WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organizations
Facilitators

Liam Spurgeon
Project Manager

Diana Lieu
Senior Manager, Technology and Digital Media
Structural Competency Working Group

• Focused on integrating structural competency into training and practice of healthcare providers
• Comprised of nurses, physicians, scholars in the medical social sciences, health administrators, community health activists, and graduate and professional students in several disciplines
• HOP SC Curriculum adapted from the training developed by the Structural Competency Working Group
Agenda

• Welcome and Introductions (5m)
• Defining Structures (30m)
  – Structural Violence, Racism, and Vulnerability
• Naturalizing Inequality (20m)
• Case Analysis (20m)
• Structural Interventions (10m)
• Closing and Evaluation (5m)
Learning Objectives

At the end of the workshop, participants will be able to:

• Define the Structural Competency framework and define the key concepts of structural violence, structural racism, structural vulnerability, and implicit frameworks

• Analyze how health is influenced by structural factors

• Conceptualize how to deliver care and advocate for communities using a structural competency lens
Positionality

We aim to create a safe space to learn and share with one another.

• Not experts
• Privilege & blind spots
• Feedback
Defining Structures
Why are people poor and sick?

“No one has a right to work with poor people unless they have a real analysis of why people are poor.”

- Barbara Major
Former Director, St. Thomas Health Clinic
County-Level Diabetes Prevalence, 2007


Persistent Poverty Counties, 1970-2000

Persistent poverty counties—20 percent or more residents were poor as measured by each of the last four censuses, 1970, 1980, 1990, and 2000.

Source: Economic Research Service, USDA.
Social Structures

The policies, economic systems, and other institutions (judicial system, schools, etc.) that have produced and maintain modern social inequities as well as health disparities, often along the lines of social categories such as race, class, gender, sexuality, and ability.
HEALTH DISPARITIES
POVERTY INEQUALITY
POLICIES + ECONOMIC SYSTEMS + SOCIAL HIERARCHIES (e.g. RACISM)
SDOH
Case

- **HPI:** Patient is a 37-year-old Spanish-speaking male found down with LOC

- **PMH:** Frequent flyer well known to the ED for EtOH-related trauma, withdrawal associated with seizures

- **PSH:** R orbital fracture 2/2 assault w/o operative intervention

- **SH:** Heavy EtOH use, other habits unknown. Apparently homeless

- **Meds:** currently noncompliant with all meds, D/C’ed after last hospitalization on folate, thiamine, multivitamin, and seizure prophylaxis

- **Neuro/Mental Status:** pt. muttering in incoherent Spanish, inconsistently able to answer “yes/no” and follow simple commands
In 4th Generation Corn Farmer in Oaxaca

- 4th Generation Corn Farmer in Oaxaca
- Influx of Cheap US Corn; Can’t Make a Living
- In Standard Medical History
  - Injuy, Can’t Work
  - Can’t Pay Rent, Moves to Street
  - Begins Working as Day Laborer
  - Gets Assaulted

- Begins Drinking More Heavily
- In Emergency Department After Found on the Street
- Moves to San Francisco
In Emergency Department after found on the street

Begins drinking more heavily

Gets assaulted

City & federal policies contributing to gentrification & displacement

Racism/ racialized low-wage labor markets; US immigration policy

Begins working as day laborer

Injury, can’t work

Can’t pay rent, Moves to street

Legacy of colonialism; Systematic marginalization & violence against indigenous communities in S. Mexico

Influx of cheap US corn; can’t make a living

US healthcare system (no access to care)

North American Free Trade Agreement (NAFTA)

4th generation corn farmer in Oaxaca

Moves to San Francisco
Structural Violence, Racism, and Vulnerability
Structural Violence

“Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people.”

– Farmer et al. 2006
In Emergency Department after found on the street

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US healthcare system (no access to care)
Structural Racism

• “Racism is both overt and covert...We call these individual racism and institutional racism...The second type is less overt, far more subtle, less identifiable in terms of specific individuals committing the acts. But it is no less destructive of human life. The second type originates in the operation of established and respected forces in society, and thus receives far less public condemnation.”

• Institutional racism leaves individuals and communities “destroyed and maimed physically, emotionally and intellectually because of conditions of poverty and discrimination in the black community that is a function of institutional racism...”

- Kwame Ture (Stokely Carmichael)

Black Power: The Politics of Liberation
Mass Incarceration

The Growth Of Incarceration
U.S. imprisonment rate per 100,000 people since 1880

SOURCE: BUREAU OF JUSTICE STATISTICS
Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001

All Men  White Men  Black Men  Latino Men

1 in 9 1 in 17 1 in 3 1 in 6

All Women  White Women  Black Women  Latina Women

1 in 56 1 in 111 1 in 18 1 in 45

“The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying?

We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news.

Did we know we were lying about the drugs? Of course we did.”

