

CARESTAR

FOUNDATION



2026-2030 STRATEGIC PLAN

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SECTION 1.

OPENING LETTER

February 2026

Dear friends,

It is with great pride that we present this new five-year strategic plan.

Five years ago, CARESTAR Foundation made a public commitment to racial equity, along with a commitment to fund emergency and prehospital care in three core areas: research, strengthening partnerships, and policy change.

We are proud of the work we and our partners have done to date. We also recognize the need to reaffirm our commitment to eliminating racial disparities in care delivery and patient outcomes within California's EMS system. At a time when some are backing away from racial equity, we have chosen to dig deeper and reach broader. We recognize that advancing racial equity in EMS requires a commitment to rallying more partners in this work. Engagement of a broad array of collaborators and partners requires us to make racial equity a non-negotiable standard across the field.

So, how might we, as a modest-sized foundation, ensure that our resources have a meaningful impact within such a broad and complex system?

That was the core question as we approached this new strategic plan.

For the better part of a year, we listened, explored, imagined, and debated how best to approach our unique position in the field, while focusing our efforts to achieve greater impact.

Our driving questions were:

- What have we become exceptionally good at?
- What do we have the capacity to change about the field?
- And, if we could leave the field better than when we started, what would that positive impact look like?

As we present this new plan, it is important to note that focus is what got us to this point, and focus will drive us forward.

- We are unwavering in our commitment to racial equity and community-driven solutions.
- We are unwavering in our commitment to collaboration and the idea that we need all hands on deck to manifest the changes we believe are necessary.
- We are unwavering in our belief that the EMS system in California can and should function as an integrated, equitable system that meets the needs of every Californian.

Through this plan, we are committed to being great partners, conveners, advocates, and catalysts for change, as much as we will be investors in that change.

This, we believe, can be our tipping point.

For the next five years, CARESTAR will support initiatives that specifically aim to eliminate racial disparities in care delivery, clinical protocols, and patient outcomes in California’s EMS system, while continuing to ensure that racial equity becomes a non-negotiable standard in the field.

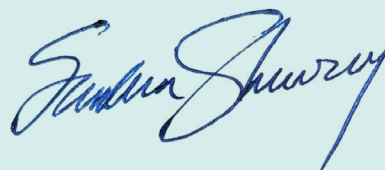
This plan reflects the wisdom and dedication of many voices. It is a call to action and a promise—that together, we will continue to strengthen the EMS system in California into a system rooted in equity, compassion, and resilience.

We are honored to share this journey with you.

Tanir Ami, *Chief Executive Officer*



Sandra Shewry, *Board Chair*



SECTION 2.

EXECUTIVE SUMMARY OF THE PLAN

Everything we do at CARESTAR is in pursuit of racial equity in Emergency Medical Services (EMS) within California. Working in close collaboration, our Board, staff, partners, grantees, and community utilized this period of strategic reflection to review, reset, and reaffirm our mission, vision, and values. We clarified our focus and considered how to provide the greatest benefit and impact to our field and ultimately, all Californians.

The result is a bold five-year strategic plan that strengthens our focus on investing in initiatives that address and eliminate racial disparities in care delivery, clinical protocols, and patient outcomes in California's EMS systems. As shorthand for our more focused direction, we adopted the use of the term 'data-driven racial equity leader', which we are defining as an organization that *will focus the use of our resources to invest in projects, initiatives, convenings, and research that center clinical performance improvements to measurably influence the achievement of racial equity in EMS.*

The plan reinforces our central commitment to the California EMS system and grounds us as a partner, convener, investor, and champion for equity in EMS. Although we plan to center clinical performance metrics in our work, we will act in ways that continue to draw much-needed attention to racial inequities in the field, beyond clinical outcomes.

That pursuit is why we invest our resources specifically in initiatives (the inputs) that can help Californians realize racial equity throughout the entirety of an EMS experience (the outcomes).

