Root Cause Analysis

Episode 1: Diving into Root Causes: Unveiling Health Disparities through Analysis and Action

Guests:

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Seth Neeley (SN): Welcome to Ideas for Practice, a podcast of the Region V Public Health Training Center. As one of 10 PHTCs across the country. The RVPHTC seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning into our episode. This is part of a series where we'll be talking all about the importance of focusing on root causes of health and public health policy and advocacy efforts. I'm your host, Seth Neeley. Our guests today are Linda Gordon with the Michigan Public Health Institute, or MPHI and Alheli Irizzary with Community Catalyst. Today, Linda and Alheli are here to talk with us about this complex topic. Welcome to the podcast. I'm excited to speak with both of you today.

Alhelí Irizarry (AI): Good morning. Thank you.

Linda Gordon (LG): Yeah, excited to be here.

SN: Can you start by telling us a little about yourselves and about your work?

AI: Yes, I'll start. My name is Alheli, as you mentioned, and I am part of the consulting team at the Center for Community Engagement and Health Innovation at Community Catalyst. A leading nonprofit national health advocacy organization that is dedicated to advancing a movement for race equity and health justice. At the center specifically, we help health systems, social service organizations and other entities utilize community engagement to create long lasting change for better health outcomes. I come from the community organizing world and the immigrant rights movement and I have been advocating for social justice since I was 19. I am a mom and I am in therapy and love and see connection to nature.

LG: So excited to be here with you, Alheli. Hi everybody. My name is Linda Gordon and I'm the associate director of the Center for Health Equity Practice at the Michigan Public Health Institute. MPHI is a Michigan based, nationally known nonprofit that works to bring additional capacity to public health programs across the nation. One of our core values is health equity and social justice. And so the center that I sit within really tries to embody what health equity and social justice mean in our daily practice as public health professionals. So we work together to reduce the likelihood that people are disadvantaged because of racism, classism, gender discrimination, or other forms of oppression. And we really speak directly to issues of inequality and social systems that produce them. And so we're a team of consultants and evaluators that really try to support the public health workforce in thinking through what it means to embody health equity practice in our daily work.

And in my role, I work with a wonderful bench of health equity consultants to really think through how to address root causes of inequity in public health practice.

LG: I've been thinking about this and doing this kind of work for about 20 years now, which is hard to imagine, but it was really informed by my community and my upbringing in South Florida and the things that I observed and experienced through relationship and experiences and really drove my desire to and think through what it means to integrate social justice into public health. And so I've been fortunate to be at the Michigan Public Health Institute for about five years now, really spending time in partnership with other folks who are committed to this work and thinking through how we can bring this to the broader workforce. So I'm really grateful to be here and share some reflections based on my work in this area.

SN: It's great to have you both on, let's start with the basics and public health and healthcare. What do we mean by root causes of health and what's a root cause analysis?

AI: I can start with that. To me, the root causes of health are the entrenched reasons why our communities are dealing with health disparities and inequities, the burdens and the injustices. A root cause analysis is a way for people in our communities to understand where these inequities come from, where they stem, what is the main driver, and how we can better conceive long lasting change and solutions. Root causes also move away from the idea that health disparities are due to the personal and moral failing of people rather than the systems in place that are functioning in such a way to drive these inequities.

LG: Yeah, and I'll just build on that a little bit because that really encompasses so much of what we're talking about. But when we think about root cause analysis, I think we're really talking about how we can challenge the dominant narrative and understanding of health outcomes, particularly disparities as Alheli was talking about. It's a practice that can support folks in shifting their mindset away from focusing on downstream elements, like disease and injury and morbidity and mortality. That's a place that we sit a lot in public health, really focused on outcomes and it really encourages us to ask why differences in these outcomes exist. So it pushes folks to shift their focus into a consideration of the conditions that create health experiences and disparities and actually hold the issue in place. So for example, we might say there are health disparities related to hypertension and we might pay attention to mortality rates or morbidity, but a root cause analysis really requires that we ask why these differences exist.

