



RESOLUTION: 19(20)

SUBMITTED BY: California Chapter
Maryland Chapter
Massachusetts College of Emergency Physicians
Minnesota Chapter
Missouri College of Emergency Physicians
Pennsylvania College of Emergency Physicians
New York Chapter
Diversity, Inclusion, & Health Equity Section
Social Emergency Medicine Section
Emergency Medicine Residents' Association

SUBJECT: Framework to Assess the Work of the College Through the Lens of Health Equity

PURPOSE: Develop a framework to assess the work of the College through an equity lens and provide to members biannually (every six months) an assessment of the work of the College through the lens of health equity.

FISCAL IMPACT: Budgeted staff resources. Potential unbudgeted additional resources needed to create the framework. Actual costs will be determined based on the scope of the framework created and whether honorarium or additional fees will be necessary to complete the development of the framework and production of the biannual report.

1 WHEREAS, A health disparity is defined as “a higher burden of illness, injury, disability, or mortality
2 experienced by one group relative to another” (KFF); and
3

4 WHEREAS, Prior to the COVID-19 pandemic, significant disparities in emergency care already existed, as
5 are described in the 2017 ACEP Information Paper, “[Disparities in Emergency Care](#)”; and
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7 WHEREAS, The groups affected by healthcare disparities include (but are not limited to) racial and ethnic
8 minority populations, the LGBTQ community, people with intellectual and physical disabilities, persons living with a
9 mental health diagnosis; and
10

11 WHEREAS, The COVID-19 pandemic has highlighted and exacerbated health disparities affecting racial and
12 ethnic minority groups, for example, the death rate of COVID-19 in some predominantly black counties is six-fold
13 higher than in predominantly white counties; and
14

15 WHEREAS, Racial and ethnic minority groups in the U.S. disproportionately live in at-risk communities
16 placing them at a greater risk for disease and have disproportionately more barriers to accessing care; and
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18 WHEREAS, Addressing health equity and working to eliminate health disparities will require a multifaceted
19 approach with an understanding that decisions in healthcare – from direct clinical care to how care is delivered, what
20 care is delivered, and how care is paid for – have an impact on disparities; therefore be it
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22 RESOLVED, That ACEP create or select a framework to assess the work of the College (position statements,
23 adopted resolutions, task forces) through the lens of health equity; and be it further
24

25 RESOLVED, That ACEP provide to members a biannual assessment of the work of the College as it pertains
26 to health equity.

Resources:

- Coronavirus Disease 2019 (COVID-19) Racial & Ethnic Minority Groups. 2020; <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>. Accessed May 29th, 2020, 2020.
- Yancy CW. COVID-19 and African Americans. *JAMA*. 2020;323(19):1891–1892. doi:10.1001/jama.2020.6548
- Ubri P, Artiga S. Disparities in health and health care: Five key questions and answers. Kaiser Family

Background

This resolution calls for the College to develop a framework to assess the work of the College through an equity lens, (including position statements, adopted resolutions, task forces) and provide to members a biannual (every six months) assessment of the work of the College through the lens of health equity.

The [Equitable Evaluation Initiative](#) developed a framework in which organizations can evaluate assets and services to ensure they conceptualize and implement using an equitable lens. The framework is utilized by organizations to address the cultural appropriateness and validity of their methods. The framework is based on three principles:

1. Evaluation and evaluative work should be in service of equity.
2. Evaluative work can and should answer critical questions about the history and structure that contribute to the issues being addressed, effect of a strategy on different populations, and how cultural context is addressed.
3. Evaluative work should be designed and implemented commensurate with the values underlying equity work.

The information paper “[Disparities in Emergency Care](#)” compiled and distributed information on health care disparities and strategies to address disparities. The areas addressed were:

1. Disparities in Practice
2. Disparities in Pre- Hospital Care
3. Disparities in Utilization
4. Disparities in Outcomes

Health disparities specifically related to COVID-19 are referenced in the [ACEP COVID-19 Field Guide](#). The chapter on Racial and Ethnic Minority Groups explains the special considerations that need to be taken by physicians when screening and treating these patients.

ACEP is committed to increasing the diversity of members in leadership positions in the Council, the national Board of Directors, committees, sections, and chapters. It is important for members of underrepresented groups of the College to become active in their chapters and sections, seek appointment or election as a councillor or alternate councillor, and to apply and be elected to serve on national ACEP committees.

