volunteerism.

- EMS coalitions can help increase awareness and offer training
- Increase number designated as Cardiac Ready Community
- Support mental health issues related to EMS work
- Address political issues related to EMS as an essential service

Improvement Priorities

Based on the data and feedback collected through the EMS Community Assessment process, SDFMC identified three priority areas for focused improvement.

1. Workforce
2. Funding
3. Collaboration

Workforce

Goal: Develop EMS workforce capacity to meet service demands

Workforce shortages are rampant in health care and elevated in rural areas of South Dakota. EMS is facing the same struggle. The combination of career and volunteer EMS teams can be both an obstacle and an opportunity.

The existing workforce is dedicated, but aging. As they approach and pass retirement, they are seeking to engage the younger generation to maintain the EMS presence in the community. Responses from the assessment highlight a desire to promote EMS career opportunities and identify methods to support individuals interested in achieving certification and training.

Potential Strategies

- Coordinate recruitment campaigns and events to increase interest in EMS volunteer opportunities
- Implement emergency medical training and career programs to increase youth interest
- Provide certification and training support and incentives to increase pass rates
- Coordinate emergency situation drills and exercises to build skills and confidence
- Explore EMS team compensation models
- Determine behavioral health support needs and corresponding services

Funding

Goal: Optimize sustainable funding and revenue to maintain viability

Diminished government funding and competing financial demands in communities are endangering EMS systems. Those connected to the hospital have a more consistent revenue stream compared to community-based services. Lower call volumes impact revenue as do the number of unreimbursed runs.

Potential Strategies

- Streamline internal EMS system operations to ensure proper billing and reimbursement
- Coordinate annual fundraising events
- Seek employer sponsorships and donations
- Explore grant opportunities
- Share existing public service resources to reduce overhead (staff, buildings, etc.)

Collaboration

Goal: Mobilize stakeholders to increase EMS engagement

The continually growing list of interested stakeholders engaging in this Strengthening and Sustaining EMS Infrastructure project demonstrates commitment to the EMS system. Providing a structure for ongoing strategic planning and development seems to be the missing element.

Connecting the dots among community, healthcare, and government will help establish a shared vision and purpose for stakeholders to rally around.

Potential Strategies

- Launch a community awareness and engagement campaign to highlight EMS value
- Revitalize EMS coalition groups to develop and track improvement activities
- Identify public service champions to advocate for EMS needs

Coordinated by the
South Dakota Foundation for Medical Care
August 25, 2025

Stacie Fredenburg, BA, PMP
Stephanie Hanson, BSN, RN