- John Ehrlichman (Nixon advisor)
Structural Vulnerability

The risk that an individual experiences as a result of structural violence – including their location in multiple socioeconomic hierarchies.

Structural vulnerability is not caused by, nor can it be repaired solely by, individual agency or behaviors.

If medicine is to fulfill her great task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?

—Rudolph Virchow, 1848
Naturalizing Inequality
Why is there not more widespread discussion of structural violence and structural vulnerability in our society, and more specifically, in health and health care?
Naturalizing inequality refers to the sometimes subtle, sometimes explicit, ways that structural violence is overlooked.
The Health Promotion Mindset

Chronic diseases, poor health, and health disparities as the outcome of cultural differences, poor individual lifestyle choices, or genetic or biological traits. (ex. Smoking, obesity).

With overemphasis on culture, individual behavior, and biology and genetics to explain poor health, we are missing the opportunity to address why people are sick.
In Emergency Department after found on the street

Racism/ racialized low-wage labor markets; US immigration policy

“Culture”

Begins drinking more heavily

City & federal policies contributing to gentrification & displacement

Begins working as day laborer

US healthcare system (no access to care)

Can’t pay rent, Moves to street

North American Free Trade Agreement (NAFTA)

Influx of cheap US corn; can’t make a living

Moves to San Francisco

4th generation corn farmer in Oaxaca

Injury, can’t work

Legacy of colonialism; Systematic marginalization & violence against indigenous communities in S. Mexico

Can’t pay rent, Moves to street

Begins working as day laborer

Racism/ racialized low-wage labor markets; US immigration policy

Get assaulted
In Emergency Department After Found on the Street

Begins Drinking More Heavily

Gets Assaulted

Individual Behavior/Choices

Begins Working as Day Laborer

Injury, Can’t Work

Can’t Pay Rent, Moves to Street

Moves to San Francisco

Influx of Cheap US Corn; Can’t Make a Living

4th Generation Corn Farmer in Oaxaca
Focus on Culture, Behavior, and Biology

**Appeals**

- Can be significant factors for individual health
- Inherent logical appeal
- Emphasized in health literature and medical education
- Easier to address the individual-level rather than the alternatives (regulating corporations, action across sectors)
- Political appeal due to corporate interest and power

**Limitations**

- No significant effect on overall population health
- Cannot explain all factors that influence prevalence, persistence, burden of certain diseases
- Can exacerbate inequalities
- Does not identify why there are health disparities
- Distracts/takes away from structural causes of harm

*Why Behavioral Health Promotion Endures Despite Its Failure to Reduce Health Disparities*
*Baum and Fisher, 2014*
“Fatalism has been identified as a dominant belief among Latinos and is believed to act as a barrier to cancer prevention.”
Should “acculturation” be a variable in health research? A critical review of research on US Hispanics

Linda M. Hunt$^{a,b,*}$, Suzanne Schneider$^a$, Brendon Comer$^b$

$^a$Department of Anthropology, Michigan State University, East Lansing, MI 48824, USA
$^b$Julian Samora Research Institute, Michigan State University, East Lansing, MI 48824, USA

“In the absence of a clear definition and an appropriate historical and socio-economic context, the concept of acculturation has come to function as an ideologically convenient black box, wherein problems of unequal access to health posed by more material barriers, such as insurance, transportation, education, and language, are pushed from the foreground, and ethnic culture is made culpable for health inequalities.”
Naturalizing Inequality

In a survey of public health theory courses:

• 93% of frequently taught theories of disease distribution are behavior/lifestyle-focused

• Only 1 was structural (fundamental cause theory)

- Harvey and McGladrey, forthcoming

Focus on Individual Behavior Choices
"We postulate that the genetic factor increasing the propensity of black people of sub-Saharan African descent to develop high blood pressure is the relatively high activity of creatine kinase, predominantly in vascular and cardiac muscle tissue."
Key Takeaways

• **Naturalizing inequality** is the sometimes subtle, sometimes explicit, ways that structural violence is **overlooked**

• Often through claims of **cultural difference**, **behavioral shortcomings**, or **biological pre-disposition**, which **distract from the structural causes of harm**

• With **overemphasis** on culture, individual behavior, and biology and genetics to explain poor health, we are missing the opportunity to address why people are sick.
Defining Structural Competency

- **Cultural Competency** is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

- **Cultural Humility** is a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.

- **Social Determinants of Health** are the economic and social conditions that influence individual and group differences in health status.
### Comparing Frameworks

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<tr>
<th>Concept</th>
<th>Cultural Competency</th>
<th>Cultural Humility</th>
<th>SDOH</th>
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<tr>
<td><strong>Strengths</strong></td>
<td>Challenges assumptions of one “dominant culture”</td>
<td>Encourages the practice of self-reflection, humility, and lifelong learning</td>
<td>Attempts to understand and address social and economic conditions influencing health outcomes</td>
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<tr>
<td><strong>Limitations</strong></td>
<td>“List of traits” version of training</td>
<td>Does not attempt to address social, political, and economic factors influencing health outcomes</td>
<td>Focus on conditions rather than overarching structures</td>
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Structural Competency is the capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.

