Dr Max Raos
MBChB FACEM
Te Atiawa Te Arawa

Equity is Quality
kua takoto te manuka

Healthcare quality the degree to which **health care services** for individuals and populations **increase** the likelihood of **desired health outcomes** and are consistent with current professional knowledge

"**Health equity**" or "equity in health" implies that ideally **everyone** should have a **fair opportunity** to attain their **full health potential** and that no one should be disadvantaged from achieving this potential

Quality in Healthcare

Safe

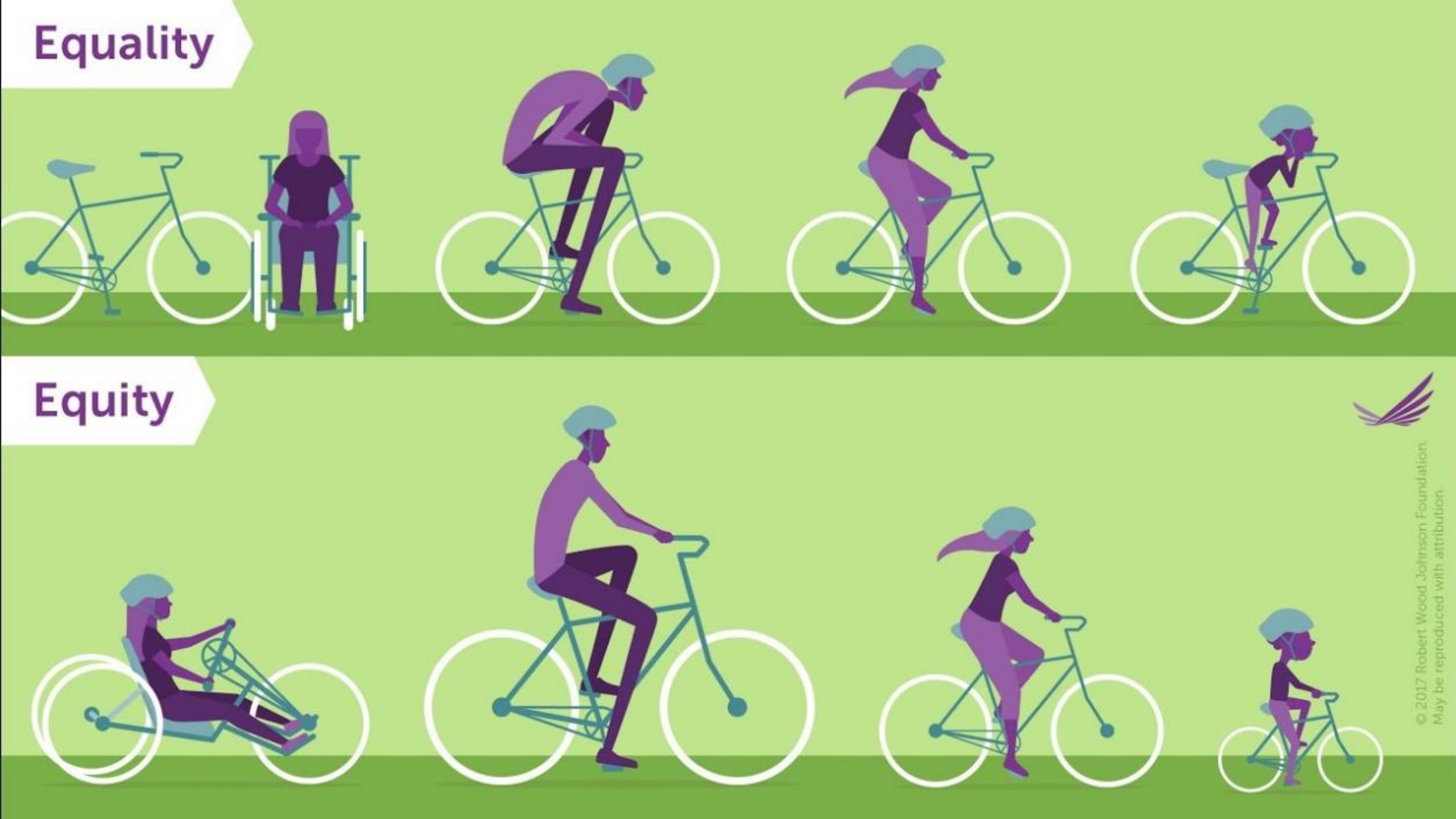
Timely

Patient Centered

Effective

Efficient

Equitable



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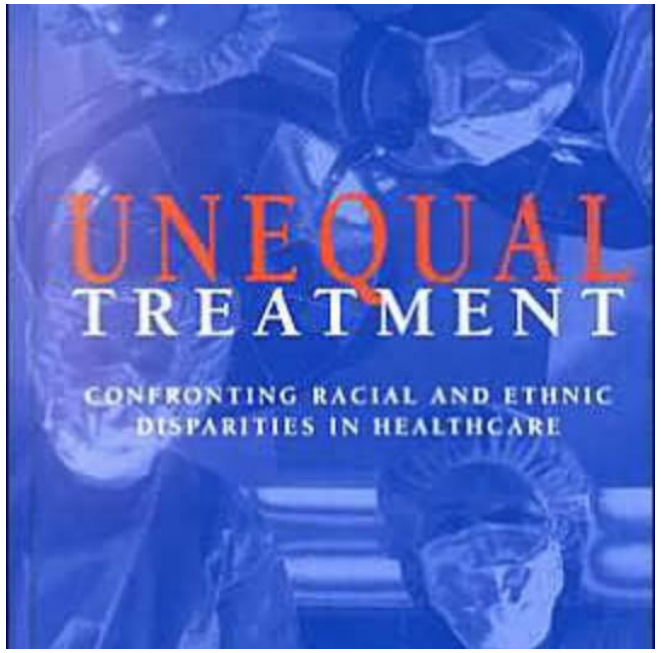
