Diagnosing Root Causes With an Equity Lens

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Robert Wood Johnson Foundation

Learning Objectives

A root cause analysis (RCA) is often used in quality improvement efforts to understand why undesirable incidents occur. By conducting a root cause analysis with an equity lens and an anti-racist focus, participants will identify potential causes and drivers (the "why") of unwanted outcomes. Ultimately, participants will use these RCA tools to identify multiple opportunities to reduce and eliminate health and healthcare inequities.

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Learning Objectives

- Participants can expect to engage in discussions that will support them in better understanding how and why social drivers of health affect health and healthcare inequities.

- Participants will explore the essential role of partnering with patients and members in successful root cause analyses, gaining insights into the invaluable knowledge and experience these partnerships offer in overcoming barriers to optimal health outcomes.

- Participants can expect to gain knowledge of how to best prepare and execute an effective root cause analysis with an equity lens to diagnose existing health and healthcare disparities.

- Participants should expect their root cause analysis will identify multiple potential root causes of health and healthcare disparities. However, participants will prepare to work through prioritization of the identified root causes.

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Housekeeping

- Video on if/whenever possible
- Mute when not speaking
- Use the "raise hand" feature or send questions and comments anytime via chat
- Take care of yourself and loved ones (e.g., bio breaks)
- Pair your 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 (**CC**) and select **Show Captions**
  - Select your speaking language

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Agenda

/ Introductions

/ Key Concepts: Social drivers of health and health-related social needs

/ How to use an equity lens

/ Root Cause Analysis

/ Priority Matrix

/ Wrap Up

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Accountable Spaces Framework

At AHE, accountability is directly tied to care for others both in the work we do and the conversations we have. Being accountable means practicing good stewardship and ceding power to make space for others to shine. We will center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

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 often lead to substantive change.

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

/ Speak for yourself using "I" statements. 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.

Note on Language

Disparities vs. Inequities

Healthcare disparities are differences in access to or availability of medical facilities and services as well as variation in rates of disease occurrence and disabilities among population groups. Populations may be defined by socioeconomic characteristics such as age, ethnicity, economic resources, or gender and/or identified geographically.[1]

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]

[1] "Disparities," Agency for Healthcare Research and Quality, accessed March 4, 2022, https://www.ahrq.gov/topics/disparities.html.
[2] Paula Braveman, et al., "What is Health Equity?" RWJF. May 1, 2017, https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html

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Note on Language

Social Drivers of Health (SDOH)

AHE uses **social drivers of health** as its preferred term. Using "drivers" highlights the ways in which health is impacted by external environmental and social factors, particularly so for communities of color; and avoids the air of inevitability in the term "determinants." [1]

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[1] "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/.

Defining Terms

- **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)

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SDOH create social needs and social needs impact health.

/ SDOH operate at the societal/structural level
/ **Everyone** experiences SDOH

/ Some SDOH lead to social needs that are health-worsening
- Economic instability → Inability to access healthy food → Worse health

/ Some can be health-promoting
- Economic stability → Ability to access healthy food → Better health

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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

- 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)

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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 poor 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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Addressing social drivers of health can improve health in the long term but may or may not address health inequities.

▌ But even if intervening on social drivers reduces social needs, that **MAY** or **MAY NOT** reduce inequities

▌ Example: Unstably housed LGBTQ+ (lesbian, gay, bisexual, transgender, questioning/queer) youth
  - Intervention providing housing for all youth may not adequately support LGBTQ+ youth
  - Intervention providing housing for LGBTQ+ youth may not improve inequities seen in appropriate preventive reproductive healthcare in LGBTQ+ youth

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Review

/ Methods for collecting and sharing social needs data are evolving

/ Unaddressed SDOH have short- and long-term impact

/ Without an equity lens, interventions aimed at social needs and SDOH may have no impact on advancing health equity

/ With an equity lens, interventions aimed at social needs and social drivers may reduce inequities

Health inequities are caused by structural racism and other structural forms of oppression.

Understanding the root causes of inequities

- Health inequities are ultimately caused by structural racism and other structural forms of oppression
- These structural factors impact and interact with social drivers of health, health behaviors, and experiences seeking health care

Elevating and accounting for those root causes

- Asking the right questions
- Understanding that the system has created inequities, not the individual
- Identifying where your team can change systems to mitigate causes of inequities as close to the root cause as possible

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Understanding the real root causes of inequities.

