[00:00:00] *(singing) It’s time for meaningful insights, every researcher’s delight! It’s Data Night (end singing)*

Kasha Ely: Hello, and welcome to *Data Night* with the Odom Institute. After a brief pause for fall semester, we're back with three new episodes chatting with our finalists of this year's Thomas M. Carsey Graduate Student Symposium. This symposium is a collaboration with the University Libraries Research Hub and our group here at the Odum Institute, and is aimed to highlight exciting graduate students' social research on campus. Our three finalists have submitted their research projects for consideration, with the hope of being chosen as winner by our panel of expert judges and in the popular vote category. In this episode, I will be chatting with finalist Emily Forrest Hutchens about her project, "Tension, Trust and Treatment: Experiences of Black EMS Clinicians in the Summer of 2020". Emily is a doctoral student in the UNC Gillings School of Global Public Health Department of Health Behavior, and will be responding to questions submitted by our panel of judges after they've viewed her presentation video, which is linked in this episode's details. Hi, Emily.

Emily Forrest Hutchens: Hi, Kasha.

Kasha Ely: All right. So we've got a lot of great questions from our judges panel and we're just gonna dive right into them. The first one is, can you please talk about the critical moment you mentioned in your presentation video?

Emily Hutchens: Yeah. So as a reminder, this study was a qualitative study with Black EMS providers, emergency medical services providers, throughout the U.S. And I really just asked sort of unstructured questions about their experience in EMS. And all of the results that came up were things that were like a common thread between all of my participants. So these are elements that all my participants talked about. So I'll tell you about those four major elements and then sort of how I landed on the "critical moment" idea. So the four major elements were stress in EMS, and then interactions with sort of three different groups of people. So interactions with my participants, interactions with Black patients, with white patients, and then with white colleagues. And the critical moment really arose out of these last two elements. And what the critical moment is, is when my participant, so a Black EMS provider, has a racist interaction with a patient, usually a white patient, and then their white partner reacts or doesn't react sort of. And whatever happens in that situation, that's the critical moment, right? And I gave it this name, "Critical Moment". This wasn't a term that my participants used but it's something that they all described really consistently, and they described it alongside discussions of trust, and not only trust in their white colleague that the interaction actually happened with but also trust in their agency, in other white colleagues, and in EMS in general as a field. So it was this time when my participants were describing these interactions, and then immediately would start talking about trust and whether or not they wanted to keep working in EMS because of that trust. So I just - through many, many layers of analysis, just came to this conclusion that these concepts were related. So that's what the critical moment is and that's sort of how it arose from these very specific stories that participants were telling.

Kasha Ely: Great, thank you. And I know we'll get a little bit more into your results as we move along. Next question, is the stagnant growth in EMT diversity that you mentioned due to Black EMTs leaving the profession, not choosing that profession, or both?

Emily Hutchens: Yeah, that's a great question. So there's really, I'm gonna say, two main studies but I wanna stress that there are really only two studies that tell us anything about this question. And those come from a couple of colleagues. One is named Remle Crowe and she was working at the National Registry of EMTs, emergency medical technicians, at the time. And the study that she did was in 2019, so right before I started this study, and what she demonstrated was that the pipeline for EMS had not shifted in any sort of meaningful way, in terms of demographics, over 10 years. I believe that was between 2007 and 2017. But she just looked at 10 years of data and her and her team demonstrated that the pipeline was not changing, especially in terms of race. It had shifted a little bit in terms of gender identity, as in there were more women in the profession. Black providers had stagnated. And the very, very low pipeline percentage of Black providers, I'm talking 4 or 5% of the entire profession, was also much lower at higher certification levels and leadership levels. So that's a pipeline problem and [00:05:00] that's what Dr. Crowe's study demonstrated. There was one other study, also from the NREMT, later the next year in 2020, that was just a demography. So they just froze a moment in time, I think around 2017, 2018, and just demonstrated the same problem. They took sort of a snapshot of the workforce at the time, so not the pipeline but the actual working EMTs and paramedics, and just demonstrated the demography. And again, reflected the same things that Dr. Crowe's study reflected, which were just that the reflection of Black providers in EMS was not a reflection of demographics across the U.S. And that was true for every region. I'm gonna talk a little bit later about the South specifically, but that was true in every region of the U.S. So we don't know, to answer your question. We don't know if this is because Black providers are leaving the profession, not choosing it. We understand the pipeline is an issue in terms of whether they're leaving it after X many years, why they're leaving it, we have no idea because no one has been doing those studies. And I'll stress that we have no idea in formal research but the Black clinicians are talking about this problem on social media, in other types of publications that are research publications. So I'll just say in terms of research, that's what we know.

