



Rommie Duckworth

Position Sought: Northeast Region Director

Candidate Q&A

1. How would you describe your leadership style, and how has it influenced your work in EMS?

My leadership style is best summarized in four actions: listen, focus, follow through, and follow up.

Listen comes first. EMS leaders are trained to act, but good decisions begin with understanding. My experience in career and volunteer fire service, hospital systems, private EMS, education, and national association work has taught me that no single delivery model or region has all the answers. I seek out the people closest to the problem (dealing with it every day), subject-matter experts, and people whose experiences differ from my own so, with NAEMT, we can take the action(s) that best move the needle in a positive direction.

Focus turns listening into priorities. EMS faces more important problems than any one organization can solve at once. I work to identify where we can have the greatest effect, set a clear outcome, and align people and resources around it.

Follow-through means staying with the work after the initial enthusiasm fades. Whether advancing cardiac arrest initiatives, helping develop sepsis and stroke systems of care, improving instructor standards, or building leadership development, meaningful change requires adaptation, patience, and accountability.

Follow-up closes the loop. People deserve to know what was heard, what action was taken, what remains unresolved, and why. Transparent communication strengthens trust, even when the answer is not what everyone hoped for.

These principles have influenced how I lead at every level. As a fire chief, paramedic, educator, NAEMT Board member, and chair of EMS Lighthouse Leadership mentorship program, I try to create conditions in which others can contribute and succeed. I do not believe leadership is being the loudest voice or having every answer. It is asking the right questions, helping a team choose a direction, removing obstacles, and ensuring commitments become results.

In EMS, our credibility is built through service. My goal as a leader is to be visible, accessible, and accountable; to connect frontline experience to organizational decisions; and to leave people and systems stronger than I found them.

2. In what ways do you advocate for EMS? What strategies would you recommend for NAEMT to strengthen its advocacy efforts and gain recognition for EMS as an essential service?

I advocate for EMS by connecting patient care, workforce experience, and public policy. Locally, I have led evidence-informed cardiac arrest initiatives and worked to bring emerging science into practice. At the state level, I have worked with the Office of EMS on instructor standards, helped develop sepsis alerts and systems of care, and testified for the inclusion of EMS in stroke systems of care. Nationally, I

have helped advance trauma systems standards, participated in EMS On The Hill Day, met with members of Congress and their staff, and represented EMS in collaborative work on trauma, cardiac arrest, and quality. In each setting, my approach is the same: arrive prepared, listen carefully, translate technical issues into human impact, end with a specific ask, and follow up.

For NAEMT to strengthen advocacy and win recognition of EMS as an essential public function, I recommend three linked strategies.

First, build year-round grassroots capacity. Board members, advocacy coordinators, state associations, and affiliates should have shared messages, concise training, adaptable state toolkits, model legislative language for designating and funding EMS as an essential service, and regular opportunities to meet officials in their districts, not only in Washington. Ride-alongs, station visits, and local roundtables make policy personal.

Second, pair stories with data. A patient story explains why EMS matters; reliable workforce, cost, response, clinical, and community-impact data explain what policymakers must do. NAEMT should continue to press for accurate workforce counts and sustainable reimbursement for readiness and care, not solely transportation, including Treatment in Place and mobile integrated healthcare/community paramedicine.

Third, make advocacy easy and accountable for members. Calls to action should be brief, specific, and mobile-friendly. Members should know whom to contact, what to say, and what happened afterward. NAEMT should report progress and recognize effective state and local efforts so success can be repeated.

Our message must remain consistent: EMS is both healthcare and public safety. It is a 24/7 community lifeline that must be planned, funded, and integrated accordingly. Recognition as an essential public function will be earned through a unified voice, credible evidence, sustained relationships, and visible results.

3. How can NAEMT better support and develop the EMS workforce, considering generational differences? How would you convey the value of membership to both current and prospective members?

NAEMT should recognize generational differences without turning them into cookie-cutter stereotypes. EMS professionals of every age want respect, meaningful work, competent leadership, fair opportunity, and a voice. What varies is often career stage, preferred communication, and access to time and resources.

For students and early-career practitioners, support should include affordable education, digital-first access, scholarships, realistic career guidance, mentorship, and clear pathways into committees, Communities, teaching, advocacy, and leadership. Mid-career members may place greater value on specialty development, advancement, flexible continuing education, leadership skills, work-life balance, and tools to improve their organizations. Experienced and retired members offer institutional knowledge and should have meaningful roles as mentors, faculty, advocates, and advisors.

The best approach is not separate organizations for separate generations. It is an intentional exchange among them. NAEMT can expand cohort-based mentorship through EMS Lighthouse Leadership, build peer communities around practice and interest areas, create short and accessible volunteer assignments, and offer education in multiple formats. We should also help agencies develop healthier workplaces with effective onboarding, coaching, psychological safety, wellness resources, and visible career ladders. Developing the workforce means helping people enter EMS, remain engaged, grow, and eventually lift the next generation.

I would convey membership value at three levels.

Practical value members can use today: In addition to high-quality continuing education, scholarships, publications, alerts, member discounts, and wellness resources, I've been working through the Lighthouse Leadership Program (LLP) to develop a library of resources based on LLP participants' projects such as developing MIH and pre-hospital blood administration programs, mentor and peer support programs, and other critical initiatives. There should be no need for NAEMT members to re-invent the wheel. These resources would be available to members to help them in their own states and agencies.

Professional development value: access to peers, mentors, committees, communities, instructor opportunities, and leadership development.

Collective value: each membership strengthens the national voice advocating for fair reimbursement, safer workplaces, workforce investment, and better patient care. People say that EMS has no collective voice. NAEMT is the international organization that gives members a voice in the direction of our profession, and I view my role as ensuring that voice gets heard in the places that matter.

We should make those benefits visible throughout the member journey, not only at renewal. Regularly showing members what their dues helped accomplish, inviting them into meaningful work, and tailoring communication to their interests will turn membership from a transaction into a professional home.

4. What is a pressing issue currently facing EMS, and how could NAEMT help address it?

The most pressing issue facing EMS is sustainability. Recruitment and retention remain the most visible symptoms, but the underlying problem is a system that too often expects 24/7 readiness, increasingly complex healthcare, disaster response, and community service without stable funding or a dependable career structure.

When agencies are paid primarily for transport, the system undervalues assessment, treatment, referral, preparedness, and the time required to return units to service. That financial instability shows up in low or uneven compensation, mandatory overtime, limited advancement, fragile rural coverage, burnout, and loss of experienced clinicians. Ultimately, workforce instability becomes a patient access and community resilience problem.

NAEMT can help by addressing the issue as one connected agenda rather than a series of isolated shortages. First, we should advocate for sustainable financing that recognizes readiness and clinical care, including appropriate reimbursement for Treatment in Place, alternative destinations, mobile integrated healthcare/community paramedicine, and rural service capacity. Second, we should push for accurate national workforce and economic data so policy is built on the true size, cost, and value of EMS. Third, NAEMT should convene associations, employers, educators, medical directors, and practitioners to advance practical career pathways, apprenticeships, leadership development, portability, and retention practices. Fourth, we should equip local leaders with tools to measure costs, improve culture, support mental and physical health, reduce violence and injury, and communicate their value to elected officials and the public.

Most importantly, NAEMT must continue to make the case that EMS is not merely transportation and not an optional local amenity. It is an essential public function at the intersection of healthcare, public safety, and emergency preparedness. Sustainable EMS means a supported workforce, financially resilient agencies, and reliable access to high-quality care in every community. That is the foundation on which every other improvement depends.