

# Structural Competency:

A Framework to Analyze and Address Social Determinants of Health and Health Disparities

Health Outreach Partners | East Coast Migrant Stream Forum

Wednesday, October 9<sup>th</sup>, 2019

1:00pm-2:30pm

San Juan, Puerto Rico



# Health Outreach Partners

[WWW.OUTREACH-PARTNERS.ORG](http://WWW.OUTREACH-PARTNERS.ORG)

**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 Organization

# 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



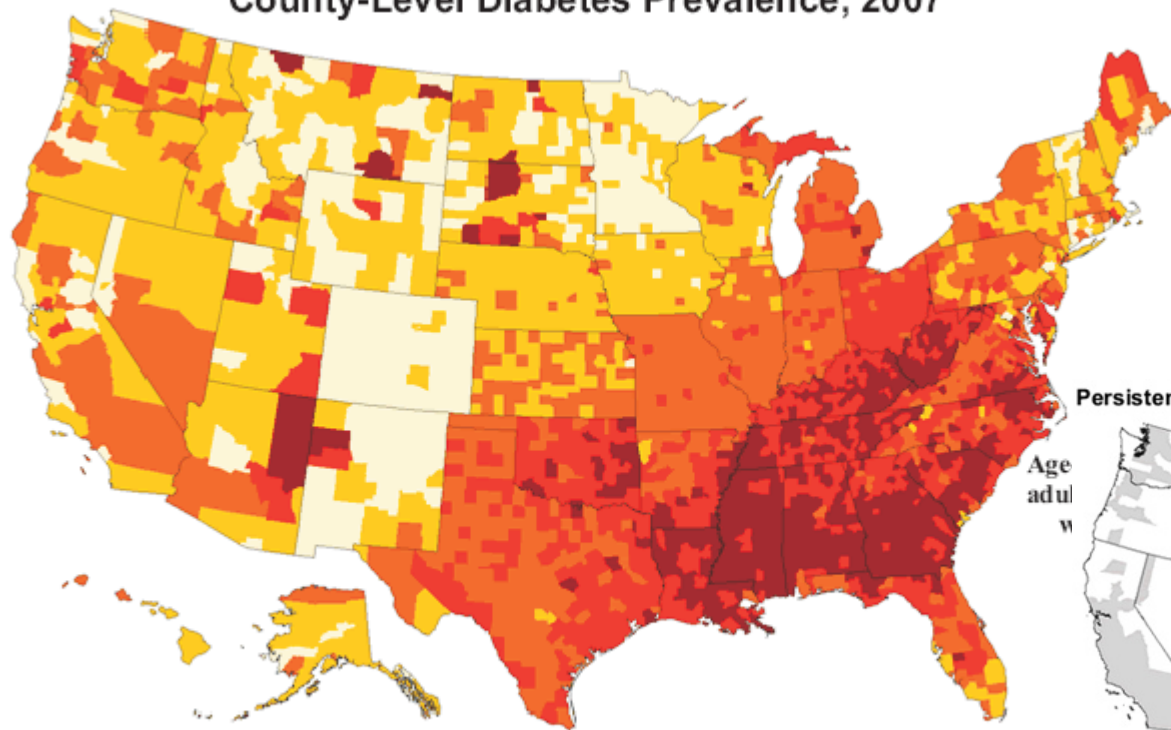
# Why are people poor and sick?



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

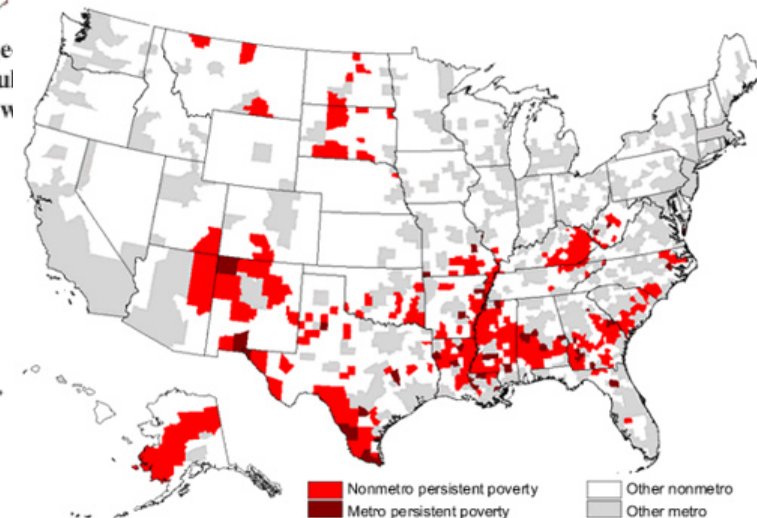
- Barbara Major  
Former Director, St. Thomas Health Clinic

