

Nov 13th-15th 2023

Globalization Toward Quality & Patient Safety
A Future Perspective

الجودة من منظور عالمي - تطلعات مستقبلية

Promoting Equity in Healthcare

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"Inequities are not generally being driven by individual bad actors ... they are being driven by systems, by policies, by practices, by culture." "They are structural in nature, and so they require structural solutions."

Karthik Sivashanker, The AMA Center for Health Equity's



Equity

"is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification." World Health Organization



Health Equity

is "when every person has the opportunity to 'attain his or her full health potential' and no one is 'disadvantaged from achieving this potential because of social position or other socially determined circumstances.'



Disparities

exist many dimensions, across including race, ethnicity, gender, sexual orientation, disability status, socioeconomic status, refugee migrant status, and geographic location-even between neighborhoods in close proximity to one another.





Three possible outcomes of QI on equity:

- Improvement for all but maintenance of the equity gap (equality in improvement)
- Improvement more in the disadvantaged population (decreasing the gap)
- Improvement more in the advantaged population (widening the gap)
 Weinick & Hasnain-Wynia (2011)



(Cooper et al., 2018; O'Kane et al., 2021; Wyatt et al, 2016)

1. Increasing Patient Trust and Involvement

individuals must be engaged both in their own care and in quality improvement and governance (cultural and linguistic humility, addressing implicit bias, and increasing diversity and representation among health care workers and health care leaders).





2. Increasing Community Engagement and Truly Valuing the Health of Populations

- ✓ Engaging with communities and community organizations to address unmet health-related social needs
- ✓ Achieving equity in care quality and health outcomes requires listening to and learning from communities to plan systemic solutions that solve multiple problems, also known as "multisolving".



3. Cross-sectoral collaborations

including health care, public health, social services, neighborhood associations, community-based organizations, education, businesses, charities, the media, advocacy groups, and government-to achieve health equity





4. Collaborations Among Practitioners, Researchers, and Educators:

- ✓ to enhance strategic thinking, disruption to current norms, and approaches based on evidence.
- ✓ to build capacity among practitioners and organizations and help them identify efficient ways to monitor and evaluate the fidelity and success of program implementation.





5. Leadership Development:

- Equity is an organizational priority to support resource allocation and to demonstrate that the organization is serious about reducing health disparities
- Leaders with expertise in the appropriate social sectors and academic disciplines and with values and priorities consonant with social justice.
- Leaders need authority, vision, integrity, relational and political skills, and commitment to the collective desired outcome.
- Equity is incorporated into all of the strategic organizational pillars.





5. Leadership Development:cont.

- Leaders should be equipped with skills to make more explicit connections among political engagement, societal policies, and health
- Leaders should be trusted by people from disadvantaged communities.
- They should inspire people from marginalized communities to engage in, rather than withdraw from, the political process, and advocate for change in their respective communities.
- Leaders should reprioritized improving community health and equity from "nice-to-haves" to "must-haves" in their business plan



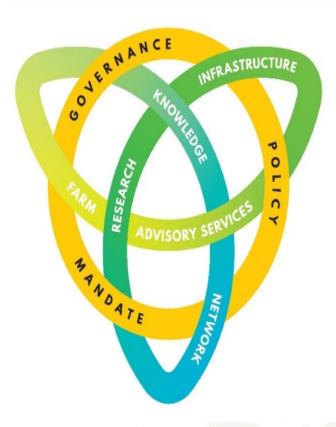
6. Education and Training:

- ✓ Educating and training a diverse group of public health and clinical investigators and practitioners in transdisciplinary methods
- ✓ People from disadvantaged communities cultivate their talents and interests in this work because their personal experiences confer a unique expertise in the realities of developing, implementing, and evaluating health equity interventions.
- ✓These programs incorporate didactic and experiential opportunities in multidisciplinary areas, including social epidemiology, implementation science, health services research, behavioral science, intervention development, community-based participatory research, quality improvement, evaluation science, and health policy research.



7. Policy Translation:

The field of public health needs practitioners who understand the social determinants of health and can connect the points from research to policy to program implementation by advocating for the incorporation of health effects into policy evaluations.



Knowledge Use Context Embedded in well-established, trusted farm advisory services and programs

Knowledge Production Context Integrated within a broader research infrastructure

Knowledge Processing Context Driven by a value-added knowledge network of diverse knowledge stakeholders

Social-Political Context
Supported by stable policy and governance mandates and priorities



8. Rewarding Organizations for Equity

- ✓ Payment models should reward optimal outcomes equitably for everyone walking through an institution's door.
- ✓ Safety and equity must both be in place for success.
- ✓ The first step in leveraging rewards and reimbursements to improve outcomes is creating accurate benchmarking that applies to different groups served.