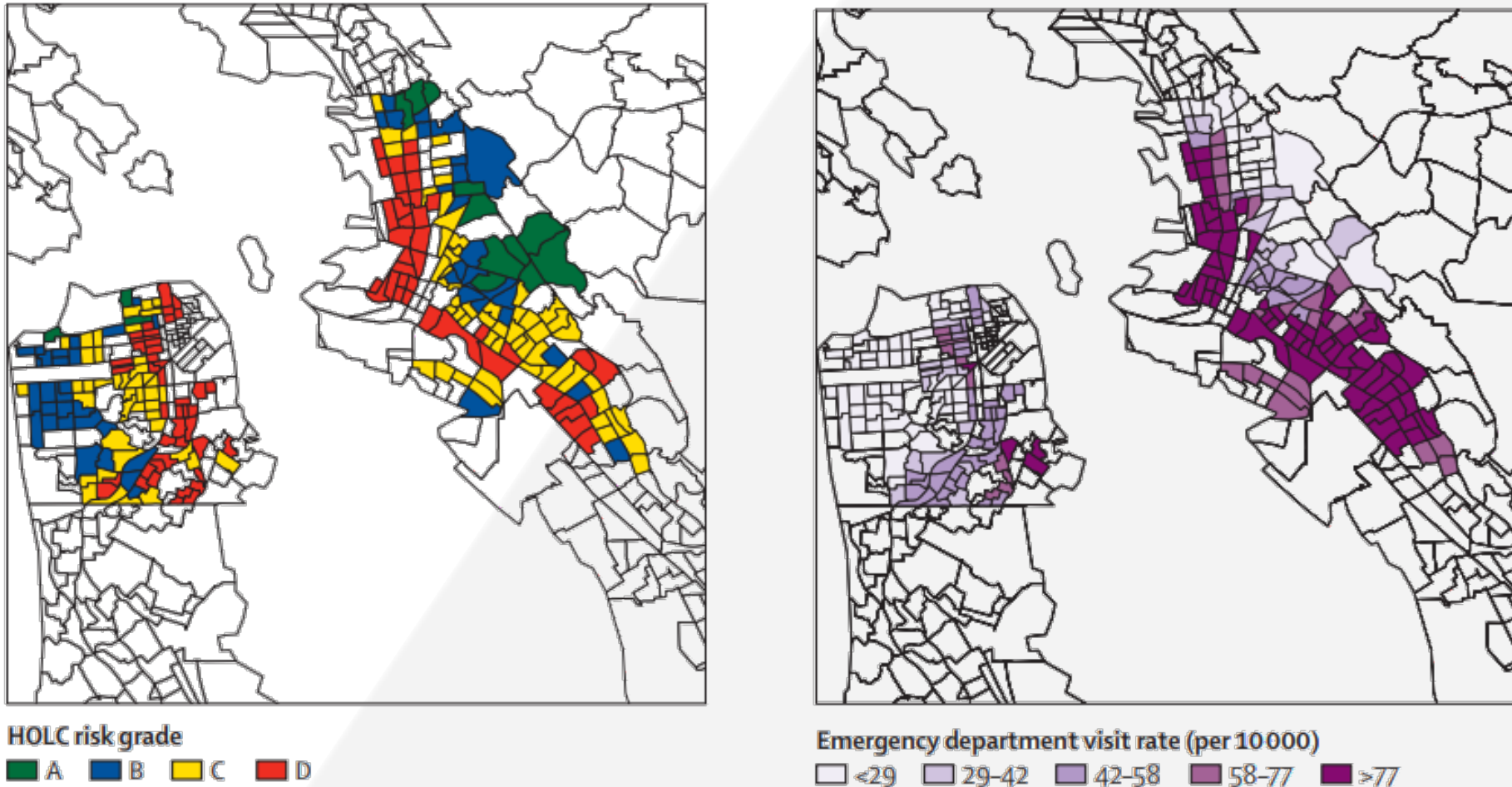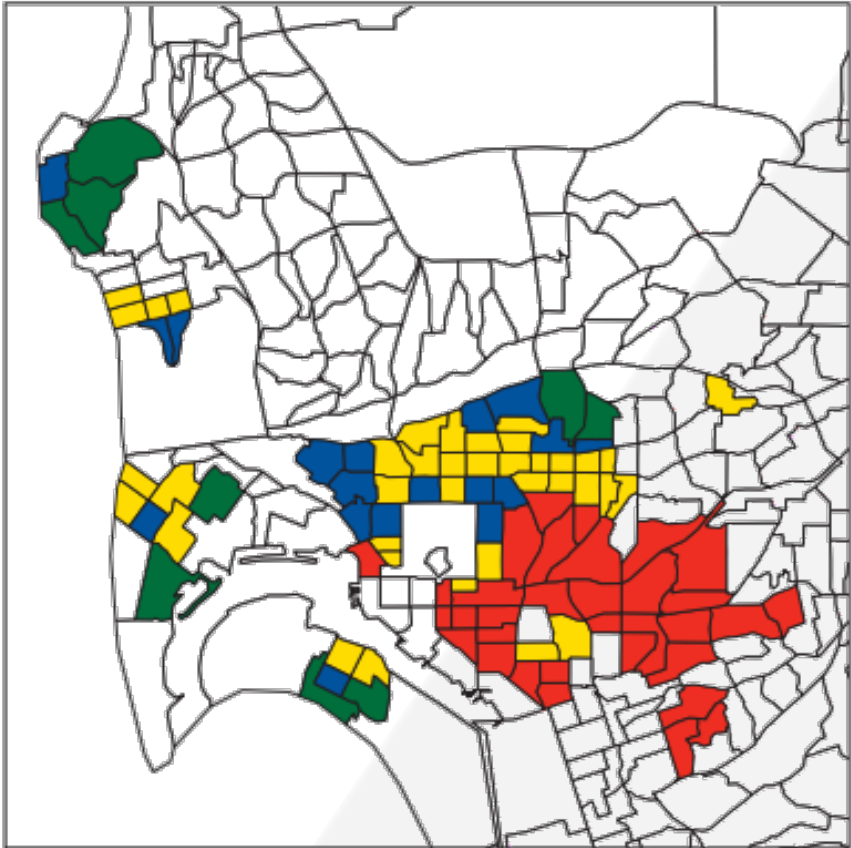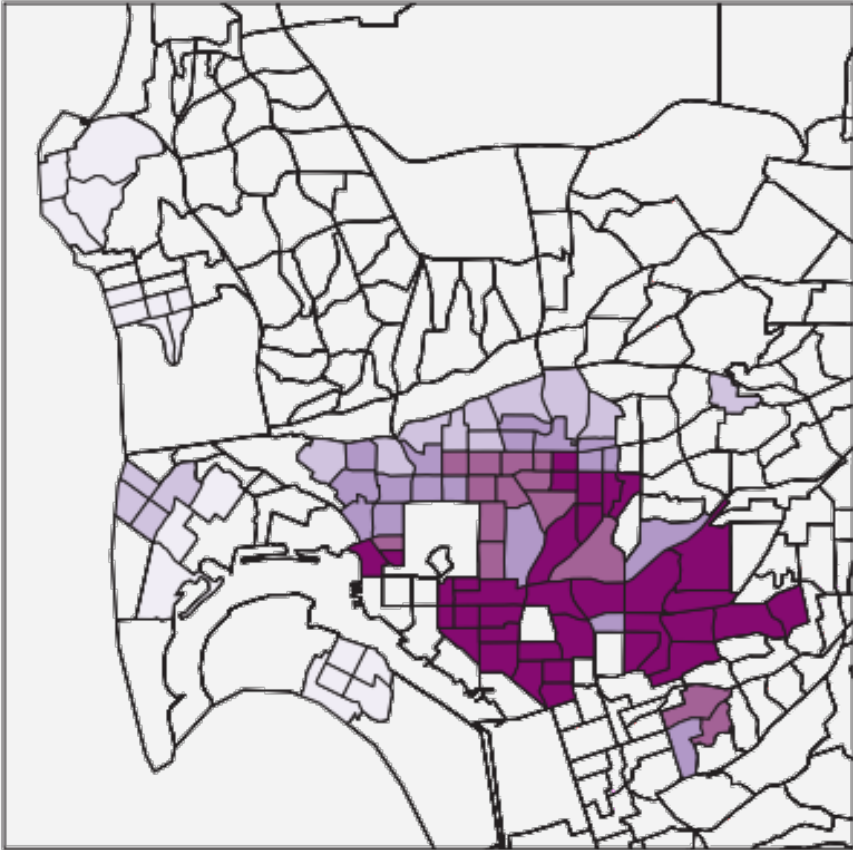San Francisco and Oakland