## County-Level Diabetes Prevalence, 2007



**Sources:** Centers for Disease Control and Prevention, "Estimated County Level Prevalence of Diabetes and Obesity—United States, 2007" *Morbidity and Mortality Weekly Report* 58 No. 45 (Nov. 20, 2009):1259-1263.

## 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**.



The diagram is an iceberg floating in a light blue sea. The tip of the iceberg, which is above the water line, is labeled 'HEALTH DISPARITIES' in bold dark blue text. Below this, still above the water line, are the words 'POVERTY' and 'INEQUALITY' in a lighter blue, outlined font. The main body of the iceberg, which is submerged in the water, contains the text 'POLICIES', '+', 'ECONOMIC SYSTEMS', '+', and 'SOCIAL HIERARCHIES (e.g. RACISM)' in bold red text. An arrow points from the text 'SDOH' to the submerged part of the iceberg.

**HEALTH  
DISPARITIES**

POVERTY  
INEQUALITY

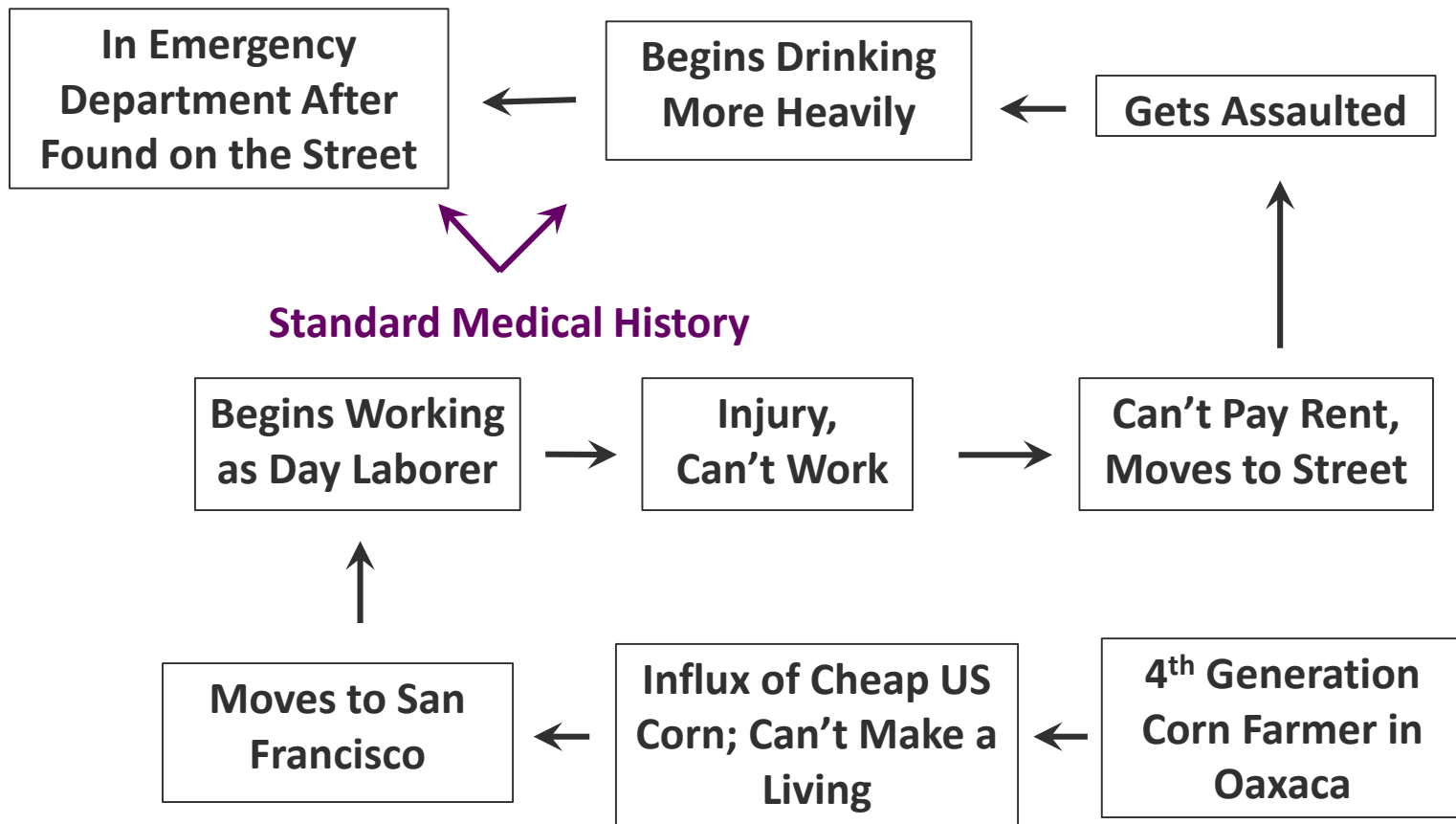
**SDOH**

**POLICIES**  
**+**  
**ECONOMIC SYSTEMS**  
**+**  
**SOCIAL HIERARCHIES**  
**(e.g. RACISM)**

# Case

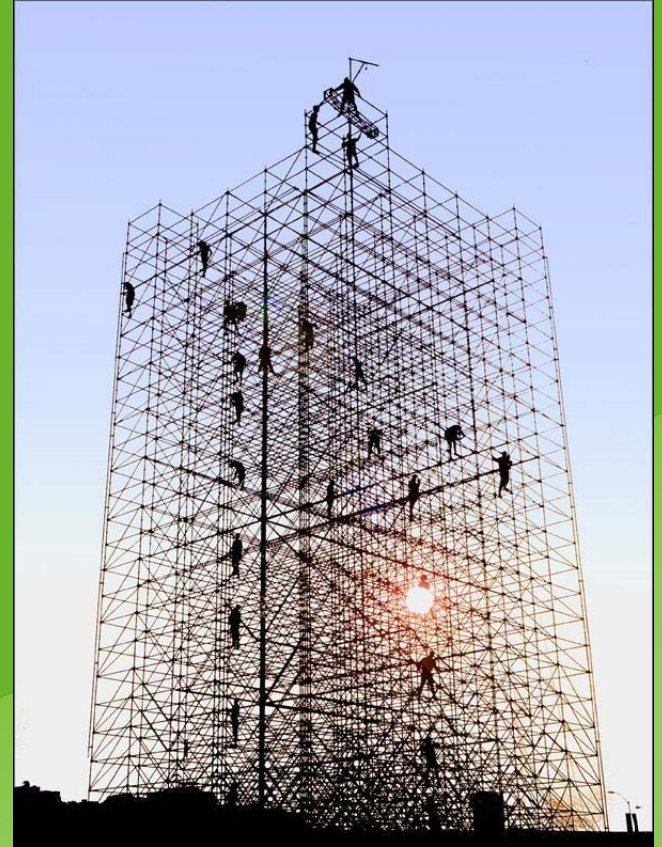
- **HPI:** Patient is a 37-year-old Spanish-speaking male found down with LOC
- **PMH:** Frequent flyer well known to the ED for EtOH-related trauma, withdrawal associated with seizures
- **PSH:** R orbital fracture 2/2 assault w/o operative intervention
- **SH:** Heavy EtOH use, other habits unknown. 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







