Key Considerations

There are many causes of disparities. Every root cause analysis should consider multiple levels of influence that may contribute to low quality care and disparate health outcomes. To help you focus your equity lens as you conduct your root cause analysis, we've provided some key considerations, along with some examples.

Patient and/or Patient's Immediate Family

• Language

• Literacy

• Health literacy

• Comfort discussing personal/private health issues with provider and/or peers

• Food norms (e.g. cooking with lard)

• Family influences and norms (e.g., family members are highly involved in decision-making, care of the family prioritized over care of personal health, do not openly discuss health issues)

• The intersection of faith-based norms and health behaviors

• Trust in the healthcare system (e.g., silent non-adherence)

• Norms for interacting with authority figures (deference, do not question)

• Medical/healthcare norms in home country/culture

• Knowledge and skills to implement behavior change (e.g. How to prepare food in a way that is healthy and does not violate family and cultural norms)

Key Considerations, Continued

Provider

- Clinical inertia

- Unrecognized prejudices

- Limited knowledge about disease

- Limited knowledge about local cultures

- Limited knowledge about how community environment and available resources may influence patients' ability to manage their health/chronic illness (e.g. poor public transportation infrastructure, food deserts, close proximity to generators of high pollution)

- Limited health/medical fluency in languages other than English

- Inadequate specialized knowledge (e.g. PCP does not know how to manage depression)

- Low comfort engaging patients on issues related to race and culture

- No follow-up communication with patients that have complex or long-term treatment protocols

Microsystem: the immediate care team

- Ineffective referrals (e.g. eye exam results do not find their way to PCP, or referred specialist has no available appointments for six months)

- Missing knowledge or skills (e.g. CHW or psychiatrist's expertise is needed)

- Limited case management and other supports to assist patients in navigating the healthcare system

- Lack of patient-specific, team-based communication (e.g., between primary care providers and specialists, inadequate health record documentation, lack of team-based patient reviews/rounds)

Key Considerations, continued

Organization

- Clinic schedule (e.g. does it accommodate evening or weekend hours)

- Limited time allotted for appointments

- Limited staff (no CDEs, for example)

- No opportunity to assess patient satisfaction or to implement feedback mechanisms with effective follow-up

- Presence of comprehensive orientation and ongoing training for all staff to be comfortable with the cultural values, beliefs and issues important to your patients

- Staff familiarity with applicable internal and external resources such as behavioral health, support/educational groups, community based organizations, financial assistance

- Organizational effectiveness implementing CLAS standards.

- Existence, capacity and influence of your organization's community advisory board

- Limited specificity of race/ethnicity data (e.g. diverse European immigrant populations all captured as "white" in data)

- Poor population of race/ethnicity data at point of entry or registration

- Inconvenient location (e.g., proximity to public transportation)

Key Considerations, continued

Community

- The healthcare organization's history and reputation as perceived by the community(s) it serves (e.g. poor local perceptions of the organization hinder patient trust of providers and other staff)

- Mutually beneficial partnerships with community based organizations (e.g. churches, social service, schools, park districts, fitness centers)

- Availability of public transportation

- Safety/Security (e.g. parents reluctant to let children play/exercise outdoors due to safety concerns).

- Food deserts

- Variety and convenience of local health-related resources (e.g. gyms, walking paths, parks)

Policy

- Needed services not reimbursed (e.g. dietician)

- P4P is encouraging patient cherry-picking/dumping.

- State and municipal support for healthcare programming and infrastructure support (e.g. reduced drug assistance program funds, reduced electronic health record development and implementation funds).

- State-level health insurance legislation and reform efforts (e.g. changes in Medicaid benefits levels or eligibility, changes in reimbursement rate affecting providers willingness to accept certain payers)