And so you might get folks to think about social determinants of health and really certain differences in access, and that's somewhat pushing upstream, but it doesn't quite capture the full picture. So a root cause analysis requires that we push further and we keep asking why is access to quality healthcare and quality education and nutritious food different across groups. So when you push further, you're really pushing against this conventional practice that locates the why in people or in communities or in individual behavior. And you can kind of start to uproot and expose systemic causes like racism or gender discrimination or classism and other forms of oppression that really create those conditions that produce inequities and really reinforce those issues and ultimately show up in patterned and unjust outcomes. So that pushing of the why is so critical to a root cause analysis.

SN: Interesting. I'm assuming there are frameworks or models which are used for root cause analysis. Could you share some of your favorites? Who needs to be involved?

AI: Yes. One of my favorite models is very similar to the way children seek information, which is asking why repeatedly, but why, but why, but why, after thinking about the reasons why some of the things are happening within the communities. But there are other frameworks and models that help people start diving into root cause analysis, such as the Fishbone diagram or the model that has been put forward by the Bay Area Regional Health Inequities Initiative or the BARHII Model. Regardless of the model that is being used, regardless of the way that folks really want to dive in and seek this information for the root cause analysis, the people who are most impacted need to be centered in this analysis alongside with all others who also have stake in the neighborhood community organization and the health systems that they're trying to improve. The reason being is because as folks start engaging in a root cause analysis, it becomes apparent that many people interests and sectors are needed to implement long lasting solutions. This is evident through the policy systems and environmental change approach or PSC approach and everyone will have a role in the course action of these for the sustainability and longevity of the solutions for the community.

LG: Yeah, that's exactly it. And I'll just add to build off of that, that as Alheli said, there's so many tools to choose from. So finding one that works in your particular context is key. It's not a one size fits all. And so in our work we identified public health strategies to really kind of uplift and focus on two aspects of the process. So, really thinking through public health issues specifically is important. And also, having a tool that resonates with folks in the process is really key. And so I think in addition to this being like a facilitated strategic process, it's really important to uplift the part that I mentioned earlier around how this can be used to facilitate mindset shift. When you bring a bunch of folks to the table who represent a range of lived experience and worldviews, you inevitably start to represent kind of the complexity of the issue more comprehensively.

AI: So you really need to make sure that you have folks who can represent lived experience and who are able to kind of provide the details and the nuance around those root causes and what that looks like and all these different aspects to really kind of get the big picture. And so having folks who represent the diversity of thought and experience in the room inevitably will enhance your ability to kind of understand how root causes are functioning and operating in particular health experiences. But as I mentioned, this activity can really serve two purposes regardless of the tool. It really helps folks with that critical mindset shift. So really pushing them to shift from thinking about outcomes to really going upstream to thinking about conditions. So this is like a knowledge shift or a way of thinking or a way of being shift that has to happen before you can actually engage in all of the development of the root cause analysis.

This can be really like the biggest hurdle for a lot of folks initially.

AI: 'Cause how you think about an issue really can inform your ability to engage in the root cause process. And so having good facilitation really regardless of the tool is something that's really fundamental to think about, who's facilitating the activity and how are they supporting people in thinking differently about a particular issue? Because that's really kind of one of the primary objectives of the activity. And then the second piece is regardless of the tool, how do you facilitate folks in taking the root cause analysis and connecting it to how you develop and design your solutions and think about your programs differently. It's common to get through the first step where people can kind of get skilled at thinking about root causes. But then when it comes to program development or solutions or strategies, we kind of default back to the status quo.