Examples of initiatives in which we invest include:

- Research
- Cross-organizational collaboration
- Policy and regulatory changes
- Clinical performance improvement initiatives
- Workforce equity
- Rural EMS infrastructure development
- Narrative change



Within the pages of this plan, you will find our commitment to address and eliminate disparities in EMS care delivery, clinical protocols, and patient outcomes. You will find our commitment to working across sectors to achieve systemic change. You will find our commitment to investing in community-driven solutions, and above all, you will find our unwavering commitment to racial equity.

THIS IS OUR NORTH STAR

The North Star of our Strategic Plan is to advance an Emergency Medical Services (EMS) system in California that measurably reduces or eliminates racial disparities and inequities in care delivery, clinical protocols, and patient outcomes, while continuing to ensure that racial equity becomes a non-negotiable standard in the field. To achieve this, we will rely on four pillars we believe are necessary to hold our work.

We define those pillars in the following ways:

- We will continue to be the highly visible and vocal agitators for issues of racial equity in EMS.
- We will continue to create opportunities for collaboration to flourish.
- We will continue to fund programs, initiatives, and organizations deeply engaged with communities and materially advancing progress toward our vision for more equitable EMS performance indicators.
- And we will continue to embrace a racial equity practice to guide our grantmaking framework and organizational management.

Later in the plan, you will see how we use these four pillars to organize our work:

- Eliminate racial disparities in care delivery, clinical protocols, and patient outcomes
- Ensure that racial equity becomes a non-negotiable standard in the field



SECTION 3.

AN INVESTMENT IN RACIAL EQUITY

In strategic planning, we recognize that clarity and alignment matter. The words we use can dictate the direction we take. Therefore, as part of our own alignment process, and in recognition of our North Star, the CARESTAR Board and staff have adopted the following definition of racial equity to keep us focused on our plan's true destination. Racial equity definitions from Race Forward and the Center for the Study of Social Policy inspire our definition.

Racial equity is a process of eliminating racial disparities and improving outcomes for everyone. Working to achieve equity acknowledges unequal starting places and the need to correct imbalances. Racial equity is necessary but not sufficient for racial justice. And, as in all our work, racial equity seeks measurable milestones and outcomes.

This definition guides CARESTAR to focus our resources, partnerships, and influence to ensure that equity is embedded in how care is delivered, who delivers it, and who benefits from it.

At the time of this plan's development, the California EMSA is working to adopt its own, state-wide, shared definition for equity in EMS, referenced below:

Equity in EMS means delivering patient-centered, culturally responsive care that meets individualized needs and reflects community voices. It ensures all people—regardless of background, location or socioeconomic status—have timely, respectful, and appropriate access. Equity also supports EMS professionals through comprehensive training, inclusive policies, ethical data use, and community partnerships. It also works to reduce the financial barriers, protect patients from unfair costs, and fairly share resources across all communities. Together, these efforts help improve health outcomes for everyone.

These clear articulations and commitments to equity are indeed pivotal signs of progress. Together, they represent a clear shift toward consistently identifying disparities and implementing targeted solutions for more equitable, person-centered EMS care in California.

Momentum for the adoption of more equitable, person-centered EMS care in California is building, and we're committed to turning it into meaningful progress.



SECTION 4.

A BRIEF HISTORY AND REFLECTION ON OUR PRIOR STRATEGIC PLAN



CARESTAR Foundation carries forward a legacy of investing in the health and well-being of all Californians. CARESTAR’s roots trace back to CALSTAR (California Shock Trauma Air Rescue), an air ambulance company founded in 1983 by a consortium of hospitals to bring life-saving care to patients within the critical window of time following a traumatic injury. After more than three decades of helping Californians reach emergency care, CALSTAR was sold to a buyer who would continue its essential services, and the proceeds were used to establish a new philanthropic entity: the CARESTAR Foundation. From the outset, CARESTAR Foundation sought to continue CALSTAR’s lifesaving work in California, and two years in, CARESTAR embarked on its first strategic planning process to clarify its direction and future investments.

The CARESTAR Foundation’s 2020–2025 Strategic Plan named three core pillars:

1.