Kasha Ely: Thank you. Based on the work that you've done, what suggestions do you have to improve recruitment of people of color in the EMS field?

Emily Hutchens: Yeah. I'll say that the question of improving recruitment is a complicated question. Because my major concern right now, after having done this study and working on the next phase of the study, is more about the environment that recruitment programs are asking providers to join. So if providers are being recruited into some of the places where my research participants are working now or have worked, that are really negative, just not-great places to work for them because they're being treated poorly because of their race and they don't trust their fellow clinicians and it's just a really negative place to work, I don't think that recruitment, right, is the main question. The question is like, "What kind of environment are you recruiting people to join and making promises about like, 'This is a good career,' and all that?" So I don't know if I have any concrete suggestions right now, except that there needs to be more research about understanding the environment of EMS for Black clinicians.

Kasha Ely: That's a great insight. Thank you for reframing that question and issue. All right. You mentioned a few different analysis techniques. You used analytical memos, the Maxwell & Miller method of reading as a whole story, and the Holloway & Jefferson method of bias confrontation. Will you talk about why you chose these techniques and can you speak to the ones that were the most relevant or useful and why?

Emily Hutchens: Yeah, absolutely. So I know that I mentioned a lot of techniques, I guess, in the video and in my abstract. So I started this analysis and sort of did the first phase of analysis as part of a class at Gillings School of Public Health. It's Dr. Clare Barrington's Advanced Qualitative Methods class. And to take that class, you have to bring data with you. So I was bringing my own data, which was really exciting. And then you sort of are working through your data during the semester, but you're also learning new techniques every single week. It's very fast-paced and exciting. And so you wanna do it all. You want to try out every little thing. So it was sort of exciting to be able to try out some of these methods with some guidance. Oh, and also to work with a partner. So you get assigned a partner in the class and you're working through it with them. And I mention that because my partner, Maya Wright, who's in epidemiology was just so helpful throughout this whole process so I wanna thank her. So basically, what I'm saying is I got to try a lot of new stuff and I got to sort of pick and choose in this really unique way what was working best for me. So I'll talk about the two specifically that I mentioned. So the Maxwell and Miller whole story, this project was a phenomenology. And in phenomenology, you're trying to do this thing where you're getting an essence of an experience, which is not my favorite word. I like to say a common thread, you're feeling out what is common among the experience. And the best way to do that really felt, to me at the time, letting the participant experiences sort of converge and come together and then see what the common thread was, by reading it all at the same time. And [00:10:00] I mean, this is a lot of data and I really sat down and read it all at the same time, on multiple occasions, just to see - and to mark and write and memo what I was getting out of the data. Speaking of memoing, that's a huge part of the Holloway and Jefferson Bias Confrontation Method?. This was a really important method for me to use, for me personally to use, because this is not my experience, right? I am not a Black EMS clinician, I have not experienced this critical moment that I'm talking about, I haven't experienced so many of the things that my participants are talking about. But, I bring a whole other host of experience to - and really by "experience", I mean bias to that data. So I bring biases about the field of EMS, about what it means to be stressed, about what it might mean to be Black, right? I'm bringing biases to the situation. And I'm gonna say, for me, it was important for me to confront that. And the way that you do it is, you read - for those of y'all who aren't familiar, it's like you read for what you - you just read it and then you read for what you notice and then you read for why you notice what you notice. And then you write about that. And you're just constantly unpacking why these things are coming up for you personally and if they would come up differently for someone else. That's all to say that I think that this is an important step that I'm gonna keep using in my qualitative research, even if I end up looking at an experience that I have personally experienced. Just because we're all bringing bias to these experiences, right? And , whether you've experienced it or not, you're bringing some assumptions about what your participant is thinking and feeling and going through. So I think that this is one that I'll definitely keep using the Holloway and Jefferson Bias Confrontation.