9. Improving Data

- ✓ Significant actionable clinical-quality data that capture race, ethnicity, and language are impeding progress toward health equity.
- ✓ The health care delivery system must understand and address the root causes of inequitable health outcomes, as well as people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.





10. New Measurement Strategies

- ✓ Existing quality measures (both process and outcomes) need to be segmented to understand where disparities exist.
- ✓ New measures are needed. For instance, patients and the health care workforce should routinely be asked about any bias or inequity that they may be experiencing
- ✓ The next requirement is to develop overall ways of summarizing equity issues at all levels. Equity dashboards can be created.
- √ The equity lens should be incorporated into existing unit-, department-, entity-, and board-level quality dashboards



11. Tailor quality improvement efforts to meet the needs of marginalized populations

- Consider the needs and issues faced by populations experiencing worse health outcomes.
- Consider the resources available to particular populations such as where they live, their financial situation, level of education, and access to transportation.
- Establish trust between providers and patients, particularly when co-designing new processes and care designs in partnership with patients.
- Provide accessible primary care focused on meeting the needs of marginalized individuals in the community.



12. Socioeconomic Status Specific Strategies

- ✓ Provide economic and development opportunities for staff at all levels.
- ✓ Buy supplies and services from women- and minority-owned businesses.
- ✓ Build health care facilities in underserved communities.
- ✓ Physical Environment
- ✓ Healthy Behaviors



13. Decrease Institutional Discrimination within the Organization

- Physical Space: Buildings and Design:
- Accessibility: the health care organization accessible via public transportation
- Décor and interior design of the facility: welcoming, reflect the culture of the neighborhood being served.
- Parking: available and parking fees affordable to low-income individuals.
- Cleanliness: Are all patient care areas in the facility clean and neat
- Waiting times: Identify ways to improve access to care by reducing waiting times in all areas of the health care organization.
- Design of the buildings themselves: Many older hospitals were built for the ease of physicians' accessibility to their medical offices, not for the patients to access health care.
- Provision of care services in newer facilities: the allocation of newer facilities or care areas equitable to providing services for all patient populations



14. Reduce Implicit Bias

- Implicit bias, also known as unconscious bias, is "the bias in judgment and/or behavior that results from indirect cognitive processes (e.g., implicit attitudes and implicit stereotypes) that often operate at a level below conscious awareness and without intentional control."
- Implicit bias is significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes.
- Implicit bias is not limited to race; implicit bias can exist for characteristics such as gender, age, sexual orientation, gender identity, disability status, and physical appearance such as height or weight.
- Implicit bias is "automatically activated and often unintentional."



14. Reduce Implicit Bias cont.

- Reduce implicit bias within the organization's policies, structures, and norms: lessen the effect of implicit bias in organizational decision making (i.e., hiring, promotion).
- Reduce implicit bias in patient care: mitigate the effect of implicit bias in all interactions and at all points of contact with patients (i.e., communication, treatment protocols or recommended treatment options, or options for pain management)
- Social factors such as primary spoken language, gender, sexual orientation, education, and employment status are also associated with implicit bias



14. Reduce Implicit Bias cont.

Strategies to reduce implicit bias:

- Stereotype replacement: Recognizing that a response is based on stereotype and consciously adjusting the response
- Counter-stereotypic imaging: Imagining the individual as the opposite of the stereotype
- Individuation: Seeing the person as an individual rather than a stereotype
- Perspective taking: "Putting yourself in the other person's shoes"
- Increasing opportunities for contact with individuals from different groups: Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present
- Partnership building: Reframing the interaction with the patient as one between collaborating equals, rather than between a high-status person and a low-status person



14. Reduce Implicit Bias cont.

Practical tips to fight implicit bias in health care:

- Have a basic understanding of the cultures your patients come from.
- Don't stereotype your patients; individuate them.
- Understand and respect the tremendous power of unconscious bias.
- Recognize situations that magnify stereotyping and bias.
- Do a "Teach Back." Teach Back is a method to confirm patient understanding of health care instructions that is associated with improved adherence, quality, and patient safety.
- Diligently practice "evidence-based."



Final messages:

What gets measured gets improved.

"Nothing about me without me."

communities' perspectives, preferences, and goals must be directly integrated into quality improvement efforts.

"Injustice anywhere is a threat to justice everywhere."

Dr Martin Luther King, Jr. (1963)

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THANK YOU