

Emergency Medical Services in Michigan: challenges and approaches among local governments

By Sarah Mills and Thomas Ivacko

This report presents Michigan local government leaders' concerns regarding assessments of ambulance and emergency medical services in their jurisdiction, including how these services are provided and funded. The findings are based on statewide surveys of local government leaders in the Fall 2015 wave of the Michigan Public Policy Survey (MPPS).

>> The Michigan Public Policy Survey (MPPS) is a census survey of all 1,856 general purpose local governments in Michigan conducted by the Center for Local, State, and Urban Policy (CLOSUP) at the University of Michigan in partnership with the Michigan Municipal League, Michigan Townships Association, and Michigan Association of Counties. The MPPS takes place twice each year and investigates local officials' opinions and perspectives on a variety of important public policy issues. Respondents for the Fall 2015 wave of the MPPS include county administrators, board chairs, and clerks; city mayors, managers, and clerks; village presidents, managers, and clerks; and township supervisors, managers, and clerks from 1,418 jurisdictions across the state.

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Key Findings

- Proximity to a hospital is seen as a problem to local leaders in Northern Michigan communities.
 - » In the Upper Peninsula, 24% say hospital access is a significant problem; half (50%) say it is at least somewhat of a problem. By comparison, in the Southern and Central regions of the state, only about 5% of local leaders say distance to the nearest hospital is a significant problem.
- In more than half (58%) of Michigan communities, a stand-alone EMS or ambulance service usually provides medical first response. In 34% of communities, the fire department typically provides first response.
- Only 18% of local governments directly provide medical transport (i.e., ambulance) service. The balance provide the service indirectly (47%) by contracting with another service provider or special authority/district, or have no role in providing or contracting for ambulance service (33%).
- Most local officials (88%) are satisfied with EMS and ambulance services in their jurisdiction, and 84% believe most of their citizens are confident that first responders will arrive in time to handle a medical emergency.
- Relatively few (14%) local jurisdictions say that they have insufficient funding for EMS, and just under a quarter (23%) have tried to raise additional local funding in recent years.
 - » Of those that have tried to increase local funding for EMS or ambulance services through a millage or special assessment, almost all (95%) have been successful.

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Distance to nearest hospital a pressing problem in rural Michigan

While Michigan’s local governments provide a wide range of services to their communities, one of their core functions is ensuring public safety. The Fall 2015 Michigan Public Policy Survey (MPPS) was devoted entirely to the issue of public safety, and given the centrality of this topic to Michigan’s local communities, it is perhaps no surprise that the Fall 2015 wave marked the highest response rate yet on the MPPS, with 76% of local governments submitting completed surveys.

Previous MPPS reports have focused on fire services,¹ law enforcement provision,² and police-community relations.³ And, indeed, when thinking about their key public safety challenges, for most local governments in the state, concerns about police and fire services overshadow emergency medical services. In fact, Michigan local leaders are nearly twice as likely to mention law enforcement or fire services rather than EMS, as their most pressing public safety problems.

There is, however, at least one persistent concern regarding medical emergencies, particularly in the state’s smallest jurisdictions: hospital access. Nearly half (47%) of leaders in the state’s smallest local governments (those with fewer than 1,500 residents), consider distance to the nearest hospital to be at least somewhat of a problem (see *Figure 1a*). By contrast, fewer than 20% of local officials in communities with 10,000 residents or more say that proximity to a hospital is a problem.

Concerns about hospital access are also linked to region of the state, which is perhaps unsurprising given that some regions of the state have much higher densities of hospitals—and people—than others (see *Image 1*). In the Upper Peninsula, which has just 15 licensed acute care and critical access hospitals, nearly a quarter (24%) of local leaders say that access to a hospital is a significant problem (see *Figure 1b*). By contrast, in the more urban Southeast Michigan, a large majority (76%) say that proximity to a hospital is either not a problem at all, or not much of a problem.

