

Diagnosing Root Causes With an Equity Lens

A Root Cause Analysis (RCA) is a standard quality improvement tool to understand the underlying causes of why a specific undesirable incident occurred. For example, an RCA might explore why a patient fell at the hospital or why post-surgery care rates are increasing. AHE uses an RCA in conjunction with quality improvement efforts to understand how a health inequity occurred or exists.

Advancing Health Equity has developed a method for understanding the root causes of inequities using the RCA and applying an equity lens which helps teams focus on specific inequities in care and health outcomes. An RCA will inform how you and your provider, patient, and community partners design your equity-focused care transformation. A well-done RCA ensures that the healthcare transformation designed to reduce and eliminate an inequity also will be effective and relevant to both health care providers and patients, increasing its chances of success and that they will buy-in and fully participate.

Root Causes of Health and Healthcare Inequities

The primary causes of health and healthcare inequities are systemic racism and other forms of oppression and discrimination (e.g., heterosexism, ageism, classism, sexism). They are at the beginning of a causal chain of events that result in inequitable treatment and exert their influence throughout society. Healthcare organizations of all types, including government agencies, health plans, as well as clinics and hospitals, operate with policies, practices, and systems that were created within that larger context.

Your root cause analysis will begin to illuminate how inequities develop and manifest in a complex web of related and unrelated factors, including oppression, discrimination, and bias across all levels of the health system, such as: member and provider level, community level, intra- and inter-organizational, and policy-level factors.

While it may feel overwhelming or impossible to address broader-scale, societal level racism and other types of oppression and discrimination, you will find many opportunities to address how they play out within your own communities and organizations. Bringing together multiple stakeholder organizations in health-focused or other types of cross-sector collaboratives increases your team's chances of accomplishing equity-related goals on multiple levels. For example, a team may be able to address upstream social drivers of health such as increasing affordable housing and access to healthy foods as well as address downstream impacts via member-level referrals to social service programs and organizations.

Social Drivers of Health and Social Needs

Social drivers of health are “conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (Healthy People 2020). Examples include unstable housing, food insecurity, and poverty. Social drivers of health lead to social needs, which play a role in creating poor health. Some social drivers are positive, such as accessible, healthy, and affordable food and lead to social supports that facilitate good health.

It is important to use an equity lens when assessing social drivers of health for purpose of advancing health equity. For example, a multi-stakeholder collaborative comprised of many organizations may wish to provide more housing for youth living without stable housing. It may also wish to reduce the large inequity of significantly more LGBTQ+ youth experiencing homelessness compared to their heterosexual and cisgender peers. The RCA, if done well, will reveal multiple housing needs that are unique to LGBTQ+ youth experiencing homelessness—in addition to

uncovering housing needs that apply to all youth. A new youth housing program that deliberately addresses the unique needs of LGBTQ+ youth uncovered during the RCA will be much more likely to reduce housing inequities in the long run compared to a general or generic youth housing program.

What is a Root Cause Analysis?

Advancing Health Equity uses RCAs more broadly to assess why racial, ethnic, or other inequities exist in the care certain populations receive from providers. There are many types of inequities, such as race, ethnicity, age, sex, gender identity, sexual orientation, geography (e.g., rural, urban), and socioeconomic status. Many of them can happen concurrently. This is not to say that an RCA that asks “Why do Latine communities in California have problems controlling their blood pressure?” is doomed to failure. Rather, that same RCA would be more successful if it asked, “Why has a health plan in rural California been less successful helping Latine patients with hypertension control their blood pressure compared to white patients with hypertension in the same area?”

There are many potential causes of any health and healthcare inequity, and it is extremely rare that any one person or group will be able to identify all of them. Thus, it’s important to gather multiple perspectives and types of input as you conduct your **Root Cause Analysis (RCA)** with an equity lens. Over the course of several weeks or months, your team will work together and with other key stakeholders to complete the RCA. This will involve gathering feedback from stakeholders throughout the partner organizations and communities, utilizing process-mapping tools such as the **5-Whys** or a **Fishbone Diagram** to organize potential causes, and determining which root causes to prioritize and address.