We focus on behavior change or educational programming. And so rather than focus on the specific tool per se, a trained facilitator can really support folks in taking that root cause analysis and connecting it directly to the strategies and the solutions that we propose. And so I think that's a critical piece of this process to like be mindful of, is that even if you get the mindset shift, you still may have folks who default kind of to the status quo because that's what they've been thinking about in terms of their own programs. That's the common practice. And so this is really about also how to shift our application and say, we've come up with these solutions or we're thinking about the problem differently. Are we really addressing the root cause and what we're recommending? And the root cause analysis process can be a way to help folks get more nuanced in how they connect their actions and their strategies to those root causes that they've been able to identify.

SN: Those are great points. How do community health assessments or community health improvement plans play a role in the process of identifying root causes?

AI: It's a tool for me, right? Like this is a tool that the health system can use to begin the process of not only learning from the community that they serve, but understanding what the main issues and concerns are as well as the different community-based organizations that surround them that are part of their neighborhood. It is a good first step and an indication that there is willingness and readiness to take action in investing in the best way possible in the one that can have the most impact in combating health inequities, and if I may just add too, it is very important that they're done in earnest. We have seen examples of health systems using them or community health needs assessments becoming more of like superficial documents or solely used as for compliance in requirements that are handed from the the Affordable Care Act. And we have seen instances where community organizations are just named in the community health needs assessments as having participated and they have never been talked to.

The actions that the health system takes in engaging the community and the community-based organizations in starting to talk to them to understand what it is important to the community and what type of social detriments of health they wanna address.

AI: Is a good first step that the health system can take to be in earnest authentic engagement with the community.

LG: Yeah, I'll only reinforce and kind of plus one, what Alheli is saying is that like a lot of these kind of activities that ultimately get connected to fiscal or IRS requirements or compliance expectations, you can end up engaging folks and kind of drawing out information and data and experiences that are really meaningful and deep and oftentimes can be traumatic for a community. And if it comes down to a compliance effort rather than an authentic investment in developing plans that are responsive, then you can really run into a danger of perpetuating inequity, that of advancing it. And so this is really the responsibility of these institutions to kind of take up the charge and the responsibility and the accountability that comes out of inviting community into partnership and asking them to share about their priorities and their experiences. So more to the point about the earnest intentionality is that you have to really be mindful of whose interests are operating in the practice and how you're actually being accountable to the folks who you're engaging as part of the process.

And so there's a lot to be gained for the actual institutions who are implementing the improvement plans in terms of how they can show up differently in partnership and in relationship to communities who are most impacted. And so I think that kind of leads into some of the inside work that has to take place, which I'll elaborate a little bit more in the next question. But seeing the institution as part of this process, not as kind of an outsider looking in, but really as integral to the system that kind of produces and essentially can create harm for the communities that it serves if they're not really intentional about how they engage.

SN: In what way can your root cause analysis findings inform agency programs and services at your organization?

AI: One of the most powerful ways that the findings can help the agencies and the programs is to redirect resources from surface programmatic temporary solutions into long lasting systemic and community driven ones. And efforts that are not going to be frustrated because they're not digging or addressing the real causes or they're not putting in the strategies where they need to go. So for example, it is very common to see health systems create nutrition programs, list of foods that are okay to eat and not okay to eat. And anything that is again geared towards like the individual effort that a person can make in order for their health to be better rather than advocating, for example, more green space or, safer neighborhoods that are walkable, that there's access to affordable, healthy foods. Is the community a food desert? Are there enough options for the community to have healthy, affordable food? Can they get to that healthy, affordable food? So the root cause analysis is such a powerful tool in that it helps redirect the resources where they really truly need to go versus focusing more on fairs and Zumba classes. I mean those are really good stuff, but it's not gonna address the real issues that the community is trying to bring forth when doing a root cause analysis.

SN: That's great insight, thank you.

LG: I'll just add a little bit more to kind of the previous question of what I was thinking in terms of institution's role in this. I think that root cause analysis can really benefit organizations and institutions internally as well. I think oftentimes you see institutions that are doing work with community, whatever and however that's being defined and they really kind of neglect to turn the analysis inward. And when you think about advancing equity, you really have to appreciate that that's an inside outside process. So the people who are conducting these root cause analysis or are part of these institutions have to recognize that they're part of the system.