Despite these challenges for small communities, Michigan is not alone in this disparity between urban and rural hospital access. In fact, concern over rural hospital access was the driving force for Congress making a federal designation of “critical access hospitals” in 1997, which alters Medicare reimbursement rates—providing cost-based rather than fixed-fee reimbursements—to help ensure the financial sustainability of these rural hospitals.⁴ Fortunately, compared to those in other states, Michigan’s rural hospitals are actually at some of the lowest risk of closure according to a recent report from iVantage Health Analytics.⁵

Figure 1a

Local officials’ assessments of distance to the nearest hospital as a problem for their jurisdiction, by population size

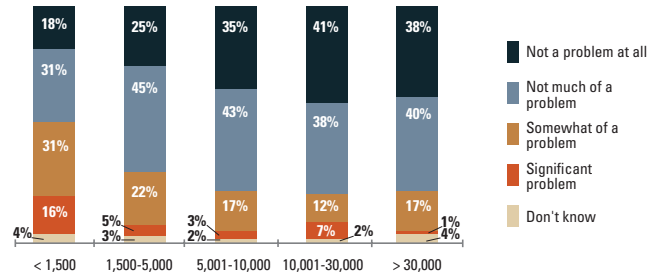


Figure 1b

Local officials’ assessments of distance to the nearest hospital as a problem for their jurisdiction, by region

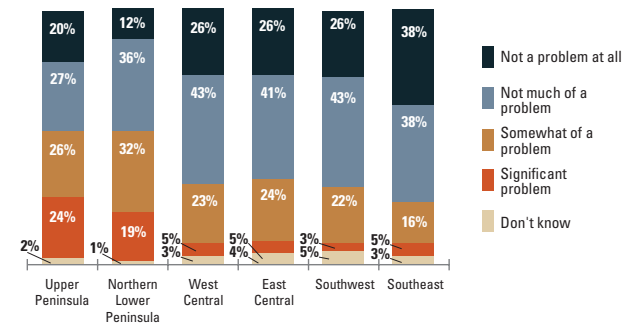
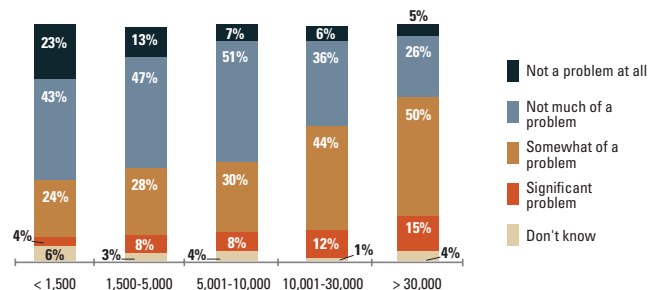


