Prioritize Root Causes

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AHE
Advancing
Health
Equity
Leading care, payment, and systems transformation

Robert Wood Johnson Foundation

Learning Objectives

Participants that have completed a Root Cause Analysis with an equity lens will have identified multiple potential root causes. Participants will learn how to identify which root causes are the most important and feasible to address in new care and payment models.

/ Participants will learn how to assess the feasibility and importance of potential root causes.

/ Participants will learn how to prioritize which root causes to address in their care and payment models.

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Housekeeping

/ Video on if/whenever possible

/ Mute when not speaking

/ Use the "raise hand" feature or send questions and comments any time via chat

/ Take care of yourself and loved ones (e.g., bio breaks)

/ Pair you computer and phone, if connected separately:

- Right click your image
- Select "merge audio"
- Select your phone number

/ To enable closed captioning:

- Click the Captions Icon

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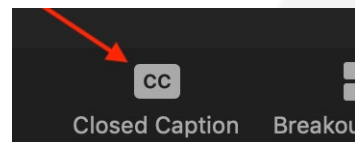
Agenda

/ Introductions

/ Review of Key Terms and Concepts

/ Priority matrix

/ Wrap up

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Accountable Spaces Framework

/ Do not interrupt others.

/ Listen actively, instead of waiting to speak.

/ Be mindful of your total talk time and resist the urge to add "sprinkles" to a perfectly good conversation sundae.

/ Give everyone a chance to speak, without unnecessary pressure.

/ Words and tone matter. Be mindful of the impact of your words, not just your intent.

/ We are all learning, and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words – not for someone feeling insulted by them.

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Accountable Spaces Framework

/ Recognize and embrace friction. Constructive conflict can lead to substantive change.

/ Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgement. If you notice others aren't receiving the credit they are due, speak up and highlight their work.

/ Speak for yourself using "I" statement. Do not take ownership of others' lived experiences.

/ Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.

/ Address racial inequities head on and call out racism when it happens.

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Key Terms & Concepts

Key Terms

- **Health inequity:** is a type of health disparity that is systemic, avoidable, and generally regarded as unfair or unjust. In 2023, AHE moved toward using inequities rather than disparities whenever possible. [2]

- **SDOH:** "Social determinants [or 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*

- **Social Risk Factor:** Adverse social conditions associated with poor health, such as food insecurity and housing instability. A person may be at risk for a social need without actually having a social need (just as a person may be at risk for developing diabetes without having diabetes)

- **Social need/HRSN:** Specific unmet need of an individual (e.g., a patient identifies that they need help accessing healthy food)

"What Are Social Drivers of Health—and How Do They Affect You?," Anthem Blue Cross Blue Shield (blog), November 5, 2020, https://www.anthem.com/blog/your-health-care/social-drivers-of-health-and-how-they-affect-you/.

Source: Katie Green and Megan Zook, "When Talking About Social Determinants, Precision Matters," Health Affairs Blog. October 29, 2019. Available on: https://www.healthaffairs.org/content/forefront/talking-social-determinants-precision-matters

SDOH and health equity are connected, but they are not the same.

▌ Addressing member's social needs can improve health in the short term without addressing societal factors that drive health
- You can address social needs without changing the SDOH

▌ Addressing social drivers of health can improve health in the long term but may or may not address health inequities.
- Inequities are **UNJUST** differences in health care and health outcomes, not just different health care and outcomes.
- But even if intervening on social drivers reduces social needs, that **MAY** or **MAY NOT** reduce inequities

▌ **Remember, SDOH ≠ Health Equity**

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Medicaid members' social needs can prevent optimal health

▌ Policymakers are in the early stages of standardizing social needs assessments, sharing data about social needs, and developing cross-sector partnerships to address social needs

▌ There are relatively few best practices showing how the healthcare system can act on social needs to improve health, but some organizations are taking the lead by:

- Screening for certain social needs
- Linking patients with identified needs to appropriate services
- Devoting funding to addressing structural factors that create social needs (e.g., supporting building of new bike lanes)

Review

/ Methods for collecting and sharing social needs data are continuously evolving.

/ Unaddressed SDOH have short and long-term impact.

/ *Without* an equity lens, interventions aimed at social needs and SDOH are less likely to have an impact on advancing health equity.

/ **With** an equity lens, interventions aimed at social needs and social drivers are more likely to result in reduced inequities.

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Here, a priority matrix will help us choose the most important *and* most feasible root causes to address

Which of our root causes are…	very important.	less Important.
very feasible to address.		
less feasible to address.		

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Assessing Feasibility and Importance

- Policy change

- Staff time and effort

- Clinic flow

- Data collection and flow

- Anticipated resistance

- Competing demands

- Readiness and political will

- Potential contribution from partners

- Impact

- Urgency/Need

- Reach

- Prevalence

- "Gut feeling"

- Cost

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Here, a priority matrix will help us choose the most important and most feasible root causes to address

Which of our root causes are…	very important.	less Important.
very feasible to address.	Men and women do not exercise together Few safe space for outdoor recreation	Significant culture changes regarding physical activity
less feasible to address.	History of community/regional trauma	Few no nearby grocery stores.

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very feasible to address.	Men and women do not exercise together Few safe spaces for outdoor recreation	Significant culture changes regarding physical activity
less feasible to address.	Men and women do not exercise together History of community/regional trauma	Few nearby grocery stores.

Prioritize tackling these causes.

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REVIEW

To create a priority matrix using a disparity root cause analysis, you need to:

- Determine the level of importance and feasibility for each root cause.

- Consider focusing your healthcare reform design on the root causes that are very important and very feasible.

- Remember to consider focusing on multiple root causes.

- Consider how you might start working on very important, but less feasible root causes.

- Work from the beginning with community members, who have their own priorities that should be reflected in the matrix. *At the very least,* present your findings to community members to see where your gaps may be.