Figure: 2010 census tracts categorised by HOLC risk grade (A) and total age-adjusted rates of emergency department visits for asthma in 2011–13 (B) across three metropolitan areas in California

HOLC risk grade
■ A   ■ B   ■ C   ■ D

Emergency department visit rate (per 10 000)
□ <29   ■ 29–42   ■ 42–58   ■ 58–77   ■ >77

Understanding the real root causes of inequities.

Figure: 2010 census tracts categorised by HOLC risk grade (A) and total age-adjusted rates of emergency department visits for asthma in 2011–13 (B) across three metropolitan areas in California

San Diego

HOLC risk grade
■ A ■ B □ C ■ D

Emergency department visit rate (per 10 000)
□ <29 □ 29–42 □ 42–58 □ 58–77 ■ >77

Source: Anthony Nardone et al.

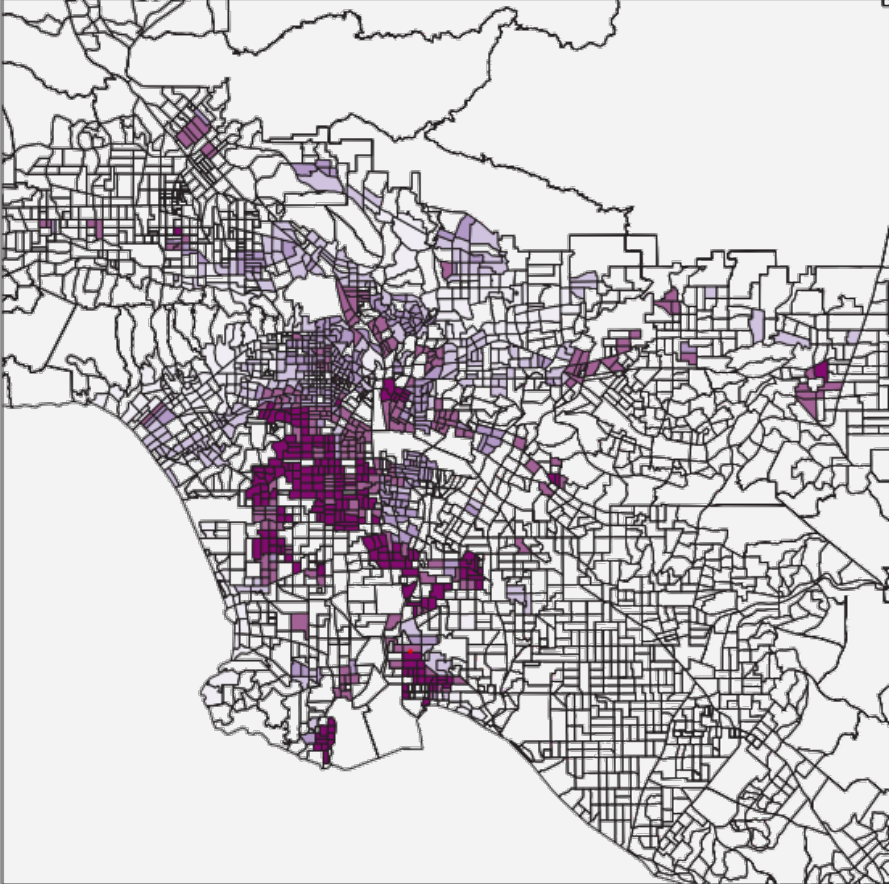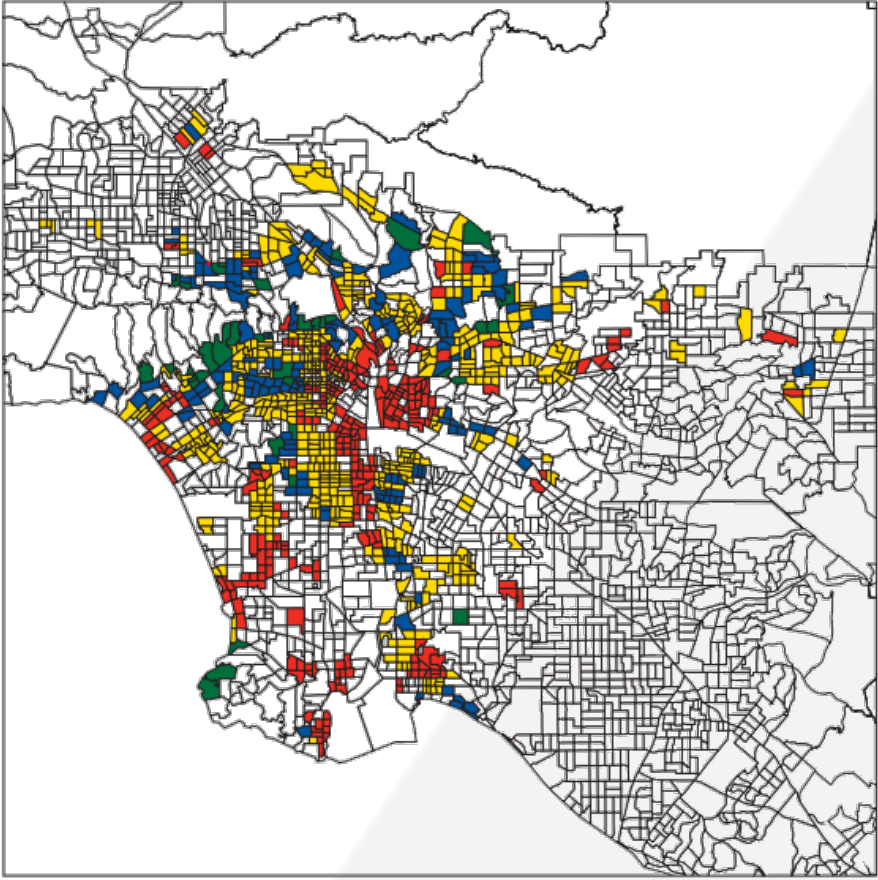# Understanding the real root causes of inequities.