Figure 2

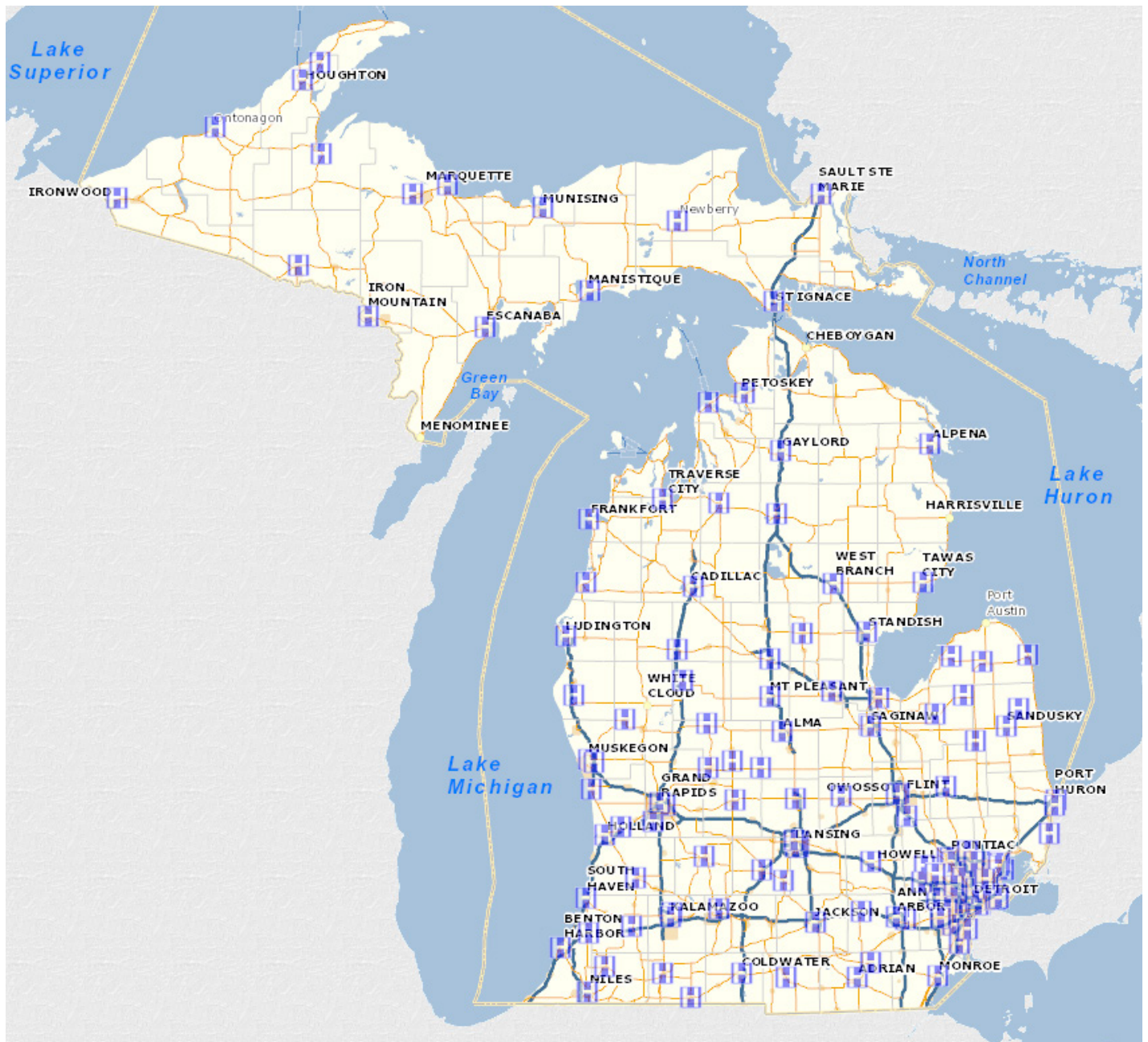
Local officials’ assessments of traffic accidents in their jurisdiction as a problem, by population size





Meanwhile, even with better access to hospitals, Michigan’s more urban regions also have their own challenges related to medical emergencies. For instance, traffic accidents—which often result in medical emergencies—are most problematic in the state’s larger jurisdictions, with 65% of officials in the largest communities (those with more than 30,000 residents) saying traffic accidents are at least somewhat of a problem (see *Figure 2*). Further, 45% of these largest communities say other medical emergencies (home or work based accidents, heart attacks, etc.) are at least somewhat of a problem in their jurisdiction.

Map 1. Acute care and Critical access hospitals in Michigan



Source: Michigan Department of Insurance and Financial Services. Retrieved from <http://www.mcgi.state.mi.us/miqhp/>

Medical first response and ambulatory service arrangements vary by jurisdiction size

When accidents or other medical emergencies occur, communities have different arrangements regarding whether the fire department, police department, or a stand-alone EMS or ambulance service will be called upon first to respond. In more than half (58%) of all Michigan communities, a stand-alone EMS or ambulance service is typically the first responder (see *Figure 3a*). Fire departments most often provide medical first response in a third (34%) of the state’s local jurisdictions, while law enforcement agencies are usually relied upon as medical first responders in only 5% of communities.