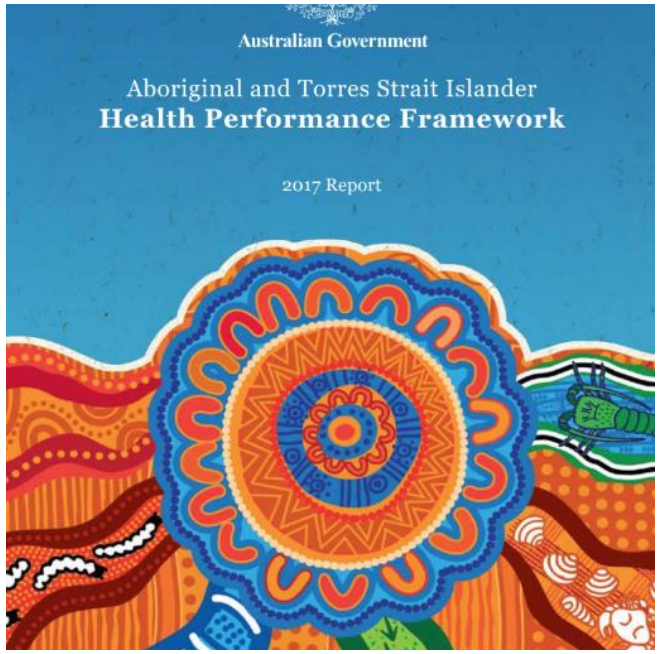
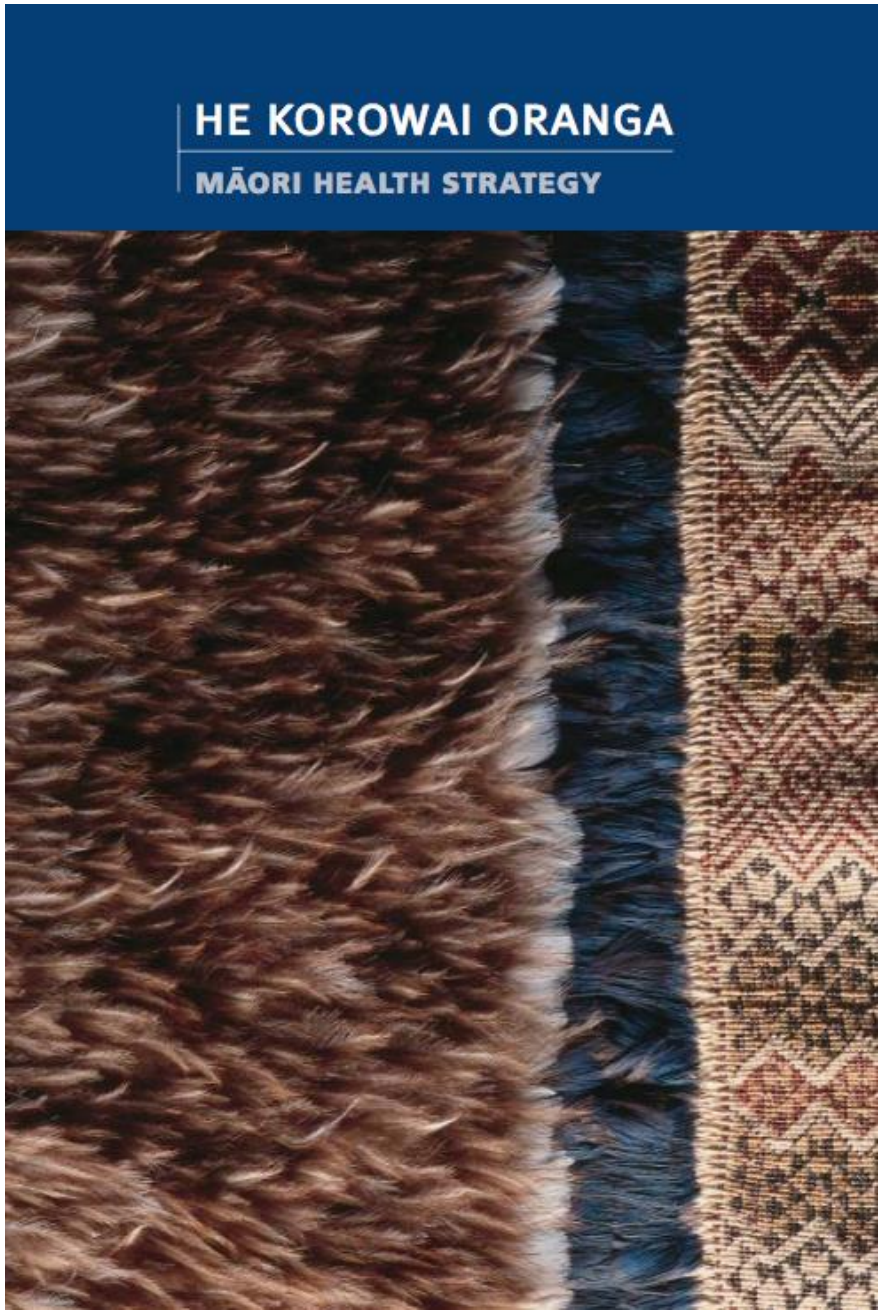
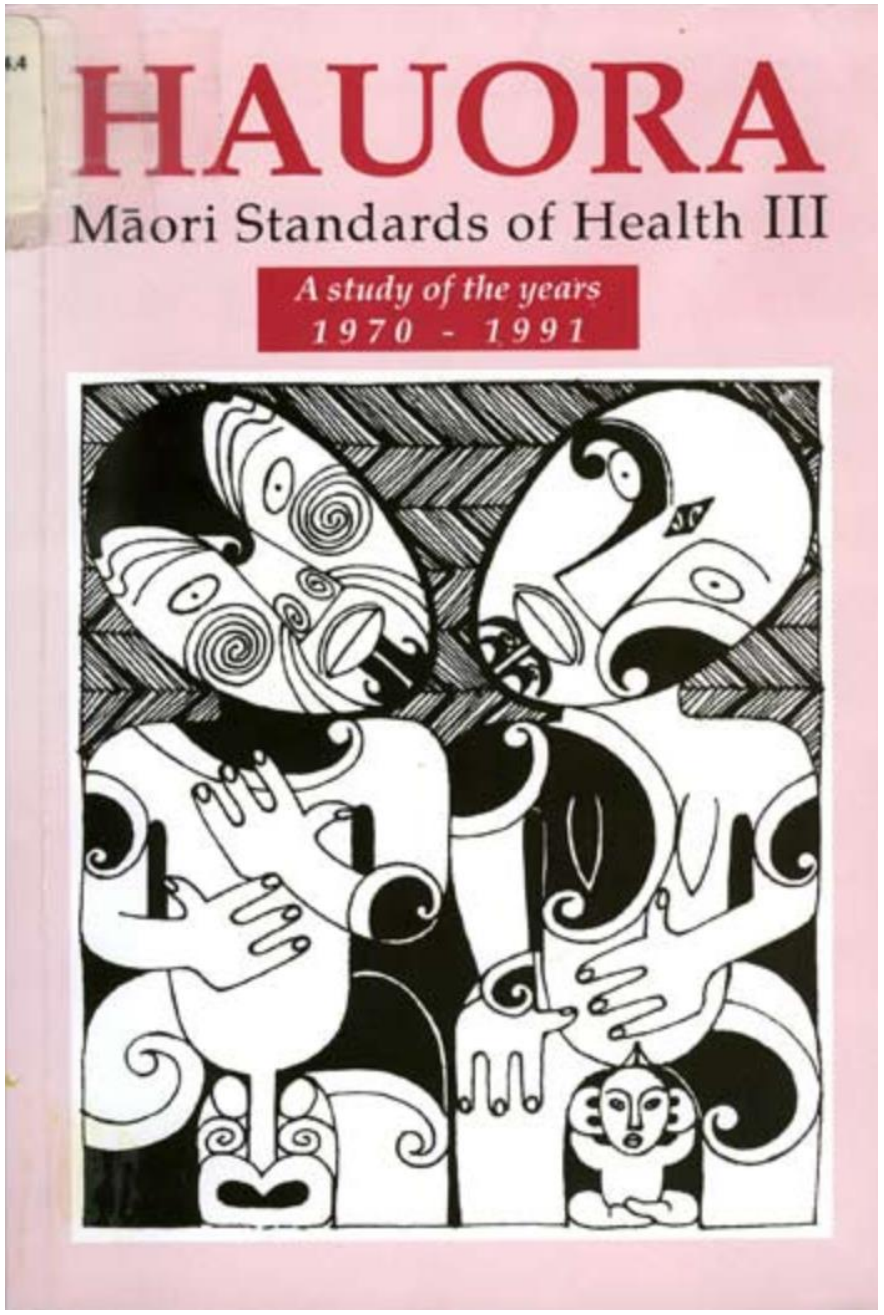
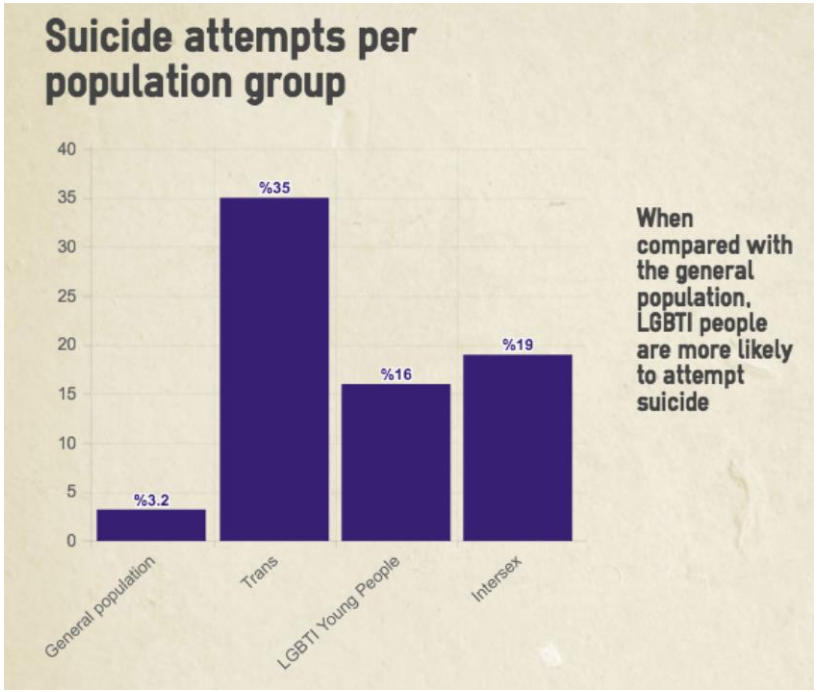
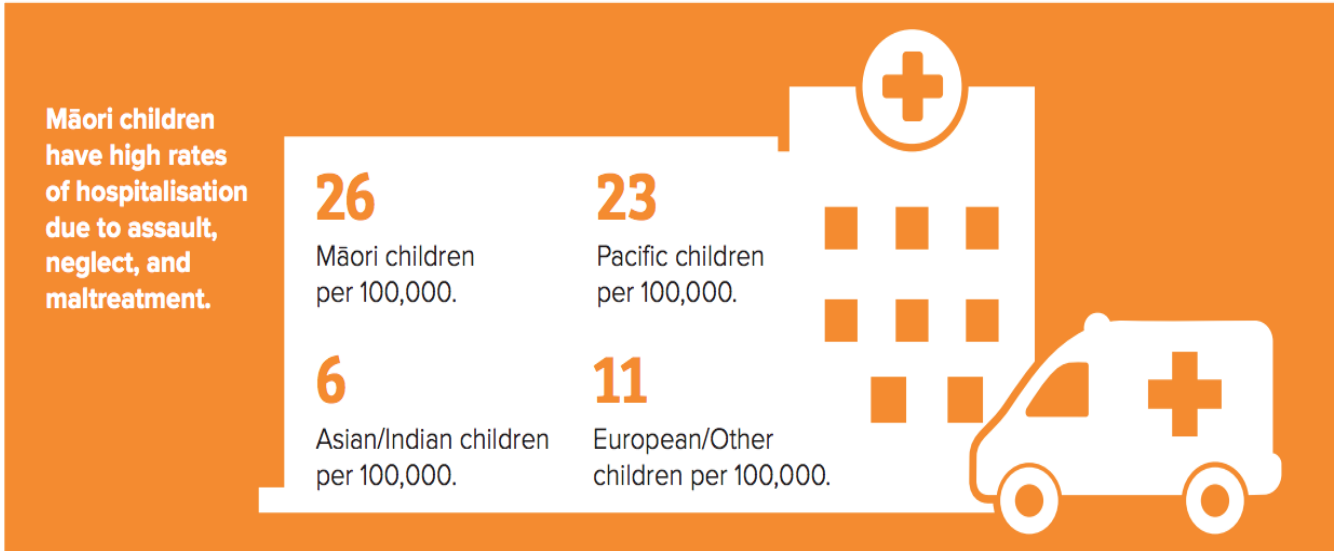