Los Angeles

Figure: 2010 census tracts categorised by HOLC risk grade (A) and total age-adjusted rates of emergency department visits for asthma in 2011–13 (B) across three metropolitan areas in California

HOLC risk grade
■ A ■ B ■ C ■ D

Emergency department visit rate (per 10000)
☐ <29 ☐ 29–42 ☐ 42–58 ☐ 58–77 ■ >77

Source: Anthony Nardone et al.

The diagnosis process should begin with a root cause analysis.

/ **Definition:** Root cause analysis is a method that helps determine the most basic, underlying, fundamental, or "deepest" reason for a condition, behavior, or outcome.

/ Helps us understanding **why** a particular health or healthcare inequity exists among member populations you serve

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Root cause analysis relies on first asking the right question.

Craft questions that reflect the role of structural racism in creating and maintaining inequities

- **Not:** why are the Black children with asthma in our network more likely to be hospitalized compared to other children with asthma?
  - Implication that the root cause is the "fault" of the child

- **Instead:** why are we less successful keeping Black children with asthma in our network out of the hospital compared to other children with asthma?
  - Reflects that the root cause is our collective inability to provide equitable healthcare and outcomes for the child

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Root cause analysis helps us examine a poor health outcome for a specific member population.

Question:

- Why are we less successful keeping Black children with asthma in our network out of the hospital compared to other children with asthma?

Possible answers that do not address inequities or consider root causes:

- Care team lacks adequate time to teach self- and family management.
  - This affects all child members with asthma – this answer does not explain the inequity specific to Black children
- Parents/guardians are not consistently helping children take asthma control medications
  - This individualizes the problem and does not address the systemic root cause

Without an equity approach, a health care disparity root cause analysis will be flawed.

An equity approach helps us search for issues that contribute to the **DIFFERENCE** in quality of care and outcomes. It reminds us that inequities in health care are a result of systems not servicing people, **NOT** people who aren't serving themselves.

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Without an equity approach, a health care disparity root cause analysis will be flawed.

▌ The statement "Parents/guardians are not consistently helping children take asthma control medications," can imply that Black parents/guardians don't care as much about making sure their children have good health as other parents/guardians.

▌ A root cause analysis with an equity lens asks: "Why are these parents/guardians not able to help their children take their medications?"
- Helps uncover structural barriers: living in neighborhoods without pharmacy access, clinical settings that make Black families feel undervalued and decrease their engagement in care, inability to afford medication co-pays, etc.

▌ Emphasizes:
- There is a difference in how the healthcare system treats Black families.
- Differences in disease self-management are a result of systemic barriers, not personal disinterest.

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When we apply an equity lens to a root cause analysis, we get closer to a more accurate diagnosis of inequity.

Look for other causes that might explain the inequity rather than overall quality.

