

Session 1: Introduction to Health Equity and Quality Improvement

Key Takeaways:

- Health equity means that everyone has a fair and just opportunity to be as healthy as possible.
- Health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.
- Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvements.
- We will apply QI tools using case-based, interactive sessions as part of this program.

Key Concepts:

Health equity vs equality	Equity and equality are different. Equality means that everyone is treated the exact same way, regardless of differences. Equity means that everyone is provided with what they need to succeed. See link for Visualizing Health Equity infographic.
Health disparities in NE	Link to Douglas County COVID-19 cases by race & ethnicity
	Key drivers of COVID-19-related health disparities require addressing the drivers of inequities.
Case example – perceptions in pain assessment & treatment	Biases and false ideas about pain contribute to treatment disparities and unnecessary suffering.
QI History	QI originated in the manufacturing industry more than 100 years ago and has been applied in a wide variety of fields and disciplines.
QI in Healthcare	QI addresses the whole system of healthcare delivery, understanding that the healthcare system is inherently a complex system.

Further Reading:

Association of American Medical Colleges Diversity, Equity & Inclusion Toolkit & Resources:

<https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit/resources>

What is health equity? <https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Smedley BD, Stith AY, Nelson AR, editors. Washington (DC): National Academies Press (US); 2003. PMID: 25032386. DOI: 10.17226/12875

Health disparities: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Hoffman KM, Trawalter S, Axt JR, Oliver MN. *Proc Natl Acad Sci U S A*. 2016;113(16):4296-4301. doi:10.1073/pnas.1516047113

Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

[The Science of Improvement: How to Improve](#) (video on IHI website)

[Brief history of quality movement in US healthcare](#). Youssra Marjoui, Kevin J. Bozic. *Curr Rev Musculoskelet Med*. 2012 Dec; 5(4): 265–273. Published online 2012 Sep 9. doi: 10.1007/s12178-012-9137-8.

[Quality of Care: How can it be assessed](#). Avedis Donabedian. *JAMA* Sept 23/30. 1988 Vol 260. No12 :1743-1748.

[History of Lean](#); Sixsigmastudyguide.com

[The origins of Lean Six Sigma](#); Quality.org

[History of Quality](#); ASQ.org

Session 1: Introduction to Health Equity and Quality Improvement