Here, too, there are regional differences. In the Southeast and West Central regions, medical first response is nearly evenly split between fire departments and EMS/ambulance services (see *Figure 3b*). In the UP and Northern Lower Peninsula, however, fire departments are much less likely to be first on the scene for emergency medical response; 82% of jurisdictions in the UP and 71% in Northern Lower Peninsula say that a stand-alone EMS/ambulance service usually provides first response.

There are similarly a wide variety of arrangements for medical transport (i.e., ambulance) services if patients need to be taken to the hospital. Only 18% of Michigan’s local governments directly provide ambulance services to their residents, with larger jurisdictions more likely than smaller jurisdictions to use this model (see *Figure 4*). Instead, nearly half of all jurisdictions (47%) indirectly provide these ambulance service—that is, jurisdictions contract for medical transport services provided either by a special authority/district, or another municipality or service provider. The remainder (33%) do not provide or even contract for ambulance service; instead, 9-1-1 calls are routed to a nearby hospital or private EMS provider.

Looking ahead, only 6% of local officials say it is likely that they will change their service delivery arrangement for ambulance services in the next two years. Most commonly, local officials report that they may switch service providers (where the service is contracted), though some local governments are planning to join (or leave) a special district/authority.

Figure 3a
Percentage of jurisdictions reporting which public safety unit most often provides emergency medical response in the jurisdiction

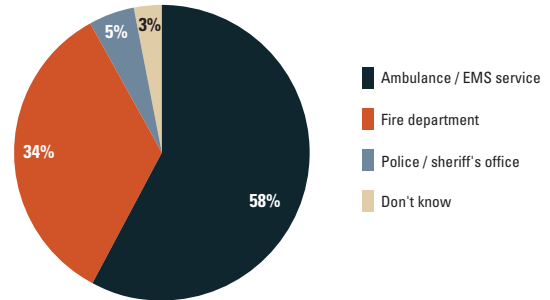


Figure 3b
Percentage of jurisdictions reporting which public safety unit most often provides emergency medical response in the jurisdiction, by region

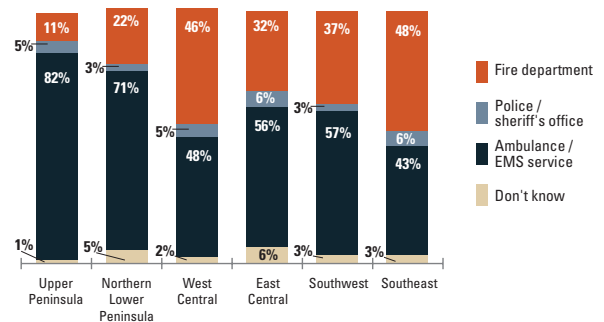
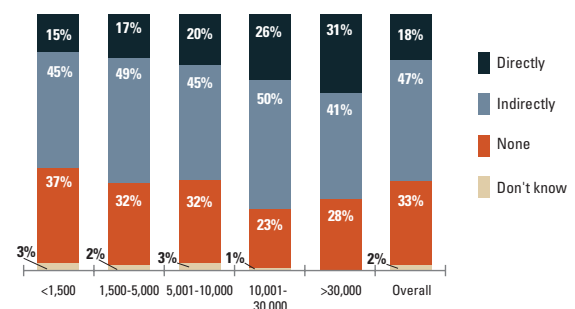


Figure 4
Percentage of jurisdictions reporting how they provide ambulance services, by population size





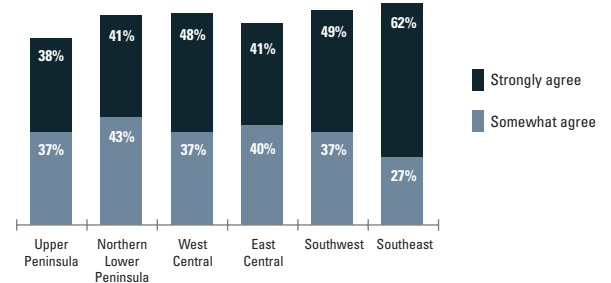
Local officials generally pleased with emergency medical services in their jurisdiction

Across the board, local officials give positive marks to emergency medical response services in their jurisdiction. Statewide, a large majority (84%) of officials say most people are confident that first responders will arrive in time to handle a medical emergency. Even in the UP, where there is concern about distance to the nearest hospital, 75% of officials agree that first responders will arrive promptly (see *Figure 5*).