UNEQUAL
TREATMENT
CONFRONTING RACIAL AND ETHNIC
DISPARITIES IN HEALTHCARE


Australian Government
Aboriginal and Torres Strait Islander
Health Performance Framework
2017 Report

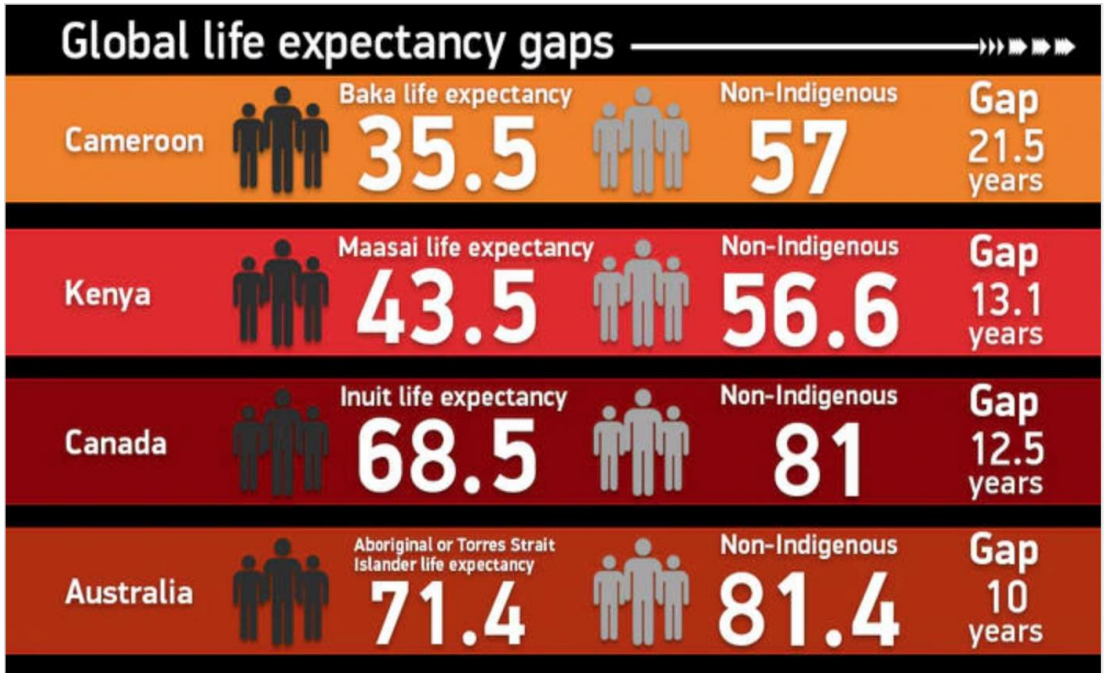

HE KOROWAI ORANGA
MĀORI HEALTH STRATEGY


HAUORA
Māori Standards of Health III
A study of the years
1970 - 1991





In the USA, **African Americans** represent **13%** of the **population** but account for nearly **HALF** of **new HIV** Diagnoses



Why is Equity in healthcare good?

It is morally right

It saves money

- **directly costs** the NHS about **£5 billion** per year
- **directly costs** the Canadian Government **$6.5 billion** per year