There are power dynamics that are operating in the work that they do and the relationships that they have with community. And so if they're not really able to see themselves as part of the system and as part of this analysis, they're probably gonna neglect some fundamental internal conditions that might create barriers for them to ultimately engage in this work equitably. To engage in a root cause analysis where you think about the conditions within your own organization is critical to creating like a base that supports the programs that are implemented outside of the institutions and really supports and enables them to be truly equitable or address root causes and be sustainable.

And so it's just kind of a moment of critical reflection that needs to happen for these institutions, rather than seeing themselves as outside of the issue and putting the responsibility entirely on community to address the outcomes of systemic racism and root causes. It's about the institution team themselves as part of the system and taking accountability and responsibility for the power differentials and the inequities that are a result of how their institution operates. And so I think it's a really powerful tool to support that inward reflection analysis and shifts in conditions that are critical to sustaining any type of work that happens outside of the institution. These are not unrelated things, you can't do that outside work equitably if you're not also turning inward. And so I think that's a critical part of this process is that institutions don't see themselves as outside of the work, but rather as a critical power holder that can disadvantage groups or produce inequities as an institution in and of themselves. And so that means that they have to take responsibility for doing that analysis also to figure out what conditions they need to change internally in order to support more equitable programming externally.

SN: I'm glad that you brought that up. Root causes are often complex and require adapted solutions that are focused on policy and systems of change that would need to involve multiple partners over sectors or time. Can you speak to what's needed for a successful efforts to address root causes of health?

AI: We have touched briefly on this on previous questions about policy systems and environmental change. And as we mentioned before, when you asked who needs to be involved, successful efforts will include multiple stakeholders from the beginning of the process, and most importantly, centering those most impacted, the community.

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AI: So that the solutions and efforts are long lasting, sustainable and supported by all the sectors and the actors that need to drive this change. So in the previous example, we were talking about focusing more on efforts for a green space or affordable accessible healthy food, who are the different types of actors that need to be part of those efforts?

The community is gonna be the one to raise the issue and advocate for it, but they're also probably gonna need to support of the City Department of Transportation, they're probably gonna need support from businesses, they're gonna need support from elected officials in addition to the health system that they're partnering with. And a health system can say, "Well, it's not our job, we're not experts on green space or creating... Re-designing city." But that's why you need to engage all the different people and agencies and actors who will support with the solutions that the community is coming up with, to help push this into greater efforts than beyond, again, just superficial, programmatic and temporary for that matter.

LG: Yeah. And I'll just add, the efforts really need to be comprehensive and address the collective condition. So oftentimes, you'll see in this work, there's a big focus on policy and practice, and those are kind of easier to wrap your mind around. You can kind of read a policy, you can see practices in place, and so it's an easy, more explicit area to focus your work. But if you're really doing a root cause analysis, you really have to dig deeper and integrate an equity worldview into your process. And so, as I mentioned earlier, that really means exploring power dynamics and thinking about relationships and connections on how they show up in our systems and how they either allow for us to advance equity or hold inequities in place. And you really have to, like I said, get to that underlying worldview that created the inequitable conditions in the first place. It can be really challenging because worldviews are somewhat implicit or overlooked. We don't really engage in critical reflection about how our worldviews are taken for granted ways of being, or assumptions about people and communities and health experiences and outcomes inform our strategies and solutions.