A majority of local officials also believe that emergency medical services are improving. Most (61%) local officials say they agree that the emergency medical services in their jurisdiction are more effective now than they were five years ago. Of the remainder, only 6% disagree that EMS has improved, while a quarter (26%) neither agree nor disagree and 8% say they don't know (see *Figure 6*).

As a result, local officials report high overall satisfaction with EMS and ambulance services in their jurisdiction, and believe their citizens are also satisfied. Local officials overwhelmingly (88%) say they themselves are satisfied with these services, with over half (62%) of all officials saying that they are very satisfied (see *Figure 7*). A similarly high percentage (83%) of local officials believe that the majority of their jurisdiction's citizens are also satisfied.

Figure 5
Percentage of local leaders who agree most of their communities' citizens feel confident that first responders will arrive in time to handle a medical emergency, by region



Note: "Neither agree nor disagree," "Somewhat disagree," "Strongly disagree," and "Don't know" responses not shown

Figure 6
Local leaders views on whether the local EMS / ambulance services have improved in the last 5 years

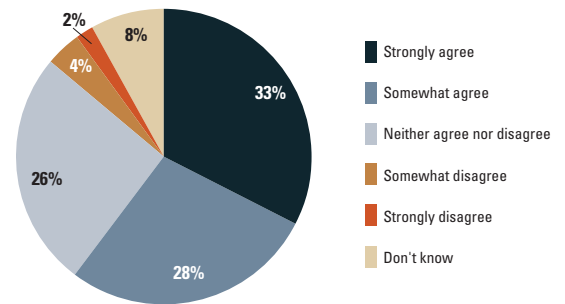
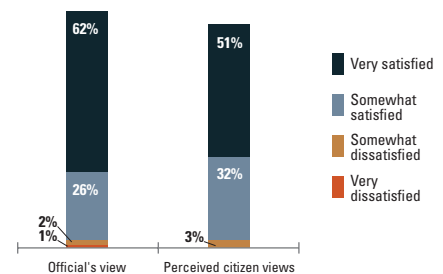


Figure 7
Local official's own satisfaction with and assessment of citizen satisfaction with local EMS / ambulance services



Note: "Neither satisfied nor dissatisfied," "Don't know," and "Not applicable" responses not shown

Few local governments say EMS funding levels are insufficient

Communities of different sizes—and therefore different levels of emergency service demands—may have different funding opportunities and challenges. Generally speaking, though, EMS and ambulance services, more so than other types of public safety services, have a long history of relying on user fees for funding their operations: directly billing patients, Medicare/Medicaid, or insurance companies.⁶ These fees, however, may cover only a portion of overall costs especially in places with lower run volumes or efficiencies of scale. As a result, EMS may be supplemented by federal and state grants, charitable contributions or fundraisers, and local government funds.⁷

Perhaps owing to the fact that most of Michigan’s local governments are not directly involved in providing EMS or ambulance services, few jurisdictions report having inadequate funding or attempting to raise additional local funding in recent years. Only 14% of local officials say they do not have enough funding to meet their jurisdiction’s EMS or ambulance needs, while 47% agree that they do have enough funding (see *Figure 8*).

In recent years, the majority (64%) of local governments have not tried to raise local funding for EMS or ambulance service through a new or renewed millage or special assessment (see *Figure 9*). Those that have pursued these local funding options, though, have largely been successful: in fact, 19 in 20 (95%) of those jurisdictions which have pursued additional local funding for EMS report having succeeded.

