

## The case for embedding equity into incident command at hospitals

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During recent large-scale disasters, including the COVID-19 pandemic and major hurricanes, many hospitals and health care systems have activated their Hospital Incident Command System (HICS) to clarify roles and responsibilities and offer a clear organizational structure during a crisis. While forms and Disasters: Reframing Incident Command of these systems have existed since the 1980s, one key element has been missing from HICS national guidelines: a focus on equity.

In a new editorial published in AJPH, Cheryl R. Clark, MD, ScD, and Eric Goralnick, MD, MS, both from Brigham and Women's Hospital, and their coauthor Richard Serino, NREMT-P, from the Harvard T.H. Chan School of Public Health, make the case for why a structural change is needed in the national HICS guidelines to ensure inclusion of an Equity Officer and subject matter experts in health care equity.

"The absence of equity as an emergency management principle in responses to COVID-19 has resulted in a slow and incomplete hospital response to the disproportionate mortality and morbidity in several historically marginalized

populations," the authors write. "Defining an equity officer as a mandatory, core member of the command and general staff is a first step in mitigating inequities."

The authors describe the experience at the Brigham, where a diversity, equity and community health response team was established during the COVID-19 pandemic. Results from an after-action review helped identify strengths and weaknesses of the Brigham's HICS response.

"Many of those involved in the process acknowledged that we are at the beginning and have much work to do to ensure that equity is a core function of our response during the COVID pandemic and in future disasters," the authors write. "On the basis of our observations, we recommend a structural change to the national HICS guidelines: including an Equity Officer and embedded health equity specialists within each section."

More information: Eric Goralnick et al, Equity Systems, American Journal of Public Health (2021). DOI: 10.2105/AJPH.2021.306171

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1/2



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