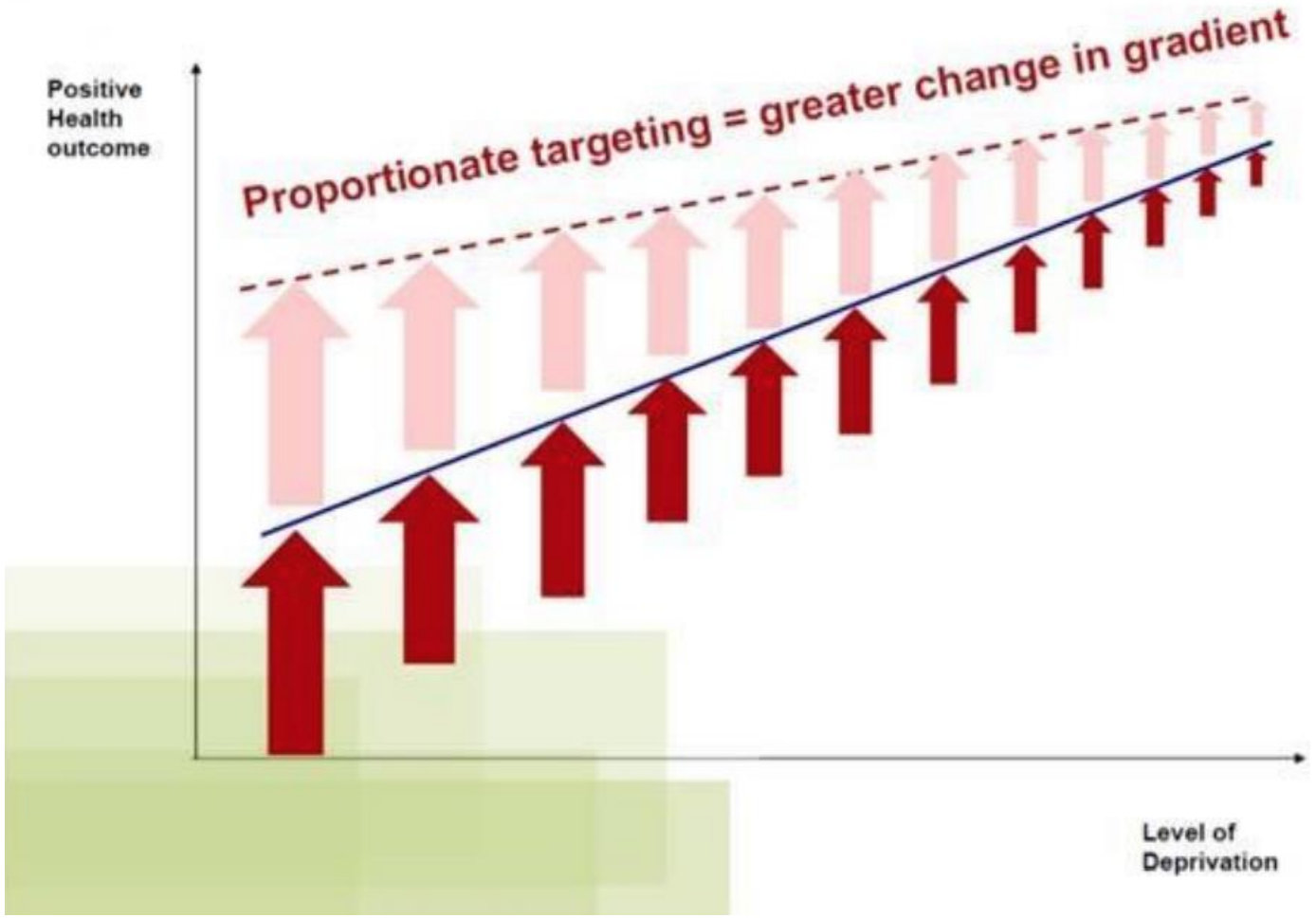
It Improves Quality

- Safety
- Timely
- Efficiency
- Patient centric

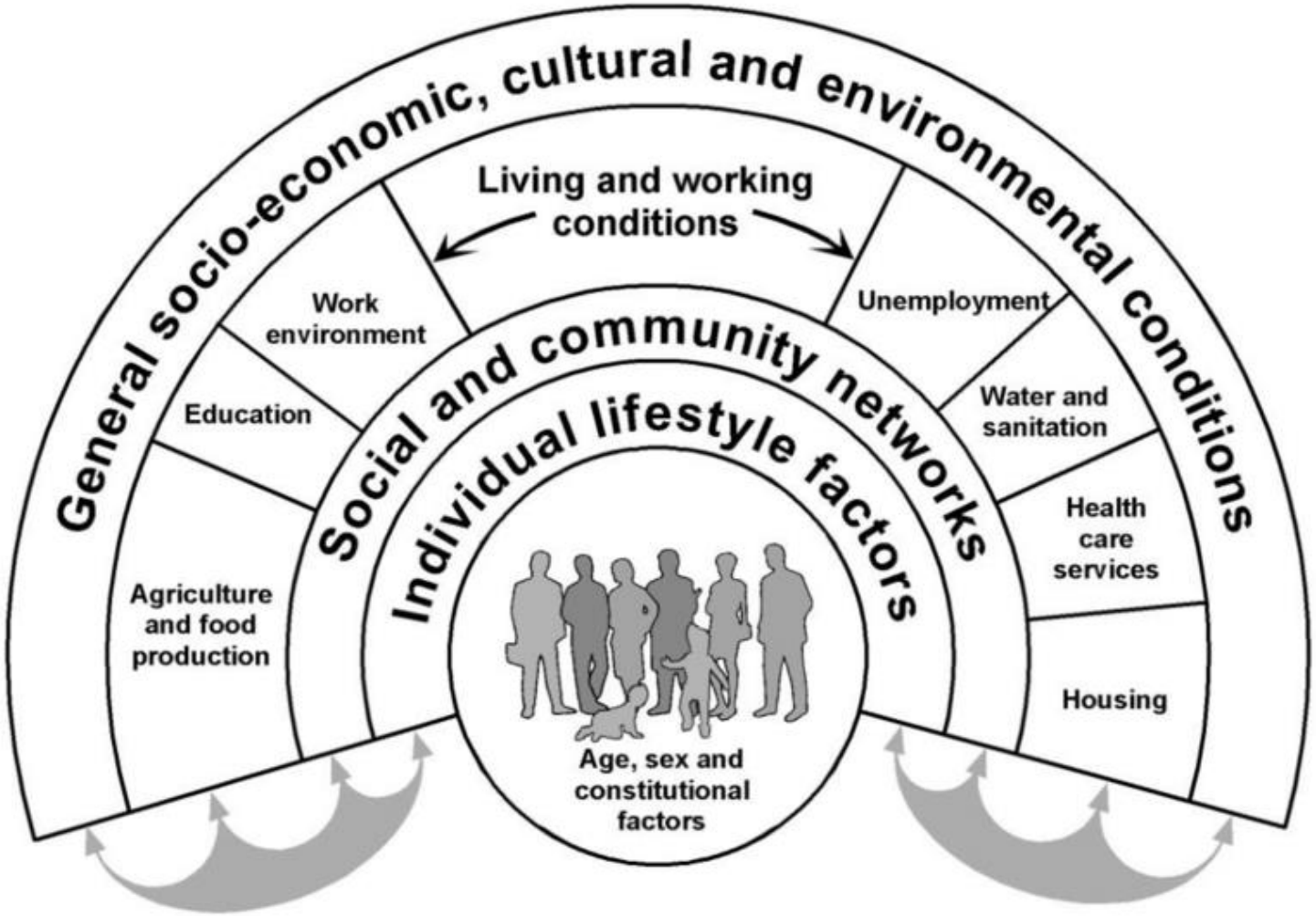
Those who need the most healthcare receive the least