Demonstrating the ongoing importance of this issue, 14 of ACEP’s committees will work on objectives during the 2020-21 committee year to address health care disparities and health equity.

ACEP Strategic Plan Reference

Goal 2 – Enhance Membership Value and Member Engagement

Objective G – Promote/facilitate diversity and inclusion and cultural sensitivity within emergency medicine

Fiscal Impact

Budgeted staff resources. Potential unbudgeted additional resources needed to create the framework. Actual costs will be determined based on the scope of the framework created and whether honorarium or additional fees will be necessary to complete the development of the framework and production of the biannual report.

Prior Council Action

None that is specific to assessing the work of the College through the lens of health equity.

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted. Directed ACEP to develop and publicize a policy statement that encourages implicit bias training for all physicians and that ACEP continue to create and advertise CME-eligible online training relations to implicit bias at no charge to ACEP members. The policy statement is in development. The Diversity, Inclusion, & Health Equity Section continues to promote the [Unconscious Bias in Clinical Practice](#) course.

Amended Resolution 12(19) ACEP Composition Annual Report adopted. The resolution directed ACEP to provide an annual report to the Council on the demographics of councillors and alternate councillors on a chapter-by-chapter basis, as well as the demographics of ACEP's committee and section leaders, Board of Directors, and general membership stratified by age, gender, race/ethnicity, education, board certification, career stage, and employment environment. A report has been prepared for the 2020 Council.

Amended Resolution 14(18) Diversity of ACEP Councillors adopted. Directed ACEP to strongly encourage chapters to appoint and mentor councillors and alternate councillors that represent the diversity of their membership, including, but not limited to residents, fellows, and young physician members.

Resolution 11(17) Diversity of ACEP Councillors – Bylaws Amendment not adopted. The resolution sought to amend the Bylaws to encourage chapters to appoint and mentor councillors and alternate councillors that represent the diversity of membership, including candidate physician and young physician members. There was unanimous support for the intent of the resolution to increase diversity within the Council. The majority of those testifying believed that the language was not appropriate for the ACEP Bylaws. Testimony on behalf of state chapters emphasized the importance of chapter independence and that this would create roadblocks for small chapters because of the limited number of councillors allotted to them and it would force them to substitute a more knowledgeable councillor for those with less experience.

Amended Resolution 7(16) Diversity in Emergency Medicine Leadership adopted. Directed the Board of Directors to work with component bodies of the Council to develop strategies to increase diversity within the Council and its leadership. The Diversity & Inclusion Task Force and the Leadership Diversity Task Force were appointed in response to this resolution.

Substitute Resolution 41(05) Sexual Orientation Non-Discrimination adopted. The resolution directed that ACEP oppose all forms of discrimination against patients and oppose employment discrimination in emergency medicine.

Prior Board Action

April 2020, approved the revised policy statement "[Cultural Awareness and Emergency Care](#);" reaffirmed April 2014; revised and approved April 2008; originally approved October 2001.

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted.

Amended Resolution 12(19) ACEP Composition Annual Report adopted

January 2019, accepted the final report of the Leadership Diversity Task Force.

Amended Resolution 14(18) Diversity of ACEP Councillors adopted.

September 2018, accepted the final report of the Diversity & Inclusion Task Force.

June 2018, approved the revised policy statement "[Non-Discrimination and Harassment](#);" revised and approved with the current title April 2012; originally approved October 2005 with the title "Non-Discrimination."

May 2018, approved the Leadership Diversity Task Force recommendations to collect demographic data, including the proportion of underrepresented populations within ACEP's overall membership and leadership and review the diversity data every three years and presenting the findings to the ACEP Council. This action has been superseded by Amended Resolution 12(19) ACEP Composition Annual Report.

November 2017, approved the revised policy statement "[Workforce Diversity in Health Care Settings](#);" reaffirmed June 2013 and October 2007; originally approved October 2001.

October 2017, reviewed the information paper "[Disparities in Emergency Care](#)."

April 2017, reviewed the information paper “Unconscious Bias and Cultural Sensitivity and their Effects on Clinical Practice Management.”

April 2017, approved the Diversity & Inclusion Task Force’s recommendation to distribute a survey to the membership on diversity and inclusion to be administered by the American Association of Medical Colleges to the membership.

Amended Resolution 7(16) Diversity in Emergency Medicine Leadership adopted.

Substitute Resolution 41(05) Sexual Orientation Non-Discrimination adopted.

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