So if we don't do that critical reflection, we'll likely keep going about things the same way, which has really proven to be unsuccessful on almost all measures when you look at how entrenched it's variants have been over time. So doing work that addresses root causes, fundamentally means you're engaging in an intentional process that asks how are root causes operating here? How is racism operating here? How is racism operating in our worldview? How is it operating in our power dynamic? How is it operating in our policies and in our practices? And it means that you're really thinking about that at all levels and you're being explicit with your analysis. And then ultimately, you're developing strategies that disrupt the status quo approaches to the work and really address how root causes are operating in all of these conditions. And so I think it's really critical to push deeper and to think more fundamentally about how we approach things and what are the dominant worldviews in public health, and how do they keep us from really advancing equity, because they push us to do the same thing over and over again without achieving different results. Again, this is a critical reflection process, it's an unearthing or an excavation of how our taken for granted ways of being really perpetuate in equity by just pushing us to do the same things over and over again.

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LG: And so if you introduce diverse worldviews, and especially folks with lived experience with root causes of oppression, you start to think about issues differently, and that strengthens inherently the strategies and the solutions that you come up with. And so I think it's really about being comprehensive in your approach and not stopping at kind of the policies and the practices, but really digging deeper and thinking about power and worldview and relationships and connections as it relates to how we ship conditions and how inequities are perpetuated.

SN: And one thing that we've found is many people in public health and healthcare don't know what they can personally do once they recognize root causes, the social determinants of health and the need for policy and advocacy. What actions can they take to go from understanding to actually making a difference?

AI: The first step is always to get to know their neighbors, their neighborhoods, the community that they serve. And I come from the community organizing world, and that's our bread and butter, intentional one-on-one meetings with the folks that we're trying to... In collaboration, mobilize, and get them to understand the issues, what it is that we are trying to address. Many people who work in health systems may or may not be from the neighborhoods servicing those systems, and I think it's just a crucial first step. Get to know your neighbors, get to know the people and the populations that are coming in and what is important to them. If they don't know who they're serving and what the issues that they're carrying or the inequities that they're trying to address, they truly won't know the root cause or the real issues and how to best support them.

People in public health also need to start the journey of understanding the role the systems play in the creation of the social determinants of health. Again, moving away from this old school mentality of individual failings and morals into understanding that there has been systemic oppression, systemic racism, systemic conditions that have caused communities to be in the places where they find themselves now, especially communities that have been traditionally dis-invested in and abandoned. As Linda has been mentioning throughout the whole podcast, they need to unpack that racism, the white supremacy fallacy, and all of the systems of oppression and inequities that are at the center, that is... This is where all... If you really do the root cause all the way down, you will eventually end up at racism.

And so it's important for them to understand and have that perspective so that when community and members are approaching or being in partnership with them, the solutions don't seem too far fetched or don't seem disconnected or don't seem like they are not related or will eventually help address the social determinants of health.

LG: Yeah. And I don't have too much more to add, but I will offer that from my institution's perspective, all the things Alheli is describing is really what it means to kind of create a health equity practice.

LG: It means that you're committed to understanding and exploring how root causes of oppression are operating at all levels within your institution and within your programs and within your resource flows and your funding decisions, and building capacity to really analyze and discern, and how those things contribute to inequitable conditions. And so it's not really a one-and-done. I think oftentimes people think, "Oh, I'm gonna come in here and I'm gonna do this root cause analysis, and now I've done the same." Then they forget that equity is about process and outcome. So this is about building a practice with a capital P, which requires persistent and consistent practice with a lower case p and accountabilities.

I think people can understand that maybe from a yoga perspective, they go to one class, they know that they practice yoga for a day, but that doesn't necessarily mean that they've established a yoga practice, that's a life-long way of being, that's an embodied way of being. And so if you're committed to this work, then you need to figure out how to have an embodied practice that shows up in every parts of your work and every part of your relationships, and it's gonna be imperfect and non-linear, but you have to imagine yourself as part of a collective that's all committing to the development of disembodied practice. And so the collective impact then is what really can shift conditions in a profound way. Getting clear on your connection to the larger movement is something that we recommend, and also acknowledging that this is a life-long commitment, and that you can't just show up one time and say, "Oh, the work is done." And understand that you don't have that expectation for most changes and shifts in your life, so how do you bring that perspective to this commitment in this work and really establish beyond just a single point in time.