Looking ahead, support and opposition for pursuing additional local funding for EMS or ambulance services is evenly split statewide, with 27% of local officials in support and 27% in opposition. As with many of the EMS challenges, there are regional differences (see *Figure 10*). Namely, the only regions where there is more support than opposition to raising additional local revenue is in the UP (35% support; 25% oppose) and Northern Lower Peninsula (38% support; 28% oppose).

Figure 8
Local officials’ assessments of whether jurisdiction has sufficient funding to meet ambulance / EMS needs

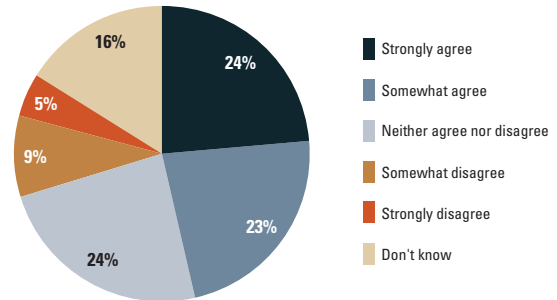


Figure 9
Whether local governments have pursued local EMS funding in recent years through new or renewed millages or special assessments

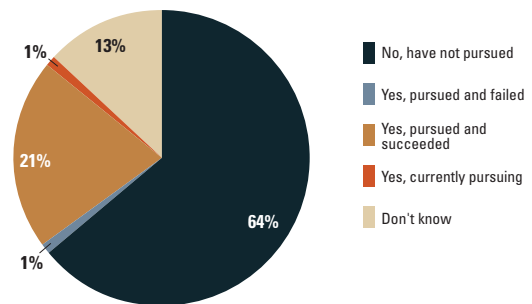
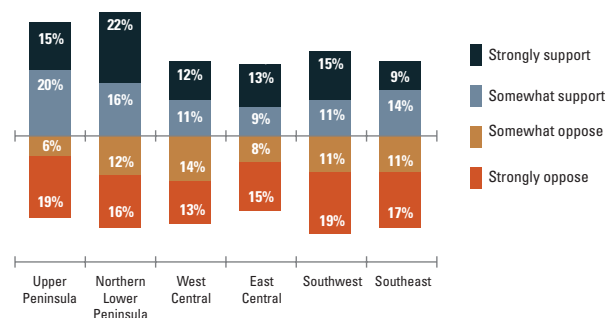


Figure 10
Local officials’ support for or opposition to their jurisdiction pursuing additional local EMS funding through future new millages or special assessments, by region



Note: “Neither agree nor disagree” and “Don’t know” responses not shown



Conclusion

One of the core functions of Michigan's local governments is ensuring public safety. The Fall 2015 MPPS finds that when thinking about their key public safety challenges, for most local governments in the state, concerns about police and fire services overshadow emergency medical services. This could be for a number of reasons, perhaps including the fact that relatively few local jurisdictions in Michigan (18%) are in the business of directly providing medical transport services, although another 47% do play an indirect role by contracting for services by other providers. Another explanation could be that because many EMS and ambulance services receive funding through direct billing to citizens, Medicare and Medicaid, and insurance companies, few local leaders say they have insufficient funding for these services.

Even so, local officials across the state have concerns related to medical emergencies, but the concerns vary by jurisdiction size and region. In the state's smallest jurisdictions, and more broadly throughout Northern Michigan, nearly half of all local leaders consider distance to the nearest hospital to be at least somewhat of a problem. By contrast, traffic accidents are of most concern to local officials in the state's largest jurisdictions. Perhaps heartening, though, 84% of local officials statewide say the majority of their citizens believe first responders will arrive in time to handle a medical emergency.

