Providers of Emergency Medical Services, no matter their work environment, must provide excellent, equitable, and appropriate care to all who need it. Public safety leaders must accept and act on our responsibility to create and foster welcoming educational and workplace environments for all who provide patient care. Agency and institutional leaders must be agents of change, demonstrating the commitment to achieve excellent and equitable care for all.

EMS, first responders, and public safety all have demonstrated demographic gaps between the workforce and the population we all serve (Crowe et al., 2020). Evidence shows this diversity gap has a direct impact on patient care and outcomes (Alsan et al., 2019). Practitioners who work in a more homogenous environment have a greater likelihood of providing inequitable care to the patients they serve (Rosenkranz et al., 2021).

Further, students from underrepresented communities in EMS frequently do not feel welcome in EMS/public safety education programs and those same students do not feel welcome in many EMS/public safety workplaces (Page et al., 2013). Research suggests that diverse professional leadership and inclusive, bias-free workplaces have a positive impact on creating a more welcoming and inclusive environment for all students and employees while mitigating disparities in patient care (Rosenkranz et al., 2021).

Proactively addressing diversity, equity, and inclusion will also likely have an impact on two of the largest challenges facing EMS and Fire leaders in the US, hiring challenges and disparities in care (LaVeist & Pierre, 2014).

**Hiring:** With increasing opportunities, many providers and first responders are leaving traditional prehospital medicine to work in other realms. This is one factor in the acute workforce shortage leaders are struggling to address. Ensuring our workplaces are welcoming and inclusive increases the pool of potential employees
and reduces attrition.

**Disparities in care:** Research has demonstrated significant disparities in care provided by prehospital professionals, similar to those seen in other areas of healthcare (Lord & Khalsa, 2019). Research has also shown that a more diverse workforce helps mitigate disparities in care. Fostering more welcoming and inclusive environments, which celebrate diversity, will help create the diverse workforce we need to help address disparities in care (LaVeist & Pierre, 2014).

The EMS Code of Ethics recognizes the importance of caring for patients without bias.

"To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide." (Gillespie, 1978, revised NAEMT, 2013).

Furthermore, the National Association of EMS Educators, Statement of Good Practices by EMS Educators, advocates educators, “be sensitive to the harmful consequences of instructor or student conduct or comments in classroom discussions or elsewhere that perpetuate stereotypes or prejudices involving such factors.” (NAEMSE, 2011).

Implicit bias, the instinctive or **unconscious** tendency to evaluate others against our own individual norms, is universal - each of us have developed biases based on our own lived experiences. These biases are common among patients, caregivers, and students (Hall et al., 2015). Removing implicit bias is challenging and requires reflection and self-awareness to avoid allowing bias to negatively impact patient care and educational environments (Gopal et al., 2021).

Health professionals and organizational leaders must take explicit steps to mitigate the negative influence of bias in patient care and within our professional interactions (Sukhera & Watling, 2018). Strategies to address bias, as described by the Kirwan Institute for the Study of Race and Ethnicity, include: education, intergroup contact, taking other's perspective, and accountability.

Despite efforts by multiple leadership organizations in public safety, a recent scoping review found we still have much work to do to address disparities in care, treatment, recruiting, pay and more in our profession (Rudman et al., 2022).

As the costs of inaction are both tangible, in the care our patients receive, and intangible, in the lack of a diverse workforce, collectively we are called to action.

Our call to action is to take specific steps to recognize and identify biases. Leaders must ensure providers do not act on and systems do not reinforce their biases. Leaders must act to ensure biases do not negatively impact student experiences, employees, patient care, patient's families or the public we serve.
Given all of the above, and the existing research, the undersigned Public Safety, First Responder, and EMS leadership organizations commit to the following in order to recruit and retain an inclusive student population and workforce:

- Identifying, understanding, and dismantling structural barriers to equity.
- Recognizing the importance of an Education Equity Mindset, and of a Workplace Equity Mindset and fostering both in our organizations and the profession.
- Systematically looking for and addressing disparities in care, the lack of diversity in our profession, and unwelcoming environments.
- Creating and maintaining inclusive environments where students, employees, staff, patients, families, and the communities we serve feel valued, safe, and respected.
- Ensuring welcoming environments for all.
- Embracing continuous learning in these areas and updating interventions when necessary.
- Utilizing data-based measurements of the impact of our actions and using these data to guide future actions to ensure meaningful change and identify best practices.
- Improving the diversity of EMS educators and leadership.
- Reviewing existing certification and licensure exams to ensure they are not, via implicit biases, providing additional barriers to entry for underrepresented candidates in EMS.

**DEFINITIONS**

**Diversity** refers to all the many ways that people differ, including people of different ages, race and ethnicity, gender and gender identity, sexual orientation, socioeconomic status, language, culture, national origin, religious commitments, age, (dis)ability status, and political perspective.

**Equity** refers to fairness and justice, recognizing we do not all start from the same place and may need different support to reach the same goal.

**Equality** refers to providing the same access and support to all. Unlike equity, it does not recognize the different starting points of people and the different needs we may have to reach the same goal.

**Inclusion** is the culture that is welcoming to all people. People feel a sense of belonging within a given organization. Everyone is valued, respected, and able to reach their potential.

Examples of bias include but are not limited to race, ethnicity, religion, sexual orientation, gender identification, socioeconomic status, disabilities, stigmatized diagnoses, or any characteristic distinguishing from perceived norms.
References


by student paramedics. *BMC emergency medicine*, 19(1), 32.

Preceptor Bias? - EMS Student Perceptions of Preceptor Interactions Based on Age, Gender, and Ethnicity.


https://doi.org/10.1097/ACM.0000000000001819.