# Structural Violence, Racism, and Vulnerability

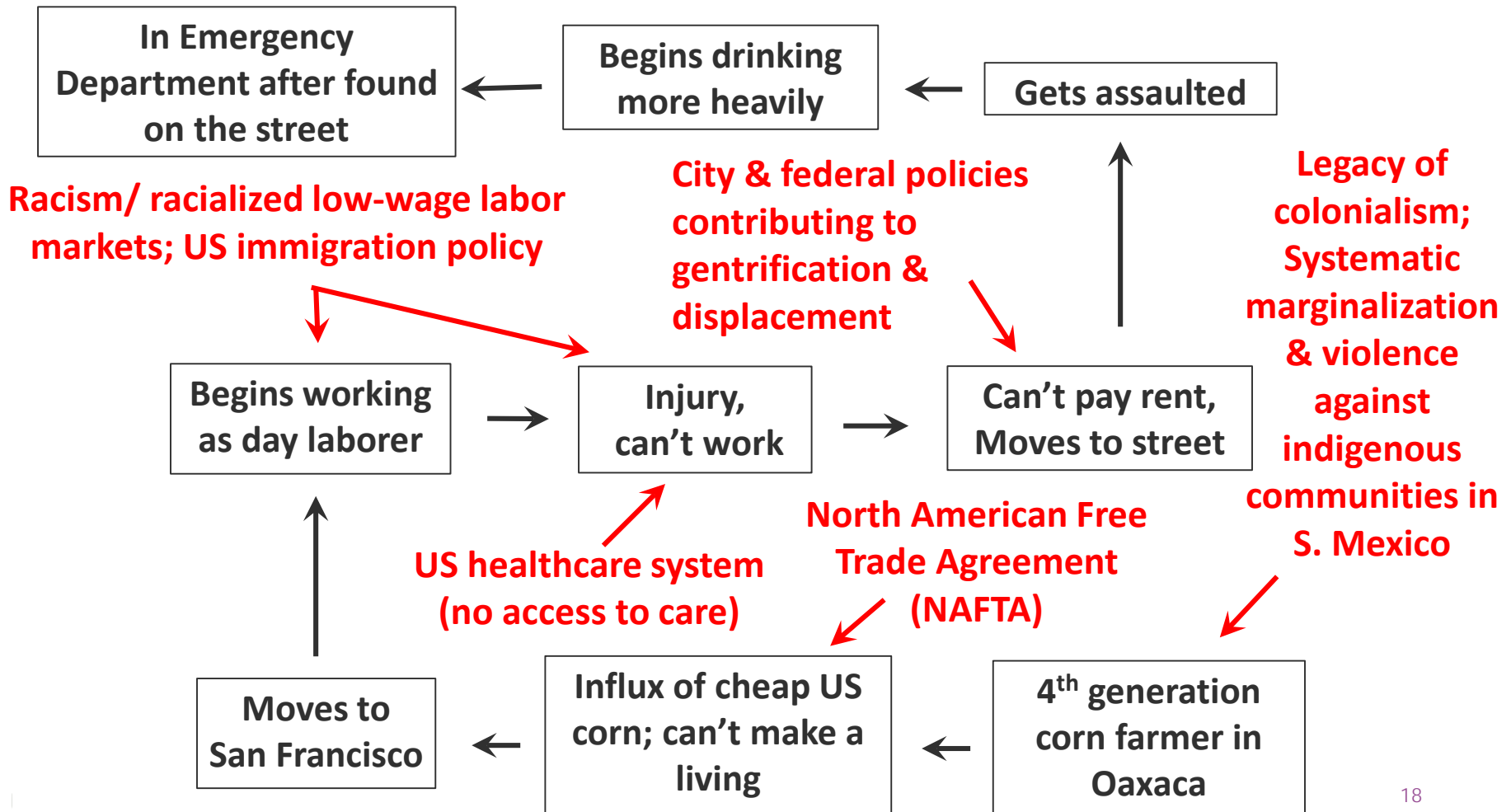





# Structural Violence

“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



# 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



# Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001

All Men



1 in 9

White Men



1 in 17

Black Men



1 in 3

Latino Men



1 in 6

All Women



1 in 56

White Women



1 in 111

Black Women



1 in 18

Latina Women



1 in 45

Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, DC: Bureau of Justice Statistics.