Kasha Ely: In the second phase of the project where you're focusing on the southern U.S., have you noticed any differences so far between that and the study focused on the entire U.S.?

Emily Hutchens: Yeah, that's a great question. And that's a question that I probably get most frequently about these two studies. So I think that, yeah, I was really interested in focusing on the South impact when I first started the first study, I kind of just wanted to focus on the South. I'm just very interested in the South. It's a cultural place. I had the opportunity to focus only on the South in the second phase because the Center for the Study of the American South helped sponsor that study. So that was really helpful. But in terms of results, I'm just gonna say, "No." I have not - in terms of the data, the questions are different. The second phase of the study focuses very specifically on retention and recruitment and the factors that relate to those things. So when I said earlier, "We don't know a lot about why Black providers enter the profession, why they stay, why they might want to leave," that's what this study is trying to do, just like in the microcosm of the South. So that's the goal of the study. But in terms of the stories that people are telling, in terms of the experiences that they've had, and I've even had some providers who have worked in the South and outside of the South and been able to compare those for themselves. I haven't seen any significant differences. It seems like this is a national problem and not a Southern problem.

Kasha Ely: Good to know. Thank you. Do people usually make the assumption that it's a Southern problem?

Emily Hutchens: Yeah. I presented this research recently at a conference for EMS physicians, so more - higher-up, leadership in EMS, and I got that question very frequently. Just in terms of, "Well, do you think this is probably happening more in the South or in certain places," that sort of phrasing. And it was kind of nice to be able to confidently say, "No, this is probably happening in - this could be happening in your EMS system." 'Cause I think it's easy to be , "Oh, I could be more comfortable if I thought it was only happening in the South." That's me reading into that question, though.

Kasha Ely: Absolutely. Understandable. When speaking about diversity in EMS, why only focus on Black EMS workers? Why not all minorities?

Emily Hutchens: Yeah, I'm gonna try and give the quick and dirty version of my background and sort of my positionality here. So I used to be a public school teacher. I taught at a public school that was specifically - it was an alternative school, which means when young people get expelled from what you would call regular public school, they get sent to an alternative school. And the alternative school that I worked at in North Carolina was specifically for violent offenders. So , very specific criteria to be sent to this school, right? That's still the best job I've ever had. I wanna stress that, my students were amazing. I just always wanna say that. So why I bring that up is because I had a bunch of students at that school, and only two of my students were not Black. So, [00:15:00] obviously, a systemic problem in education. There's lots of research about that. There's people talking about that now. In 2015, there were fewer conversations about that. So these were conversations that I was having with my colleagues talking about why this is happening, talking to the schools that were sending students to us and talking about why this was happening. At the time, I didn't have a term for it because I hadn't - I didn't have a good background in humanities. Having taken some courses at UNC, I have this term now, "anti-Blackness" and I've been able to read so much more about it. And this really specific form of racism that Black people in America are experiencing, I didn't have the word for it at the time and I didn't have the word for it when I started this study, to be honest. You know, it was just these conversations of saying, "Why is this happening?" And then when Dr. Crowe's paper came out and just showed the stagnation over a decade, at a time when other medical fields were not - I mean, still a problem, but not experiencing the same stagnation, especially with Black providers. That's why there was a focus on Black providers. That isn't to say that other minority identifying people in EMS don't deserve the same attention, they absolutely do. One of my colleagues, Julianne Cyr is doing a great study on LGBT experience in EMS. And there's more research coming out all the time. So I would look into that. There are definitely other researchers doing work with other minority identifying people.