Notes

1. Horner, D., & Ivacko, T. (2016). *Firefighting services in Michigan: challenges and approaches among local governments*. Ann Arbor, MI: Center for Local, State, and Urban Policy at the Gerald R. Ford School of Public Policy, University of Michigan. Retrieved from <http://closup.umich.edu/files/mpps-fire-services-2015.pdf>
2. Horner, D., & Ivacko, T. (2016). *Most local officials are satisfied with law enforcement services, but almost half from largest jurisdictions say their funding is insufficient*. Ann Arbor, MI: Center for Local, State, and Urban Policy at the Gerald R. Ford School of Public Policy, University of Michigan. Retrieved from <http://closup.umich.edu/files/mpps-policing-2015.pdf>
3. Mills, S., & Ivacko, T. (2016). *Local leaders say police-community relations are good throughout Michigan, but those in large cities are concerned about potential unrest over police use-of-force*. Ann Arbor, MI: Center for Local, State, and Urban Policy at the Gerald R. Ford School of Public Policy, University of Michigan. Retrieved from <http://closup.umich.edu/files/mpps-policing-2015.pdf>
4. See Rural Health Information Hub (RHInhub). "Critical Access Hospitals." Retrieved from <https://www.ruralhealthinfo.org/topics/critical-access-hospitals>. Also, U.S. Department of Health and Human Services. "What are critical access hospitals?" Retrieved from <http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/critical.html>
5. iVantage Health Analytics. (2016). *2016 rural relevance: vulnerability to value study*. Retrieved from <https://www.ivantagehealth.com/news-release-february-2-2016/>
6. Brennan, J. A., & Krohmer, J.R. (2005). *Principles of EMS systems*. 3rd edition. Burlington, MA: Jones & Bartlett Learning.
7. U.S. Fire Administration. (2012). *Funding Alternatives for Emergency Medical and Fire Services*. FA-331. Washington, DC: FEMA. Retrieved from https://www.usfa.fema.gov/downloads/pdf/publications/fa_331.pdf

Survey Background and Methodology

The MPPS is a biannual survey of each of Michigan's 1,856 units of general purpose local government, conducted once each spring and fall. While the spring surveys consist of multiple batteries of the same "core" fiscal, budgetary and operational policy questions and are designed to build-up a multi-year time-series of data, the fall surveys focus on various other topics.

In the Fall 2015 iteration, surveys were sent by the Center for Local, State, and Urban Policy (CLOSUP) via the internet and hardcopy to top elected and appointed officials (including county administrators and board chairs; city mayors and managers; village presidents, clerks, and managers, and township supervisors, clerks, and managers) from all 83 counties, 278 cities, 255 villages, and 1,240 townships in the state of Michigan.

The Fall 2015 wave was conducted from October 5–December 8, 2015. A total of 1,418 jurisdictions in the Fall 2015 wave returned valid surveys (66 counties, 226 cities, 193 villages, and 933 townships), resulting in a 76% response rate by unit. The margin of error for the survey for the survey as a whole is +/- 1.26%. The key relationships discussed in the above report are statistically significant at the $p < .05$ level or below, unless otherwise specified. Missing responses are not included in the tabulations, unless otherwise specified. Some report figures may not add to 100% due to rounding within response categories. Quantitative data are weighted to account for non-response. "Voices Across Michigan" verbatim responses, when included, may have been edited for clarity and brevity. Contact CLOSUP staff for more information.

Detailed tables of the data analyzed in this report broken down three ways—by jurisdiction type (county, city, township, or village); by population size of the respondent's community, and by the region of the respondent's jurisdiction—are available online at the MPPS homepage: <http://closup.umich.edu/mpps.php>.

The survey responses presented here are those of local Michigan officials, while further analysis represents the views of the authors. Neither necessarily reflects the views of the University of Michigan, or of other partners in the MPPS.