Build Knowledge — Stakeholders in the emergency response field, policy makers, and the general public have a deeper understanding about 1) systemic inequities (structural racism), 2) local/regional injury and health outcomes disparities, 3) the barriers that prevent organizations from working in a more equitable and unified way and 4) innovation, best practices, and opportunities to improve injury/trauma response and care.

2.

Strengthen Partnerships — All Californians, particularly people of color, will receive a just, compassionate, and well-coordinated response at the time of personal injury or community-wide disaster and will be connected to the appropriate resources at an emergency department or trauma center, other health care facility, or community-based organization for optimal recovery and prevention of re-injury.

3.

Advance Policy — Local or statewide policies are adopted, and/or health insurance reimbursements align with efforts that create a more equitable and unified emergency response system.



These focus areas have proven effective in deepening CARESTAR's commitment to communities across California and positioned the Foundation as a leading voice addressing racial inequities in the EMS system. ***Now the moment calls for CARESTAR to shift from building the foundation to fueling a movement with a more specific focus.*** We must become bolder in our commitments to the field, the system, the public, and our grantees as we advance a more equitable future for EMS in California.

CARESTAR Foundation's early investments in these areas created ripple effects that fueled policy influence, organizational growth, and statewide replication that now extends far beyond the original grants. In addition, CARESTAR created a network that encouraged leaders and organizations deeply committed to the vision of racial equity in the field to come together to share insights and ideas. It's now time to leverage that community to drive change across the field.

SECTION 5.

A VISION FOR THE FUTURE

A critical part of strategic planning is the ability to see beyond the horizon; to imagine where we're going and plan how best to get there. In developing this strategic plan, and drawing on lessons learned from our 2020–2025 plan, the envisioned future is remarkably clear for our Board and staff.

We envision:

- **A sustained focus on Emergency Medical Services (EMS).** We can utilize our focus to bring broader awareness to both the challenges and opportunities to address racial inequities in this often-overlooked part of the healthcare delivery system.
- **A movement.** We can rally the field and partners to inspire transformational change to EMS that centers racial equity.
- **Philanthropy, plus.** We can be more than just grantmakers; we can also be conveners, advocates, educators, and communicators, working to change hearts and minds.
- **A steadfast commitment.** Despite a shifting political and social landscape, we can remain true to our mission, values, and community.





ADDRESSING AND CLOSING THE DISPARITIES

There have been many efforts in recent years to understand and document the disparities and inequities in EMS care. The field has increasingly moved beyond problem definition toward testing and implementing clinical interventions designed to close these gaps in real-world settings. Clinicians, EMS leaders, researchers, and community partners across California are actively piloting approaches that translate equity priorities into measurable improvements in care.

In fact, the California Emergency Medical Services Authority (EMSA) has recently made equity a central priority in its 10-Year EMS Strategic Plan, with concrete initiatives now underway, including advancing new standards designed to draw attention to and close long-standing disparities within the EMS system. Our strategic plan will collaborate heavily with their work, leveraging years of CARESTAR-driven research and field data to pinpoint exactly where we need to focus our investments to close gaps in clinical performance between racial groups and amplify the issue of racial equity in EMS.



To anchor our shared understanding of where inequities arise, the EMSA Strategic Plan identifies five key domains where racial disparities most commonly surface in the EMS field. These domains offer a comprehensive framework for identifying inequities within the system. By highlighting this framework, we illustrate both the breadth of inequities and the avenues EMSA is prioritizing to improve the system.

FIGURE 1: Five Key Equity Domains, as outlined in the EMSA 10-Year EMS Strategic Plan

DOMAIN	DESCRIPTION
Access to EMS	Access to EMS means the timely and barrier-free ability of all individuals including those in rural, tribal, underserved, and ESL communities to receive prehospital emergency medical care.
Utilization of EMS	Utilization of EMS means the equitable use of EMS services across populations, without barriers such as cost, mistrust, or language limiting when or how care is sought.
Quality of Care and Outcomes	Quality of Care and Outcomes means the delivery of consistent, respectful, and effective clinical care resulting in equitable patient experiences and health outcomes across populations.
Workforce Equity	Workforce Equity means ensuring the EMS workforce reflects the diversity of the community served and is equipped through training and support to provide culturally competent care.
Financial Equity	Financial Equity means the fair distribution of EMS costs and resources so that no patient is deterred from seeking or receiving care due to financial burden.