Kasha Ely: Great. Thank you for that background. How do you plan to relate the experience of Black EMS clinicians to diversity in the EMS workforce? How do you plan on connecting the two?

Emily Hutchens: Yeah. So EMS right now is having a "diversity moment", I'll call it. Especially since Dr. Crowe's paper came out about two years ago. There's all these programs, there's lots of new programs. There's a little bit of research into those programs on if they're working, how they're designed, that sort of thing. I see less of an emphasis - I'll just bring up that environment question again. I see less of an emphasis in the research on the environment that people are being invited into in the name of diversity. And I just struggle with whether - it's connected to diversity because it's struggling with whether fixing the diversity problem is the end of the problem in EMS. And it's definitely not, right, because the environment is still there. Whether and why people are leaving is still there, where they go when they leave, if EMS created a better opportunity for them or a worse opportunity … We don't know any of those things.

Kasha Ely: Interesting. Thank you. I'm gonna skip ahead to this question because I feel like you've already talked about it quite a bit so I wanna dive a little deeper. To what degree should we be focused on retention versus recruitment of Black individuals into careers in EMS?

Emily Hutchens: Yeah, definitely related. Retention versus recruitment? Yeah, I mean again, my first - even before retention and recruitment, my first thing that I'm always gonna go back to is environment, right? What are you inviting people to when you say your agency, or, naturally, EMS call to increase diversity, the question of environment has to be the first question. And then we can say, "Okay. Now people are coming in. Now, how do we get them to stay?" That being said, EMS traditionally has served as a great lifelong career for many people and has also served as a great stepping stone into other medical professions. And I think that preserving both of those sides of it is important in EMS because people will come into EMS, work there for a few years, go to medical school, become a physician, go to nursing school, become a nurse, have all these other great medical professions. And EMS can totally be a stepping stone towards that and that's awesome. So, retention's kind of a tricky question because it's like, if you say, "Someone stayed here for five years," is that a success or a failure? Well, it depends on where they went. So really, more research is needed to determine why people are leaving. Are they leaving for a better opportunity or are they being forced out because of what they're experiencing in EMS? So it's a complicated question. I don't know if I could pick retention or recruitment. I would pick environment over either.

Kasha Ely: Great. And again, the way you're reframing it, I love it. That's great. Let's see. Have you considered intersectional identities? And the examples given by this judge who submitted this question would be race and socioeconomic status, race and age, race and geography, their potential impact on the degree to which they impact recruitment of Black individuals into EMS?

Emily Hutchens: Yeah, no, that's a great question. So the new study is really more focused on these individual factors, like what socioeconomic background are you coming from. Not in terms of a survey question, but more about , [00:20:00] "How did you get into EMS? What were you doing beforehand?" One great thing about EMS is that it has low barriers in terms of getting into a medical field. And many times - not everywhere, but many times a medical field that pays well, that gives you enough hours, that gives you health insurance. So gives you all those meaningful things that sometimes other jobs with low barriers to entry don't give you. It's a low economic and educational barrier. So you can get started when you're, sometimes, as young as 16. You can get training, you can get paid to do training. There are lots of scholarships. EMTs and paramedics are needed so there are lots of opportunities to get into the field. So, I think SES has always played a role there. It's not something that I specifically asked about in this first study so I'm not ready to speak on it. Age is kind of tricky. That's also probably not one that I considered really specifically, it's one that I'm asking about more in the second study. And then in terms of geography, I think I sort of talked about that earlier, where I'm not seeing a difference in the South or in places where I guess you might assume that things are worse or less supportive or worse or better working environment. I've seen good working environments and terrible working environments all throughout both studies. But these are things that I'm excited to explore more during the second study.

Kasha Ely: Great, thank you. And this wasn't in the question but I am personally curious, did you see anything interesting when considering, or did you consider, the race and gender identity intersectionality? Did you find anything there?