We have not adequately helped them keep their symptoms under control

⬇

We have not adequately taught asthma management

⬇

We have provided sub-optimal care

⬇

Black families report that they often do not feel comfortable in our clinics

⬇

Our staff are displaying implicit bias towards the Black patients and families we serve

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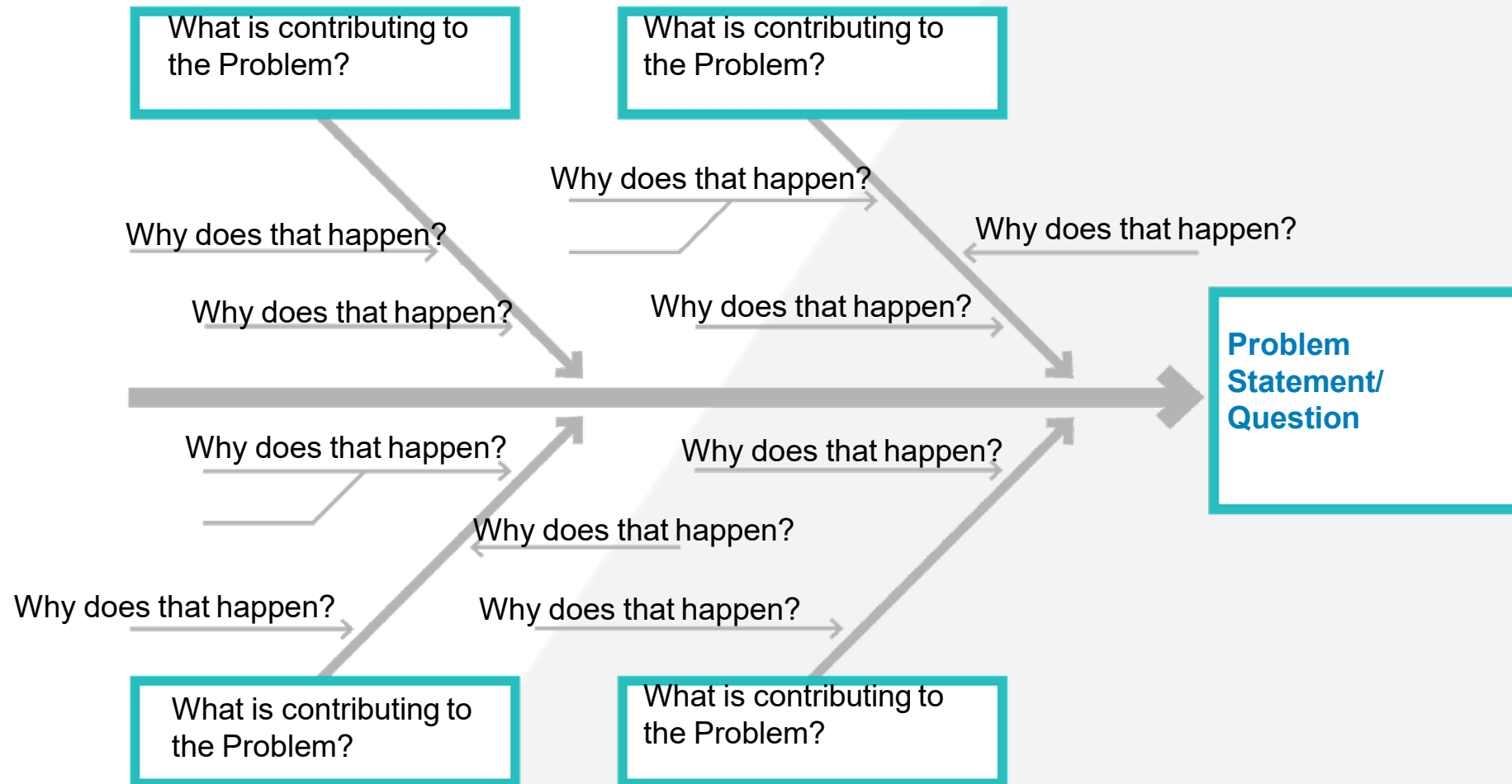# Keep in mind key considerations when conducting a root cause analysis with an equity lens.

Questions that might uncover other potential causes related to culture, communication, or context:

- Does our medical model conflict with cultural beliefs and traditions related to illness and medical intervention? How can we bridge the gap?

- Is there convenient and affordable transportation?

- Do we have enough certified medical interpreters?

- Are prescribed medications covered by the health plan?

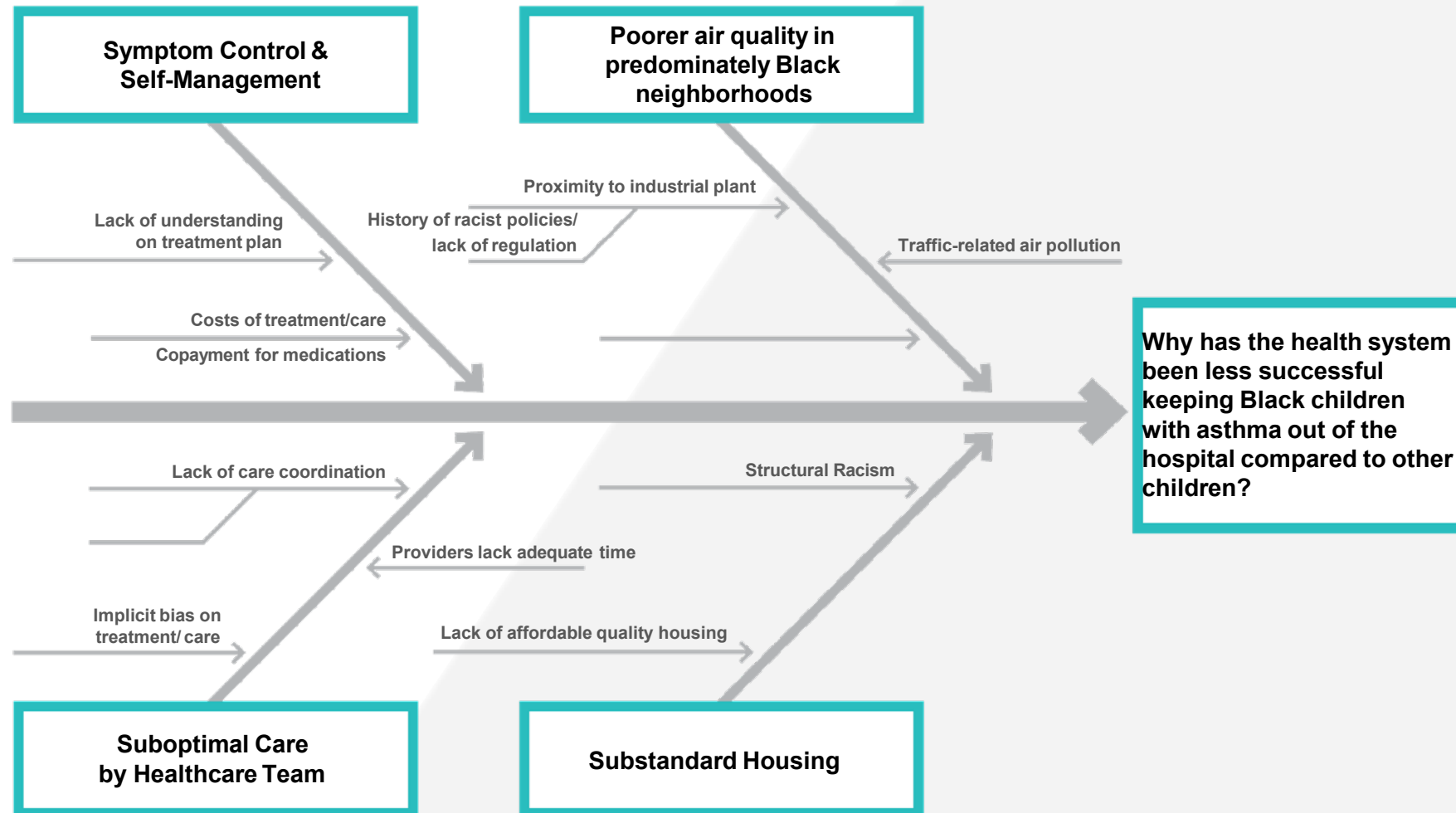- Have we the entire family in the treatment plan in a culturally relevant manner (e.g., smokers in the home)?