Who Will Be Involved?

Ideally, your team will include multiple perspectives from a variety of invested stakeholders such as:

Equity champions: Equity champions are passionate about advancing health equity and have a natural talent for team building, leadership, and advocacy. Since equity champions are especially tuned in to issues about equity at the partner organizations and communities, they provide insight that others may miss. It is important, however, that equity champions are visibly supported by upper management, which will add legitimacy to their efforts among other staff members.

Frontline care team members: Frontline team members at healthcare provider, payer, and governmental organizations, including administrative and support staff, will be familiar with day-to-day details of how their organization functions. Including their perspective is key to developing an accurate RCA.

Leadership figures: Team members with leadership roles often have the influence to affect change once root causes are identified, which can be integral to your team’s overall success. They may also have insight into potential policy-level causes of a disparity (e.g., contract clauses or financial objectives for the organization) as well as actionable strategies for how to navigate those barriers.

Patients and community patients: Patients and communities are the experts when it comes to the barriers and challenges they face attaining quality medical care. Patients experience care differently than clinic staff and providers; getting their input is crucial. Patients can offer honest feedback about why the inequities exist and how best to address them. Whenever possible, conduct focus groups,

surveys, or interviews with patients and community members who are living with the health and/or health care inequities you wish to address. Community groups that serve the priority population are another valuable resource. To increase your chances of success, we highly recommend cultivating ongoing, regular, trust-based interactions with patients and communities in which power to make decisions about how healthcare is delivered is shared.

Quality improvement specialists: Integrating the RCA team with representatives from the partner organizations' existing quality improvement (QI) teams (e.g., health plan or provider organization partners) can help the team ask the most pertinent questions. QI experts often have experience conducting RCAs and may offer helpful tips on doing them effectively and efficiently.

How Will They Be Involved?

Ideally, your RCA team will gather information from different stakeholders, compile everyone's input, and report back to see if any key information is missing. Relationships built on trust and skillful facilitation will help the group avoid becoming paralyzed or overwhelmed when acknowledging and documenting issues of oppression and discrimination during a root cause analysis.

The issues identified in your RCA can be challenging to discuss because they are sensitive. You may be asking some tough questions about racism, sexism, ageism, ableism, heterosexism and other forms of oppression and discrimination. Approach the potential discomfort participants might feel head on, acknowledging their discomfort while emphasizing the need to reduce healthcare inequities.

Below are some useful tips for facilitating those discussions:

Ask open-ended questions. If your questions are too specific or closed, warranting yes/no responses, you may limit participants' responses and are more likely to miss important information.

Give participants the opportunity to consider the topic outside of meeting with your team, allowing them more time to develop ideas and discuss them with their peers.

Protect participants' time so that they can fully participate in the RCA. For example, instead of asking respondents to stay after work to participate in focus groups, connect with them during regularly scheduled team meetings.

Provide opportunities for anonymous feedback or for respondents to give feedback outside of a group setting. Some participants may fear reprisals for pointing out inequities or feel uncomfortable with voicing their opinions in a group setting. Creating multiple avenues for participants to provide feedback may help your team gather more accurate information.

Provide training and support to team members leading these conversations so that they have the necessary skills to create a robust and respectful discussion.

The final step of any RCA is to make sure that the results are disseminated throughout all partner organizations, which is beneficial for implementation and sustainability in the long-run as it will increase the chances to obtain and/or maintain stakeholder buy-in. Think carefully as a team about the best way to share this information and who should be the person(s) to share it. Don't forget to present your findings to the people who participated in the RCA. They can tell you if you misinterpreted their feedback or if you successfully captured their ideas.

It can be a delicate matter to call out problems and identify areas for improvement. It may be helpful to aggregate and de-identify findings in order to prevent retaliation or negative feelings as well as encourage staff to speak up in the future.

Once you identify a health or healthcare inequity, it can be tempting to jump right into doing something about it—that's a natural response. However, taking the time to understand exactly why the inequities exist will maximize your efforts and minimize your chances of overlooking the most effective solutions.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE 's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare disparities.