Emily Hutchens: Yeah. So when I first started the study, I really was interested in gender because these studies have demonstrated gender is also disparate in EMS. Female-identifying people are not represented in EMS, cis people are overwhelmingly represented in EMS. So I wanted to - I considered using that. I went out of my way to recruit - everyone who I recruited was cisgender but I went out of my way to make sure that I included male and female-identifying people. I had quite a few participants - I say "quite a few", more than half of my participants asked specifically for their demographics to not be included in my analysis because they were fearful of being identified. I had a few participants say, "Please name me," which is not something I would do but they are telling people about their experience, or telling people that they're in a study, that's great. I had other people who said, "Do not use my gender, do not use my age, do not use my state." That deeply, a fear of being identified in terms of this study. So when they asked me to do that, I decided to scrub all the demographic information from the transcripts except for, I kept certification level which I had permission to keep from everyone, number of years that they had worked in EMS. I believe that's all, that's all the information that I kept. So, I didn't have the opportunity to look at gender because I told my participants that I would scrub that from record, but I would really like to look into that. I'm not sure yet if I'm gonna keep it in the record because I don't want the participant to have the responsibility of asking me not to include that demographic information on the second study. I haven't decided yet if I'm gonna keep gender as a factor or not.

Kasha Ely: Understandable. Thank you. Of course, participant comfort is always number one, I'm sure, in all of your studies. What challenges did you face in moving from quantitative methods to qualitative and hermeneutics methods?

Emily Hutchens: Yeah, yeah. So I come from the hard sciences. I have two undergrad degrees in hard sciences from NC State. So to me, research and all my exposure to research was in undergrad. Research was numbers. Like, that's always what it was to me. I didn't have any exposure to qualitative work. Even when I was teaching, again, all the studies that we used were numbers, right? That's what research was to me. I had the opportunity when I first started working at UNC about four years ago, in EMS research, I had the opportunity to go to a Research Talk, who works with Odum, short course, like a two-day course. And I was just like, I had no idea. I mean, I had no idea that qualitative research was such a thing. I feel silly saying that now but I just didn't know. And so when I first had this exposure to qualitative work, the questions, the research questions, came so much more naturally to me than the quantitative research questions. I understood the quantitative questions, I could form them as part of my learning, I could do all those things. But in terms of, "What do you wannato know about the world," [00:25:00] qualitative questions came so much more naturally to me. So that was a really exciting time for me, you can probably tell. So I will say, though, the challenge is that the analysis, the qualitative analysis, I found to be much more difficult than the quantitative analysis that I had done at the time. Now, granted, I'm in structural equation modeling now so that's challenging, don't get me wrong. But in terms of, there are rules to follow, there are standards, there's rigor, right? There are methods that you can use and there's so much of it that is up to the researcher in a way that is difficult to document. I find that very challenging. That would be the biggest challenge, I think, is just making decisions about what analytical methods to use. 'Cause you can't just say, right, "Well, I wanna look at mediation." You can't just say, "I'm gonna use this because of this," right? You have so many more choices to make about what methods you're gonna use in just thematic qualitative work. And then when I decided that this was gonna be a phenomenology, that just set it on fire. 'Cause like I said earlier about the essence, phenomenology is just - it's heady, right? So there's just more questions to ask, there's more internal work that you have to do as a researcher to question why you're looking at things in a certain way, what you're prioritizing, what your participants are prioritizing when they talk to you. There's just a lot of questions. The directions are not as straightforward, the rulebook is not as methodological. So those are all the challenges. I would say it's a lot of challenges.

Kasha Ely: Absolutely, yes. I'm glad to hear that you were introduced to qualitative at a Research Talk course. That's awesome. We do love Research Talk here at Odum, so that's great. Awesome, thank you. Great answer. How did using a more qualitative approach help you understand the phenomenon and what was going on with Black EMS clinicians? And you've touched on this a little bit already in your last answer, but if you wanna expand on that?