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A fishbone diagram is one way to conduct a root cause analysis

/ "A **fishbone diagram,** also called a cause-and-effect or Ishikawa diagram, is a visualization tool for categorizing potential causes of a problem in order to identify its root causes."

/ **Participants**: Members of the AHE project team from all organizations **and** members of the community served by AHE team organizations
- Gathering a variety of perspectives is key – think about leadership, frontline staff, customer service workers, patients, families, staff from local CBOs, and more
- The more voices are heard, the more likely you are to identify true root causes
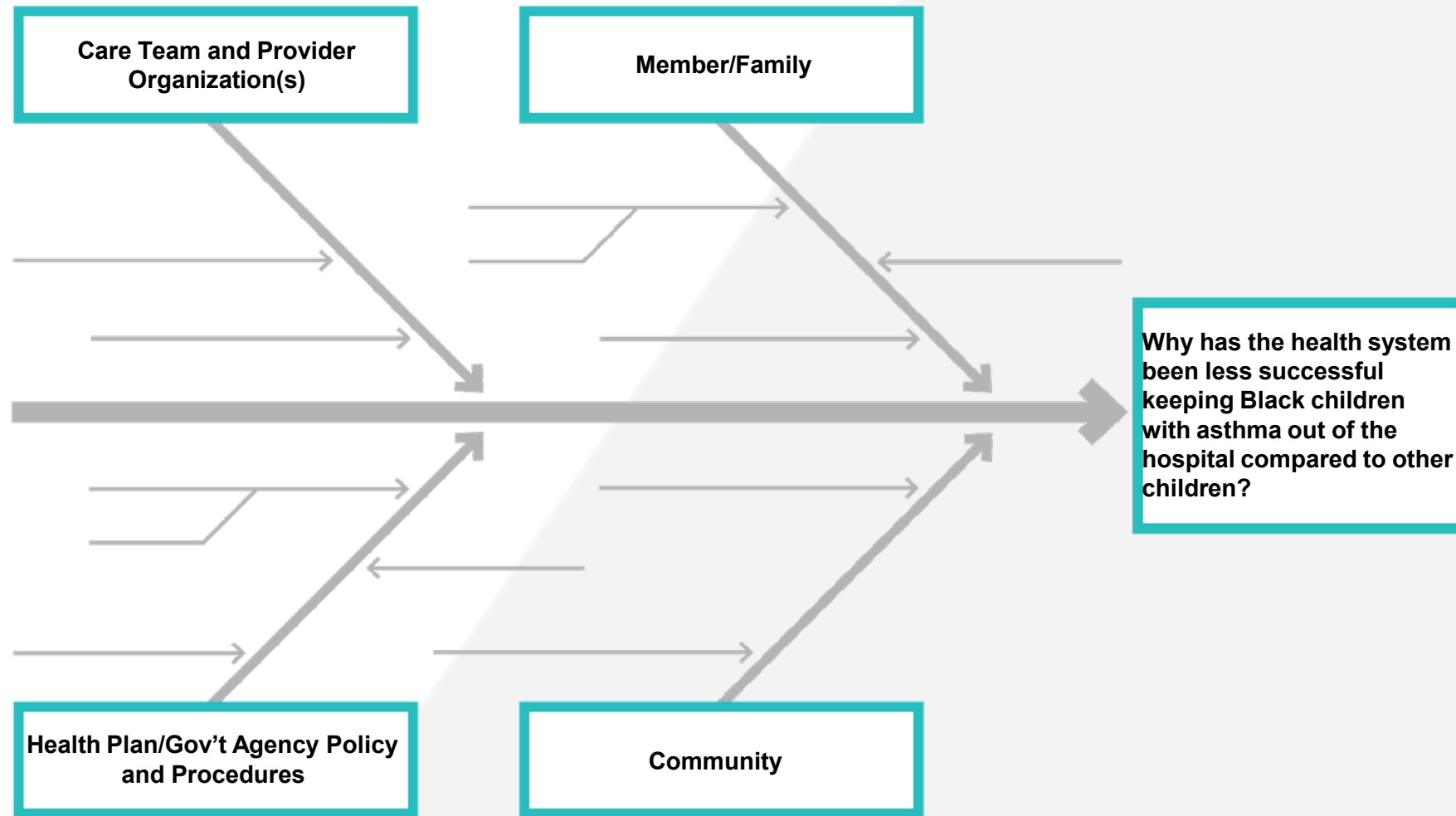
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Source: https://whatis.techtarget.com/definition/fishbone-diagram

We can create a fishbone diagram to conduct a root cause analysis of a health inequity.