While inequities are present across all five domains, CARESTAR is currently prioritizing the Quality of Care and Outcomes domain. This focus reflects both the strength of the existing evidence—particularly data demonstrating persistent racial inequities in clinical care—and the opportunity to drive near-term, measurable improvement through targeted interventions. Within this domain, CARESTAR is concentrating on specific, high-impact clinical metrics, including Adult Pain Management and STEMI Care, which exemplify where focused efforts can produce meaningful and trackable gains in patient outcomes.



CARESTAR’s work on clinical metrics is not theoretical. Through its funding, CARESTAR is already supporting models that demonstrate how equity-focused interventions can improve care delivery on the ground. As an example, CARESTAR’s investment in the Crisis Alternative Response of Eureka has enabled licensed mental health clinicians to respond directly to behavioral health-related emergency calls, diverting approximately 75% of individuals from emergency departments to more appropriate levels of care. This model has reduced unnecessary emergency interventions while improving outcomes for populations disproportionately impacted by mental health crises and system involvement.

In the years ahead, CARESTAR will continue to monitor these and other clinical performance measures, alongside EMS leaders, researchers, community partners, and state agencies. Our goal is not simply to track disparities, but to generate improvements in protocols, training, accountability, and systems design that measurably improve outcomes for communities across the state of California that experience the greatest inequities.

“In healthcare, equity isn’t abstract. It’s the difference between someone receiving adequate pain medication or not, between reduced suffering or preventable harm. This work is literally life and death.”

—Managing Mental Health Clinician, Crisis Alternative Response of Eureka

SECTION 6.

ORGANIZATIONAL FOUNDATIONS

As part of this process, CARESTAR also revisited our mission, vision, and values to ensure they remained clear, aligned, and true to our identity as a foundation. In that process, we made minor modifications, as outlined below.



OUR MISSION

To advance racial equity in Emergency Medical Services for all communities in California through partnership, funding, and advocacy.

OUR VISION

All Californians experience an Emergency Medical Services (EMS) system that is equitable, unified, and compassionate because the people contributing to that system are best prepared to help each person survive and thrive.

OUR VALUES

- **Equity:** We believe all people deserve to thrive, yet our current Emergency Medical Services system falls short of that aspiration. To ensure that all Californians are protected and benefit from our collective systems, we seek to understand and address systemic barriers to fair treatment, access, and health outcomes.
- **Collaboration:** We understand that our world is inherently interconnected. Thus, we aim to address collective well-being and to be in solidarity with those who experience the greatest risk and harm. We approach our work with a systems mindset and a commitment to achieving our mission through strategic partnerships and convenings.
- **Compassion:** We base our work in compassion, respect, and care for all, and our deep commitment to work for the common good. By investing in equitable emergency medical services, all Californians can benefit.
- **Hope:** We believe change is necessary, and are optimistic that with strategic, innovative, and thoughtful efforts, CARESTAR and its partners can contribute to transforming systems and saving lives.

SECTION 7.

FOCUS AREAS OF THIS PLAN

For the next five years, CARESTAR will support initiatives that specifically aim to eliminate racial disparities in care delivery, clinical protocols, and patient outcomes in California’s EMS system, while continuing to ensure that racial equity becomes a non-negotiable standard in the field.

For the next five years, we will rely on four pillars we believe are necessary to hold our work.

Here is an explanation of those pillars.

ELEVATE & AGITATE

We will continue to be the highly visible, highly vocal agitators for the issues of racial equity in EMS. That may involve publishing statewide data benchmarks, building new partnerships, or spending more time in front of lawmakers, regulators, and the media. While these approaches may vary, our focus will remain consistent. We will shed light on the existence of inequities in our system and draw much-needed attention to them, ensuring that racial equity becomes a non-negotiable standard in the field.