Emily Hutchens: Yeah, sure. I think that, again, it was the question that came when I was reading the studies, the quantitative studies, that were saying stagnation, right? They demonstrated the problem, we can postulate about solutions but without understanding what's actually happening in participants' own words, I don't know how far we can get into the solution side. Which is what everybody really wants, right? Like, "Okay, what are we gonna do about it?" I think using the participants' own words is so essential in that process and that's just something that is more difficult to do in quantitative work. It's possible, it's more difficult. And you can have a survey and you can say, "Well, these answers were related to those answers." And, "This feeling of trust is related to this other answer," like how long they've been working in the field or how many calls they go on per week, or whatever it is. And those can tell you something about the experience but I don't think they can tell you enough about the experience. So a qualitative approach, I just felt was essential here. It was the only way that I was gonna get the information that I wanted about this question, that lots of people in EMS were asking. And I just wanna stress here again, that Black EMS clinicians are talking about what is going on with them. They're talking about it in research and they're also talking about it online, at your EMS agency, if you work in EMS. Clinicians are talking about it. Steven Nelson, I worked with, he wrote an article on EMS-1. It's called "My Experience as a Black Clinician". Please read those. Read the research and then also go and see what is happening with clinicians right now.

Kasha Ely: Sure, thank you. And we can always put some links on your episode page to some more resources that people can check out if you have recommendations there.

Emily Hutchens: Yeah, great.

Kasha Ely: Yeah. For this last question, we are pivoting more into the solutions aspect. How can your results inform EMS workforce planning?

Emily Hutchens: Yeah. I don't wanna sound like a broken record here. I think that this step of informing workforce planning is not a step that I'm at yet, aside from saying, "Environment is number one." Like I mentioned before, there are a lot of programs. This is a hot topic in the field of EMS right now. I mean, it's a hot topic [00:30:00] in medicine, in general, "How do we use diversity?" Clarifying the environment that you're bringing, or that you're asking Black or other minority identifying clinicians to come into, is absolutely first. That's the only conclusion that I feel comfortable making about this first study. The second study seeks to do a little more of the concrete stuff, a little more of the factors: pay, benefits, child care, "What's important to you?", "What's important to you in terms of environment?", those types of things. But yeah, I would just - if you hear about an EMS, or even a medicine, workforce diversity program, my first question would be, "What environment are you trying to change? And are you trying to change it by bringing in diverse clinicians, or are you trying to change the environment so that diverse clinicians will wannato thrive here and be able to thrive here?" So my advice, I guess, would be to ask a lot of questions of these programs and the workforce planning priorities.

Kasha Ely: Great, thank you. Well, that is our last question. Is there anything else that we haven't talked about that you wanna mention about your project before we wrap up?

Emily Hutchens: The only thing that I would say, when I was thinking about today and the questions, is that I didn't really get a chance in this process to share the quotes from participants. And those are - I mean, those are the guts of this project. I have a poster laid out with quotes that just demonstrate what I'm saying. And I don't want you to take my word for what I'm saying. I guess that's the point. I don't want you to take my word for what the clinicians are experiencing, for what these participants are experiencing. I would really prefer people to go read some of the quotes and see for themselves what people are experiencing. Yeah, that would be the thing that I would wanna emphasize.

Kasha Ely: Good to know, thank you. And maybe we can stick that in the resources section of your episode as well if people would like to go take a look at that. But I wanna thank you for joining us on *Data Night* today and wish you good luck in the symposium.

Emily Hutchens: Great, thank you so much.

Kasha Ely: Thanks, have a good one. Thank you all for joining us on this episode of *Data Night* with the Odum Institute. A quick reminder that the symposium is named after Odom Institute's late former director, Dr. Tom Carsey, who was an esteemed political scientist and a dedicated champion for graduate students during his time here at UNC. Be sure to check out our other two finalists' episodes and place your vote for the Popular Choice Award during LOVE Data Week, between 9 AM on Valentine's Day and noon on February 18th. Winners will be announced that afternoon. Until next time, stay safe and well.