What is contributing to the Problem?

What is contributing to the Problem?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Why does that happen?

Problem Statement/ Question

What is contributing to the Problem?

What is contributing to the Problem?

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Root Cause Analysis – System Levels Focus

Systems Level Example 2: Racism

Organization's History of External Racism

Organization's History of Internal Racism

Why has the health system been less successful keeping Black children with asthma out of the hospital compared to other children?
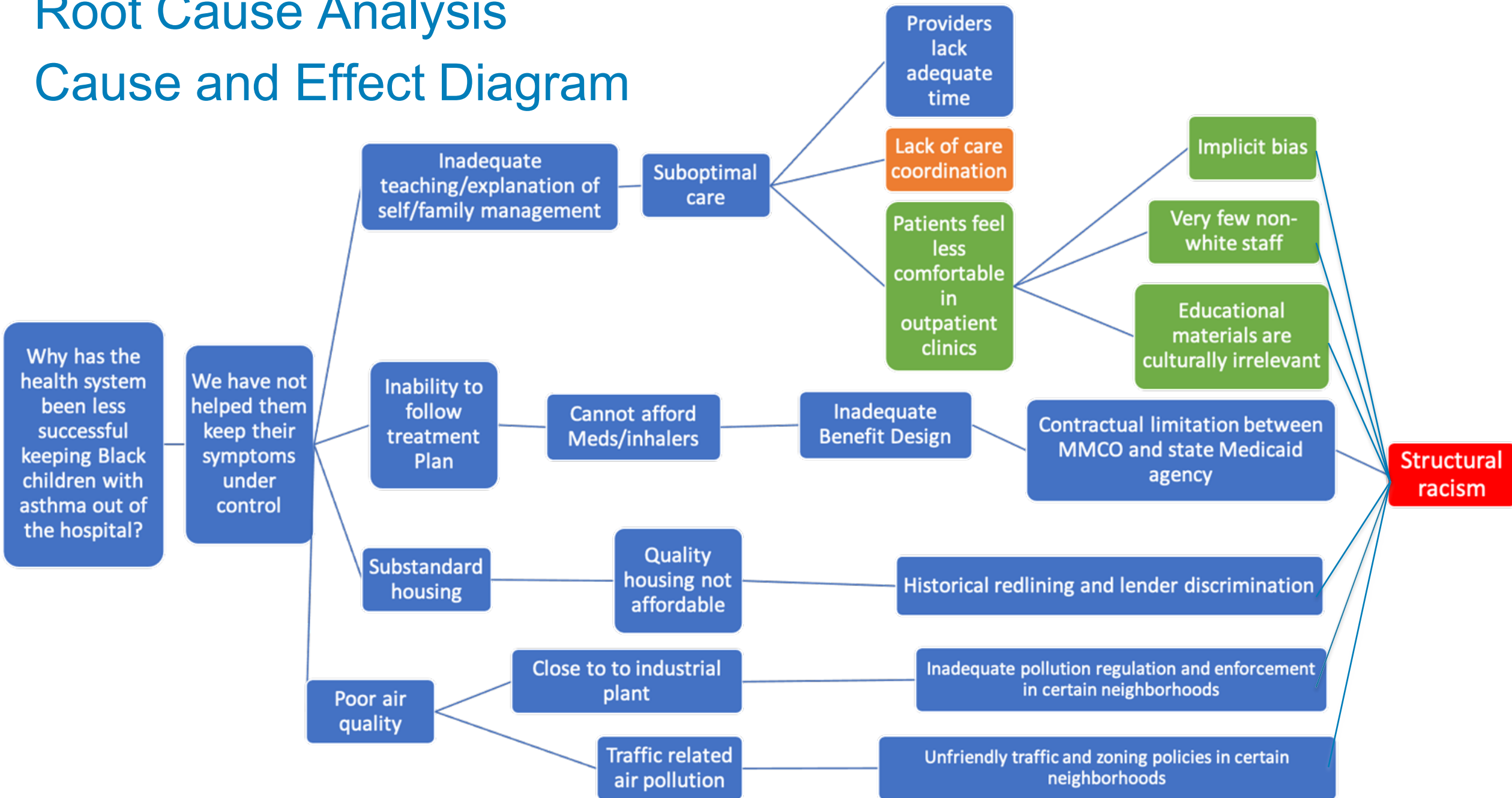
Reputation in the Community