CONVENE & CONNECT

This work is best done in partnership, so we will create more opportunities for collaboration to flourish. We will hold more convenings and create more opportunities for information sharing across research and policy workshops, data conferences, and both formal and informal opportunities for connection, cross-pollination, and mutual benefit.

INVEST & CULTIVATE

We will continue funding community-engaged organizations that focus on advancing an Emergency Medical Services (EMS) system in California that measurably reduces or eliminates racial disparities and inequities in care delivery, clinical protocols, and patient outcomes, or works to ensure that racial equity becomes a non-negotiable in the broader field of EMS.

OPERATE & INTEGRATE

We will continue to demonstrate our commitment to racial equity through grantmaking processes, organizational management, and board governance. We will further involve our community in decision-making and prioritize investments and vendors who align with our racial equity commitments.



FUNDING IN PRACTICE

CARESTAR’s grantmaking is one of the most impactful ways we advance racial equity in EMS. Our funding is designed to support work that moves the field from theory to embedding solutions in systems and driving policy change.

In practice, this means supporting initiatives that surface and clarify disparities and demonstrate equitable outcomes in real-world settings. CARESTAR prioritizes work that is informed by community voice and lived experience, is grounded in credible data, and is positioned to scale.

Our grantmaking is organized around a Research • Implementation • Policy framework:

RESEARCH	IMPLEMENTATION	POLICY
<p>We fund research that identifies, quantifies, and clearly demonstrates racial disparities in EMS care delivery, clinical protocols, and patient outcomes.</p> <p><i>Examples include statewide equity analyses, disaggregated performance data, and studies that inform clinical benchmarks and quality improvement priorities.</i></p>	<p>We fund organizations and systems to test, refine, and demonstrate solutions that measurably improve equity in EMS care where disparities are occurring.</p> <p><i>Examples include community-based EMS pilots, alternative response models, workforce and training initiatives, and equity-focused clinical quality improvement efforts.</i></p>	<p>We fund efforts to translate proven, equity-advancing practices into policy, regulation, and system-level change so improvements are sustained and scaled statewide.</p> <p><i>Examples include policy analysis, advocacy, coalition-building, and engagement with regulators to align EMS standards and reimbursement with equity goals.</i></p>

Funding reinforces our other focus areas. Investments help elevate inequities that demand attention, convene practitioners and researchers around shared learning, and model how equity can be integrated into decision-making, operations, and governance. In this way, grantmaking strengthens CARESTAR’s broader role as an advocate, connector, and field leader.

SECTION 8.

IN CLOSING

This strategic plan reflects CARESTAR Foundation’s continued commitment to advancing racial equity in Emergency Medical Services across California. Anchored by our North Star, the plan sharpens our focus on where disparities persist and where coordinated action can produce measurable, lasting change.

Over the next five years, CARESTAR will advance this work through four integrated pillars: elevating and activating the field around equity in EMS, convening and connecting partners to accelerate learning and alignment, investing in community-engaged solutions that improve care and outcomes, and operating with integrity by embedding equity across our own practices and governance. Together, these pillars define how we will move from insight to action.

This plan serves as both a roadmap and an invitation—to our partners, grantees, peers, and collaborators—to work alongside us in strengthening an EMS system that delivers equitable, high-quality care to every Californian. Through our commitments and focus and guided by this plan, CARESTAR Foundation will help build a future in which racial equity is not aspirational, but a non-negotiable standard in emergency medical care. This plan is the result of numerous thoughtful conversations spanning several months with our Board, staff, grantees, partners, and peers.

STRATEGIC PLANNING COMMITTEE

Mission Partners, a Certified B Corporation™ and a Certified Women-Owned® strategic communications firm, facilitated the development of this strategic plan. A CARESTAR Foundation Board and staff strategic planning committee oversaw the process.

STRATEGIC PLANNING COMMITTEE MEMBERS

- **Tanir Ami**, Chief Executive Officer
- **Sedella Jefferson**, Program Officer
- **Ken Meehan**, Director
- **Erick Rudnick**, Director
- **Sandra Shewry**, Chair & Director
- **Jane Smith**, Secretary & Director