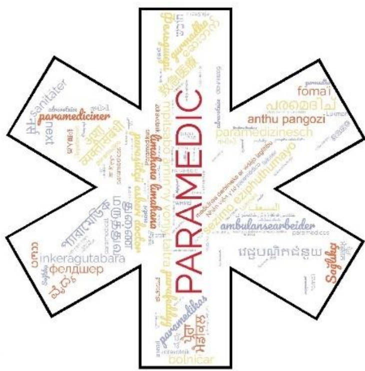

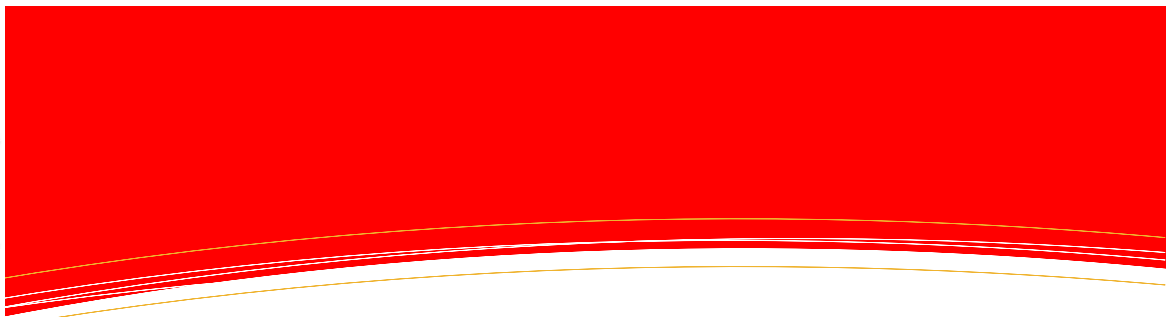

Diversity Equity Inclusion – Health Equity

Key Reads

[Improving equity in prehospital care (eBook)]

EMS Index 2022 & 2023
ESO Solutions
https://www.eso.com/resources/ems-index/

Key publications

Disparities in Emergency Medical Services Care Delivery in the United States: A Scoping Review
Farcas, Joiner et al.

https://www.tandfonline.com/doi/full/10.1080/10903127.2022.2142344

A rapid review of gender, sex, and sexual orientation documentation in electronic health records.
Lau, Francis et al.

https://doi.org/10.1093%2Fjamia%2Focaa158

Sex and Gender Equity in Prehospital Electrocardiogram Acquisition.
McDonald, Little et al.

https://doi.org/10.1017%2FS1049023X2200036X

Racial and Ethnic Differences in Bystander CPR for Witnessed Cardiac Arrest.
Garcia, Spertus et al.

https://www.nejm.org/doi/full/10.1056/NEJMoa2200798

Key Activity - All week

Test your implicit associations about race, gender, sexual orientation, age, religion and more at :
Project Implicit Harvard IAT

[Project Implicit (harvard.edu)]

"There are two types of ems agencies: those that are improving their racial treatment disparities and those that haven't looked for racial disparities in their data yet." – Mike Taigman Improvement Advisor, FirstWatch.

Analogous with what is known about the broader health system, there is a growing body of evidence that disparities exist in the care provided by EMS systems. Therefore, even if your system hasn't yet looked for disparities, it's pretty safe to assume they are there. Improving health and safety in our communities requires deliberate focus and commitment to equity. Given the critical role that EMS plays in the patient's health care journey, it is essential that EMS systems work to reduce inequities in our care that may also negatively influence the care trajectory.

By way of addressing disparities in care in our own systems, a key starting point is measuring them. Today, most of us are leading our systems by using our vast and indispensable access to data. With this level of power at our fingertips, we have to ask ourselves, are doing all we can to serve our communities with the information we have drawn from them? In the context of health equity, this means all EMS systems should be working to assess and improve data quality (domains such as Accuracy, Completeness, Relevance and others) as it relates to care disparity analysis. This work includes the involvement of subject matter experts and patient and public partnerships to ensure the data is fit for use and appropriate data ownership and stewardship is established.

While improving data quality is a significant undertaking, we should not wait for perfect data to get started on improving health equity. One way you can start working to identify and improve disparities of care in your system today is by adding a lens of health equity with the data you are already collecting. If your data has limitations when it comes to disparity analysis, this might look like stratifying your current clinical quality measures by the natural subgroups that already exist in your data. For example, if you currently measure 12 lead acquisition rates for patients with a chief complaint of chest pain age > 35 years old , start by stratifying this measure by sex /gender. If you currently measure bystander CPR rates in OHCA, start by stratifying your measure by postal code or neighborhood. As you improve your data quality, broaden your lens. The important thing is to get started with looking for disparities in your care today. When you find them, start working to reduce them.

Paramedic Services Week May 21-27, 2023 – Diversity in Paramedicine