Previous MPPS reports

Firefighting services in Michigan: challenges and approaches among local governments (June 2016)

Most local officials are satisfied with law enforcement services, but almost half from largest jurisdictions say their funding is insufficient (April 2016)

Local leaders say police-community relations are good throughout Michigan, but those in large cities are concerned about potential civil unrest over police use-of-force (February 2016)

Report: Responding to budget surplus vs. deficit: the preferences of Michigan's local leaders and citizens (December 2015)

Michigan's local leaders concerned about retiree health care costs and their governments' ability to meet future obligations (October 2015)

Fiscal health rated relatively good for most jurisdictions, but improvement slows and decline continues for many (September 2015)

Confidence in Michigan's direction declines among state's local leaders (August 2015)

Michigan local government leaders' views on private roads (July 2015)

Few Michigan jurisdictions have adopted Complete Streets policies, though many see potential benefits (June 2015)

Michigan local leaders have positive views on relationships with county road agencies, despite some concerns (May 2015)

Michigan local government leaders say transit services are important, but lack of funding discourages their development (April 2015)

Michigan local leaders see need for state and local ethics reform (March 2015)

Local leaders say Michigan road funding needs major increase, but lack consensus on options that would raise the most revenue (February 2015)

Michigan local government leaders' views on employee pay and benefits (January 2015)

Despite increasingly formal financial management, relatively few Michigan local governments have adopted recommended policies (December 2014)

Most Michigan local officials are satisfied with their privatized services, but few seek to expand further (November 2014)

Michigan local governments finally pass fiscal health tipping point overall, but one in four still report decline (October 2014)

Beyond the coast, a tenuous relationship between Michigan local governments and the Great Lakes (September 2014)

Confidence in Michigan's direction holds steady among state's local leaders (August 2014)

Wind power as a community issue in Michigan (July 2014)

Fracking as a community issue in Michigan (June 2014)

The impact of tax-exempt properties on Michigan local governments (March 2014)

Michigan's local leaders generally support Detroit bankruptcy filing despite some concerns (February 2014)

Michigan local governments increasingly pursue placemaking for economic development (January 2014)

Views on right-to-work legislation among Michigan's local government leaders (December 2013)

Michigan local governments continue seeking, and receiving, union concessions (October 2013)

Michigan local government fiscal health continues gradual improvement, but smallest jurisdictions lagging (September 2013)

Local leaders evaluate state policymaker performance and whether Michigan is on the right track (August 2013)

Trust in government among Michigan's local leaders and citizens (July 2013)

Citizen engagement in the view of Michigan's local government leaders (May 2013)

Beyond trust in government: government trust in citizens? (March 2013)

Local leaders support reforming Michigan's system of funding local government (January 2013)

Local leaders support eliminating Michigan's Personal Property Tax if funds are replaced, but distrust state follow-through (November 2012)

Michigan's local leaders satisfied with union negotiations (October 2012)

Michigan's local leaders are divided over the state's emergency manager law (September 2012)

Fiscal stress continues for hundreds of Michigan jurisdictions, but conditions trend in positive direction overall (September 2012)

Michigan's local leaders more positive about Governor Snyder's performance, more optimistic about the state's direction (July 2012)

Data-driven decision-making in Michigan local government (June 2012)

State funding incentives increase local collaboration, but also raise concerns (March 2012)

Local officials react to state policy innovation tying revenue sharing to dashboards and incentive funding (January 2012)

MPPS finds fiscal health continues to decline across the state, though some negative trends eased in 2011 (October 2011)

Public sector unions in Michigan: their presence and impact according to local government leaders (August 2011)

Despite increased approval of state government performance, Michigan's local leaders are concerned about the state's direction (August 2011)

Local government and environmental leadership: views of Michigan's local leaders (July 2011)

Local leaders are mostly positive about intergovernmental cooperation and look to expand efforts (March 2011)

Local government leaders say most employees are not overpaid, though some benefits may be too generous (February 2011)

Local government leaders say economic gardening can help grow their economies (November 2010)

Local governments struggle to cope with fiscal, service, and staffing pressures (August 2010)

Michigan local governments actively promote U.S. Census participation (August 2010)

Fiscal stimulus package mostly ineffective for local economies (May 2010)

Fall 2009 key findings report: educational, economic, and workforce development issues at the local level (April 2010)

Local government officials give low marks to the performance of state officials and report low trust in Lansing (March 2010)

Local government fiscal and economic development issues (October 2009)

All MPPS reports are available online at: <http://closup.umich.edu/mpps.php>

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