Hart 1971

Proportionate Universalism

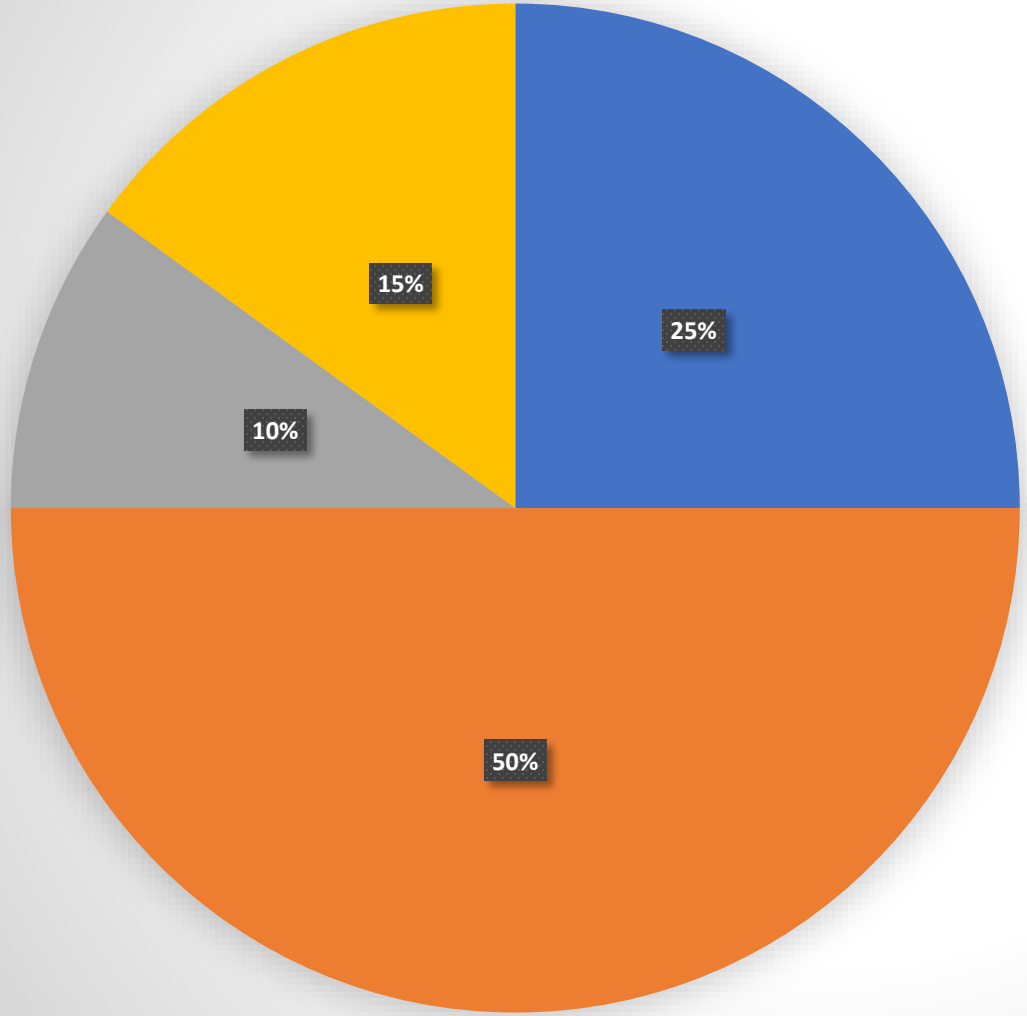


The Main Determinants of Health



Source: Dahlgren and Whitehead, 1993

Contribution to inequity in Health Outcomes



Every system is perfectly designed to get the results it gets

Dr Paul Batalden

Institute for Healthcare Improvement

Areas of influence for change

Society

Health System

Care-process

Patient level

WHAT IS HEALTH IN ALL POLICIES?

World Health Organization

Good health requires policies that actively support health

It requires different sectors working together, for example:

HEALTH TRANSPORT HOUSING WORK NUTRITION WATER & SANITATION

TO ENSURE ALL PEOPLE HAVE EQUAL OPPORTUNITIES TO ACHIEVE THE HIGHEST LEVEL OF HEALTH

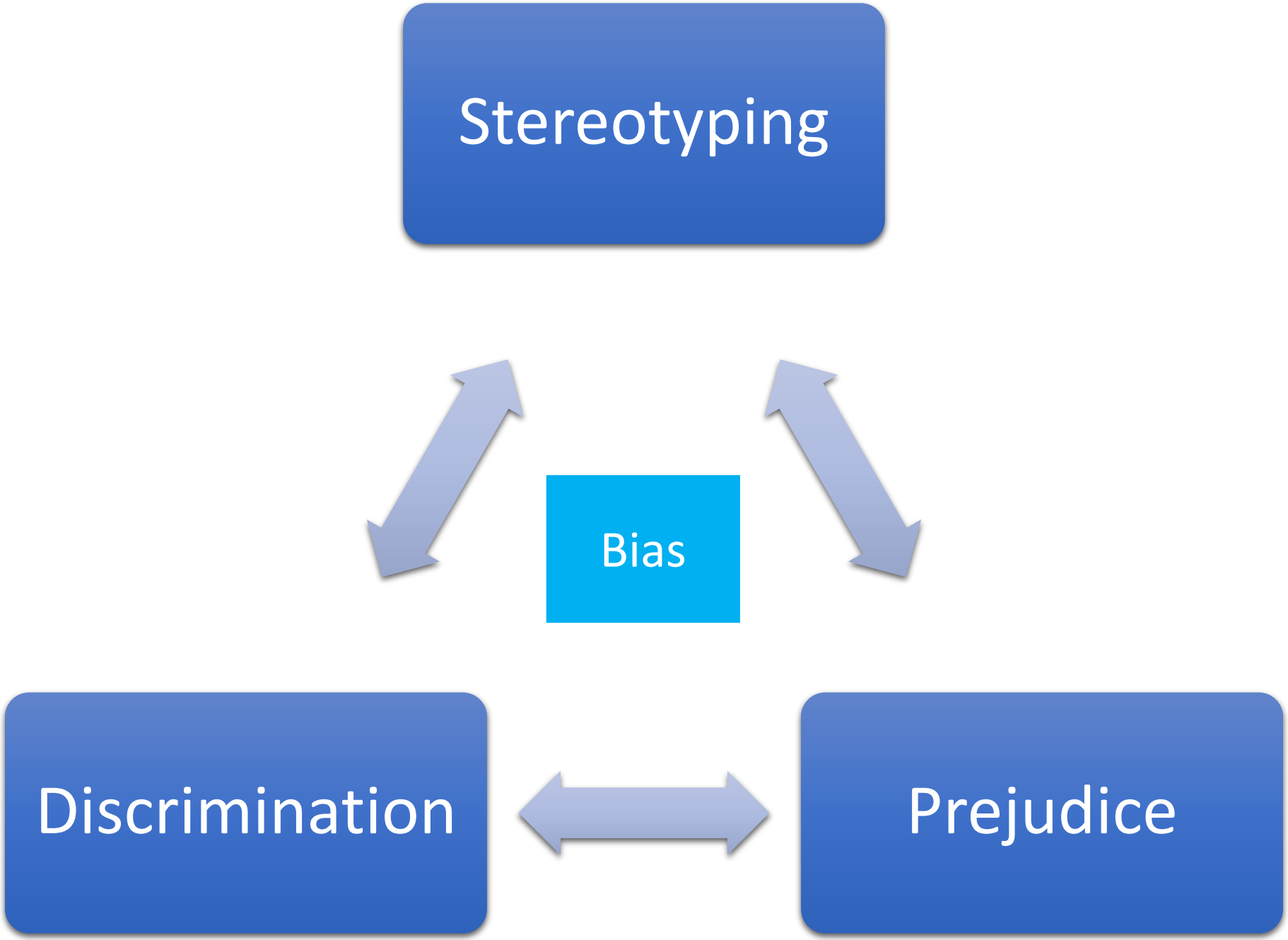
50% of reduction in child mortality from 1990-2010 was from non Health Sector Investment

Health System

- Easy to access and navigate as a patient
- No inherent bias for those with limited English proficiency
- Objectively shown to be easy to navigate

Care process Variables

- Bias
- Stereotyping
- Discrimination
- Poor communication


Stereotyping
Bias
Discrimination
Prejudice

SAEM Academic Emergency Medicine
Official Journal of the Society for Academic Emergency Medicine

Original Contribution | Free Access

The Impact of Cognitive Stressors in the Emergency Department on Physician Implicit Racial Bias

Tiffani J. Johnson MD, MSc, Robert W. Hickey MD, Galen E. Switzer PhD, Elizabeth Miller MD, PhD, Daniel G. Winger MS, Margaret Nguyen MD ... See all authors

SYSTEMATIC REVIEWS AND META-ANALYSES (OTHER THAN EVIDENCE-BASED DIAGNOSTICS)

A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making

Erin Dehon, PhD, Nicole Weiss, PhD, Jonathan Jones, MD, Whitney Faulconer, MD, Elizabeth Hinton, MSIS and Sarah Sterling, MD

Ignoring It Isn't an Option: Racial Bias in Emergency Medicine

by WILLIAM B. MILLARD, PHD

Special Contributor to
Annals News & Perspective

https://implicit.harvard.edu/implicit/takeatest.html

Project Implicit®

Patient Level Variables

UNDERSTANDING

MISTRUST OF THE SYSTEM

ADHERENCE TO THERAPY

Invisibility & exclusion embedded into structures & systems
DISCRIMINATION / EXCLUSION
Service providers are not inclusive. LGBTI people experience exclusion and discrimination.
Data & policy do not reflect LGBTI communities & needs
STAGNATION
Service providers do not change practice to be inclusive for LGBTI clients and communities
FEAR & DISTRUST
LGBTI people fear that service providers are untrustworthy, dangerous and discriminatory
No data is collected / available
No evidence of need to collect data
INVISIBILITY
Service providers assume they have no LGBTI clients or communities so do not seek to actively meet their needs
PROTECTION & SURVIVAL
LGBTI people hide or modify their identities, bodies, attractions &/or do not engage with service providers
Questions remain un-asked or inadequate

MASSACHUSETTS
GENERAL HOSPITAL

Institute for Health Policy

Improving Quality and Achieving Equity:
A Guide for Hospital Leaders

Make a Change

Getting Started

- Form a taskforce or work group
- Current state of play within organization
- Educate leadership

Creating Foundation

- Collect the data
- Policy
- Community Engagement
- Hospital Education
- Strategic goals

Moving to Action

- Monitor for disparities
- Develop Pilot plan

Evaluate, Disseminate, Re-Engineer

- Evaluate against goals
- Present data to Governing body
- React to feedback and change as necessary

Health Care Quality is an objective measure how well we take care of patients

Certain groups of people have higher rates of disease with less intervention

Diverting resources to these groups improves quality performance measures and improves outcomes (win-win)

Take home

The physicians surely are the natural advocates of the poor, and social problems largely fall within their scope

Rudolf Virchow

Dr Max Raos
MBChB FACEM
Te Atiawa Te Arawa

Equity is Quality
kua takoto te manuka