Current Status

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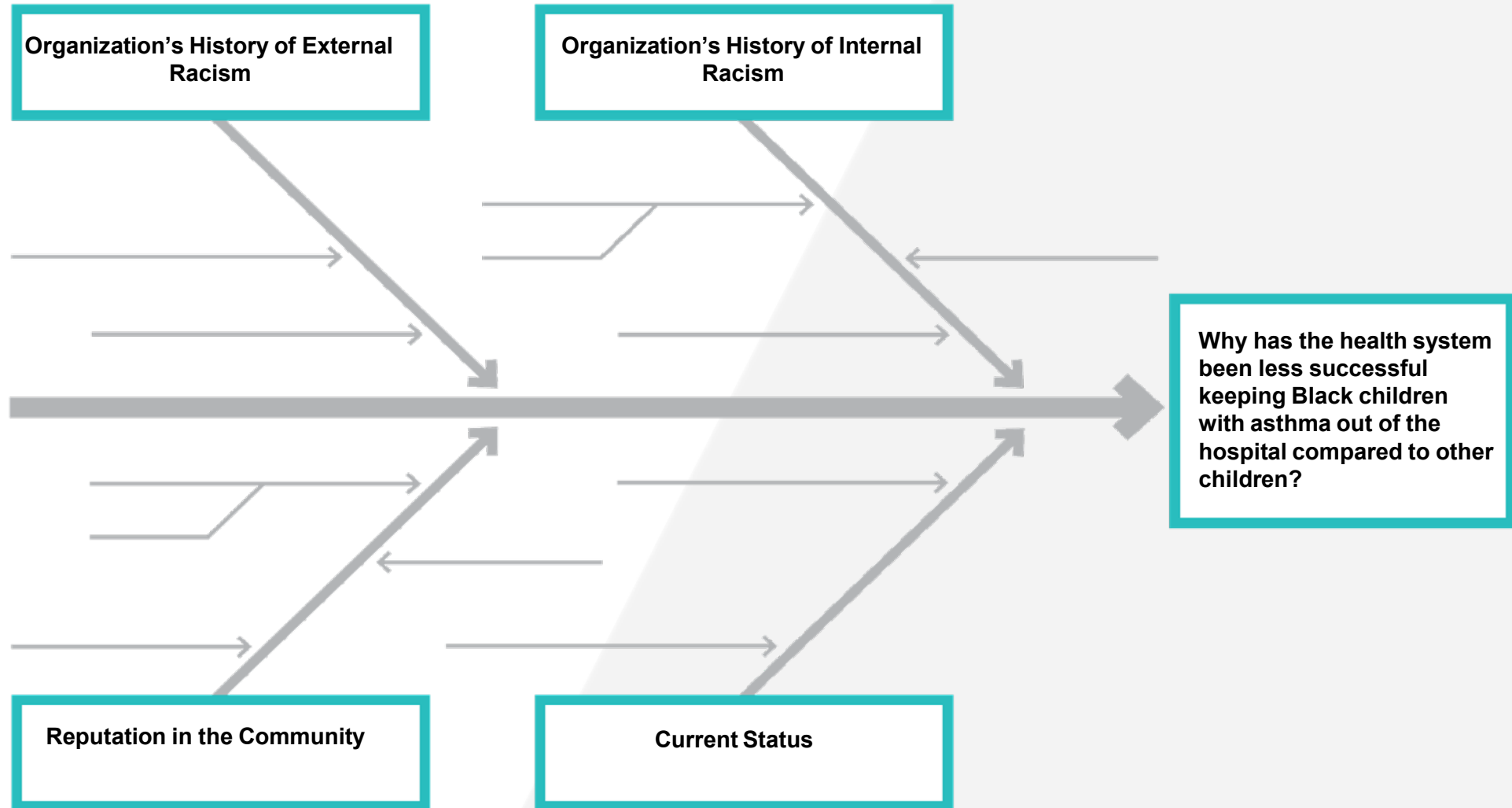
Root Cause Analysis
Cause and Effect Diagram

Root Cause Analysis: Getting It Done

An accurate diagnosis of an identified inequity is critical to designing any solution

- A root cause analysis typically takes multiple meetings with different groups over several weeks or months to complete

- Protect the time of those involved

- Prepare to have an honest conversation about societal and organizational bias, oppression and discrimination (e.g., racism, ableism, sexism, homophobia, classism)

- Get input from all stakeholders, including members, communities, care team members, and health systems

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Create Your RCA Team

/ Create a multi-stakeholder team tasked with diagnosing the inequity or inequities

/ Create the right conditions for the team to work with adequate resources and time

/ Include care team members, health plan members, and community partners to ensure the work is relevant to the population experiencing the inequity

Create Your RCA Team

- Clinicians and health systems
  - Any staff member who interacts with patients: Physicians, Behavioral Health, Social Workers, Reception/Patient Service Representatives, Pharmacy, Lab Technicians, Nurses, Medical Assistants, etc.
  - Think process maps, flow diagrams, Kaizen/Day-in-the-Life events
  - All will have different key insights and perspectives

Create Your RCA Team

- Members
    - Members experience health care differently than providers.
    For example, care team members may be too close to the problem and have difficulty recognizing their role in perpetuating health inequities. Members will likely be able to spot these oversights.
    - Patients can let you know if the equity care transformation is likely to succeed

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Create Your RCA Team

- Community-Based Organizations
  - Long-standing and trusting relationships with patients and community members
  - Typically, highly culturally competent, humble, and relevant
  - Deep knowledge regarding local social drivers of health
  - They can tell you what the data really means

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REVIEW

To conduct a root cause analysis using an equity approach, you need to:

- Involve all stakeholders, including all members of the care team, partner organizations, and members/caretakers/families.

- Understand the role of social drivers of health.

- Consider factors such as culture, context, and communication.

- Consider societal, organization, and individual bias, discrimination, and oppression.

REVIEW

To conduct a root cause analysis using an equity approach, you need to:

/ Search for issues at all levels of the healthcare system that contribute to the **difference** in quality of care and outcomes.

/ Resist jumping to intervention design too early.

/ Work from the beginning with community members, who will provide critical insight to guide the process. *At the very least,* present your findings to community members to see where your gaps may be.

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