“A shift in medical education ... toward attention to forces that influence health outcomes at levels above individual interactions.”

—Metzl and Hansen
CASE ANALYSIS
Found to have stage 4 CKD, retinopathy, multiple ulcers on feet

Taken to ED from Burger King for AMS due to HHS

After 2 years gets housing in Tracy. No county health system. Overwhelmed by Medi-Cal, does not get new PCP

Standard Medical History

She becomes obese; develops type 2 DM. A1C well controlled on metformin

Husband dies from MI at age 53; she looks for work after 20 years out of workforce

Can’t find work, can’t pay rent, starts living in her car. Still sees PCP in county system but A1C climbs to 10.7 on multiple meds

They have 2 children; she stops working to care for them

Works for 11 years as a veterinary tech after high school. Husband works as security guard

2nd generation born & raised in East Oakland (grandparents moved from Oklahoma)
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City planning contributing to unhealthy food options

Federal food policy: Heavily subsidized corn

Worse CV outcomes and minimal employment benefits for working class

No universal health care: fragmented & insufficient access

Can't find work, can't pay rent, starts living in her car. Still sees PCP in county system but A1C climbs to 10.7 on multiple meds

No universal child care; patriarchal gender norms

Bias against hiring middle-aged women (sexism/ageism); inadequate U.S. social safety net

Limited opportunities for working class people in post-industrial economy

Economic structures: Great Depression

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Levels of Intervention
By Mona Hanna-Attisha
Feb. 11, 2017

FLINT, Mich. — Eighteen months ago, as a pediatrician here, I discovered that the untreated tap water corroding the city’s plumbing was poisoning our children with lead. State officials called my science faulty and accused me of creating hysteria. But I was right and persisted, and with brave parents, pastors, journalists and scientists demanded answers until this continuing public health disaster was finally acknowledged. An entire city, with about 10,000 young children, was unnecessarily exposed to lead, a neurotoxin that causes irreversible brain damage. The corrosive water also likely caused the deaths of a dozen people from Legionnaires’ disease. Flint remains traumatized.

Elevated Blood Lead Levels in Children Associated With the Flint Drinking Water Crisis: A Spatial Analysis of Risk and Public Health Response

Mona Hanna-Attisha, MD, MPH, Jenny LaChance, MS, Richard Casey Saller, PhD, and Allison Champney Schney, MD

Objectives. We analyzed differences in pediatric elevated blood lead level incidence before and after Flint, Michigan, introduced a more corrosive water source into an aging water system without adequate corrosion control.

Methods. We reviewed blood lead levels for children younger than 5 years before (2013) and after (2015) water source change in Greater Flint, Michigan. We assessed the percentage of elevated blood lead levels in both time periods, and identified geographical locations through spatial analysis.

Results. Incidence of elevated blood lead levels increased from 2.4% to 4.9% (P<.05) after water source change, and neighborhoods with the highest water lead levels experienced a 6.6% increase. No significant change was seen outside the city. Geospatial analysis identified disadvantaged neighborhoods as having the greatest elevated blood lead level increases and informed response prioritization during the now-declared public health emergency.


percentage of lead pipes and lead plumbing, with estimates of lead service lines ranging from 10% to 80%.2 Researchers from Virginia Tech University reported increases in water lead levels (WLLs),3 but changes in blood lead levels (BLLs) were unknown.

Lead is a potent neurotoxin, and childhood lead poisoning has an impact on many developmental and biological processes, most notably intelligence, behavior, and overall life achievement.4 With estimated societal costs in the billons,5–11 lead poisoning has a disproportionate impact on low-income and minority children.12 When one considers the irreversible, life-altering, costly, and disparate impact of lead exposure, primary prevention is necessary to eliminate exposure.13 Historically, the industrial revolution’s
The Federally-funded Community Health Center Movement
Levels of Intervention

- Intrapersonal
- Interpersonal
- Clinic
- Community
- Research
- Policy
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<td>Educate yourself and work against implicit and explicit racism and other bias</td>
<td>Approach the patient without blame or judgment</td>
<td>Use an interpreter; diversify staff; provide structural competency training for all staff</td>
<td>Advocate for safe spaces and affordable housing for community members</td>
<td>Research the structural forces that affect the lives and health of migrants who work as day laborers, including policy and racism in your research questions and discussion</td>
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<td>Organize against trade agreements that contribute to the exploitation of foreign labor;</td>
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Three principles of action

(1) Improve the conditions of daily life

(2) Tackle the inequitable distribution of power, money, and resources

(3) Measure the problem, evaluate action, expand the knowledge base, develop a workforce trained in SDOH

Thank you!