But again, this embodied way of being. And you do that at the individual level, but you can also do that at the organizational level. And so you imagine if every single organization prioritize the establishments of the Health Equity Practice, an embodied way of being, then the collective impact can be quite profound. And so you have to see yourself as part of that larger network and collective that's trying to advance this work and recognize that you have some power and responsibility at the individual level, but really how you can join the collective is how you're going to see that transformative work take place.

SN: Well, you've both given us a lot to think about today. And as we wrap up, would you mind sharing something that you keep in your mind and your heart and your every day work?

AI: It's gonna be right in line with what those last words that Linda was sharing. For me, something that I keep in mind in my heart every day as I work is that I am not alone, that there are 1000s and 1000s of people in this country, individually and through organizations who have taken this path of social service, of organizing, of advocacy and justice, that have made us a practice, not a one-and-done. We don't show up to just one march and we're done. And that those people come from and are connected to families and neighborhoods, communities, tribes, cultures.

AI: I don't know how that necessarily translates to a percentage of the population in the United States, you can bring in folks to give you numbers and statistics, but it does give this reassurance.

And again, to the last words that Linda was sharing, that I am not alone. And while we may all be in different paths of the journey, have different aspects of the work, because you don't have to be an expert in every single thing, you can just do the one thing that you do very well. The movement for a greater good is beyond me and that is such a good feeling, especially when I'm feeling overwhelmed. Because doing this work is not easy, and it's not fun to sit there and have to think about all of the ways that the systems have been failing you, all of the ways that you're... Life is being affected by things that may seem beyond you can be overwhelming and can feel like at times desperation or hopelessness can kick in.

And so I think in those moments for me, it is very important when I'm grounding to tap back into this consciousness that I'm not alone, that there are many others who are doing this work. And that while change might feel like it's slow and being seen and felt, that it eventually... It will come, and we can tap back into history and see how progress has been made. And it may be slow, but we're in it together, so...

LG: Yeah, and I'll second, much of what Alheli just offered. My collaborator and mentor, Dr. Renee Kennedy, who's the chief executive officer of ... always reminds us that relationships are primary and all else is derivative. Relationship is so central to this work, and so finding your relationship and connections are key. Not just relationships to others, but relationship to yourself, connection to yourself. Find your collaborators, like-minded folks, yes, but there are lots of us out there coming together to build collective energy and power in this work, and that really keeps me energized. But also, my deeper connection to the why. Why am I showing up here? Why is this important and critical to my life? How does this work align with my values? And what are some of the universal truths that we can uplift about humanity and our fundamental rights to live in a world where we're all liberated from trauma and violence and threat of persecution and limited access to fundamental care and resources that we all require to thrive? And so when we think about relationship and connection, it's definitely external, how do we relate to each other? How do we connect to each other? How do we build community in this work? But also, how do we relate and connect internally? How are we seeing ourselves in this work? How are we connecting to a greater... Push equity?

Because we see ourselves as part of this process and this struggle and this need for collective liberation. And so doing that internal grounding work is really as critical as doing that external work. I don't know if you hear that as the same. Inside, outside, inside, outside. Move through those spaces constantly because we are reflections of the larger system, and so we have to see ourselves as part of it, but also make sure that we feel connected to those pieces, even when we're doing our inward work.

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LG: So yeah, I think that that's part of my practice is finding other folks who are engaged consistently and persistently in their own embodiment and embodied ways of doing the work, and also making sure that I do my own work so that I'm seeing myself as part of... And connected to the larger movement.

SN: Thank you both so much for joining us today to share from your experiences and provide some insight on this topic. To our listeners, we hope you've learned some new concepts about the importance of engaging community and root cause analysis today. We encourage you to check out the transcripts and the podcast notes. Funding for this podcast is provided by the Health Resources and Services Administration. With that, we'll end here today. Stay safe and stay curious, everyone.

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