**THE  
SENTENCING  
PROJECT**

# Mass Incarceration

“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).



CULTURE

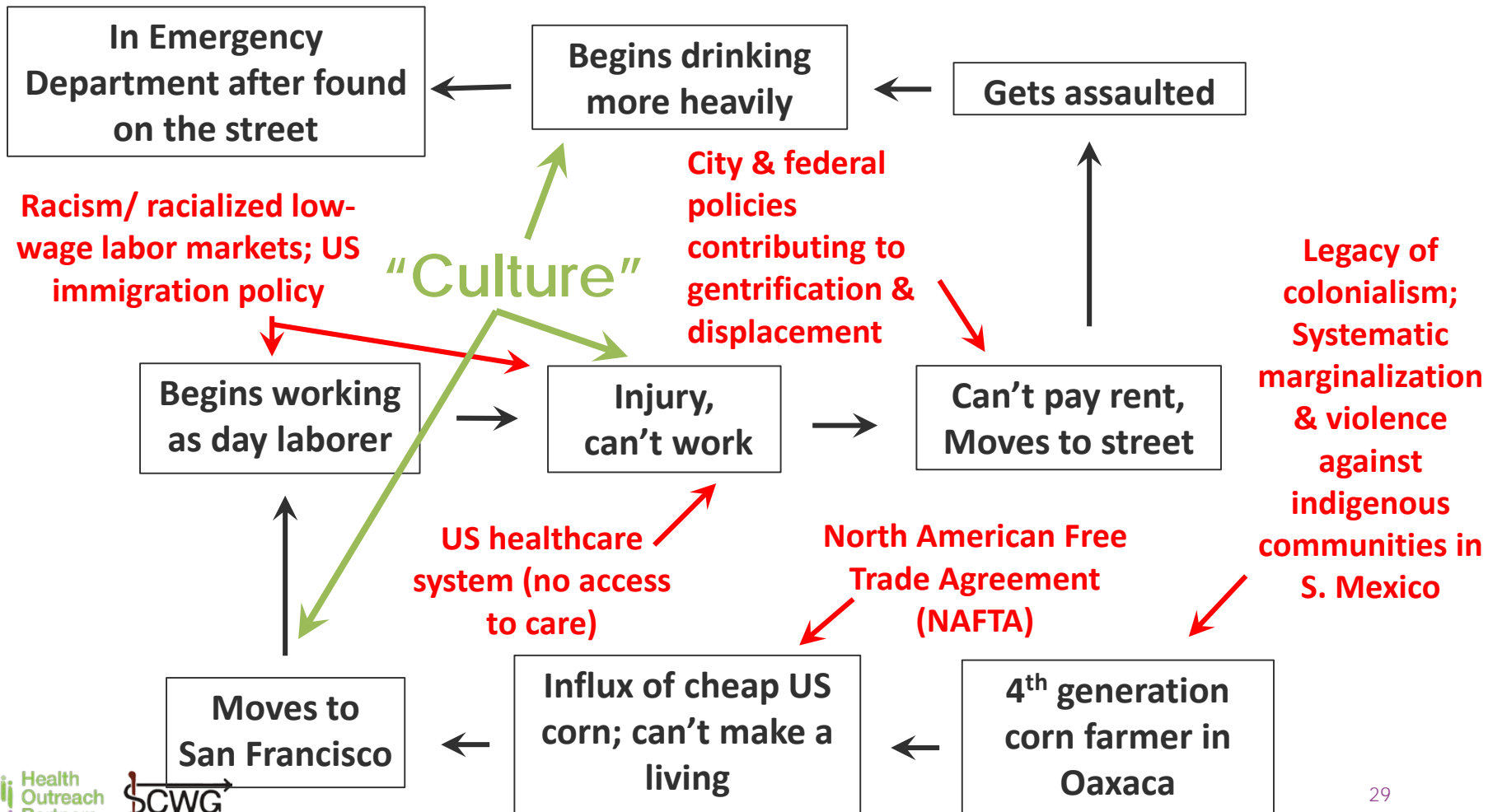


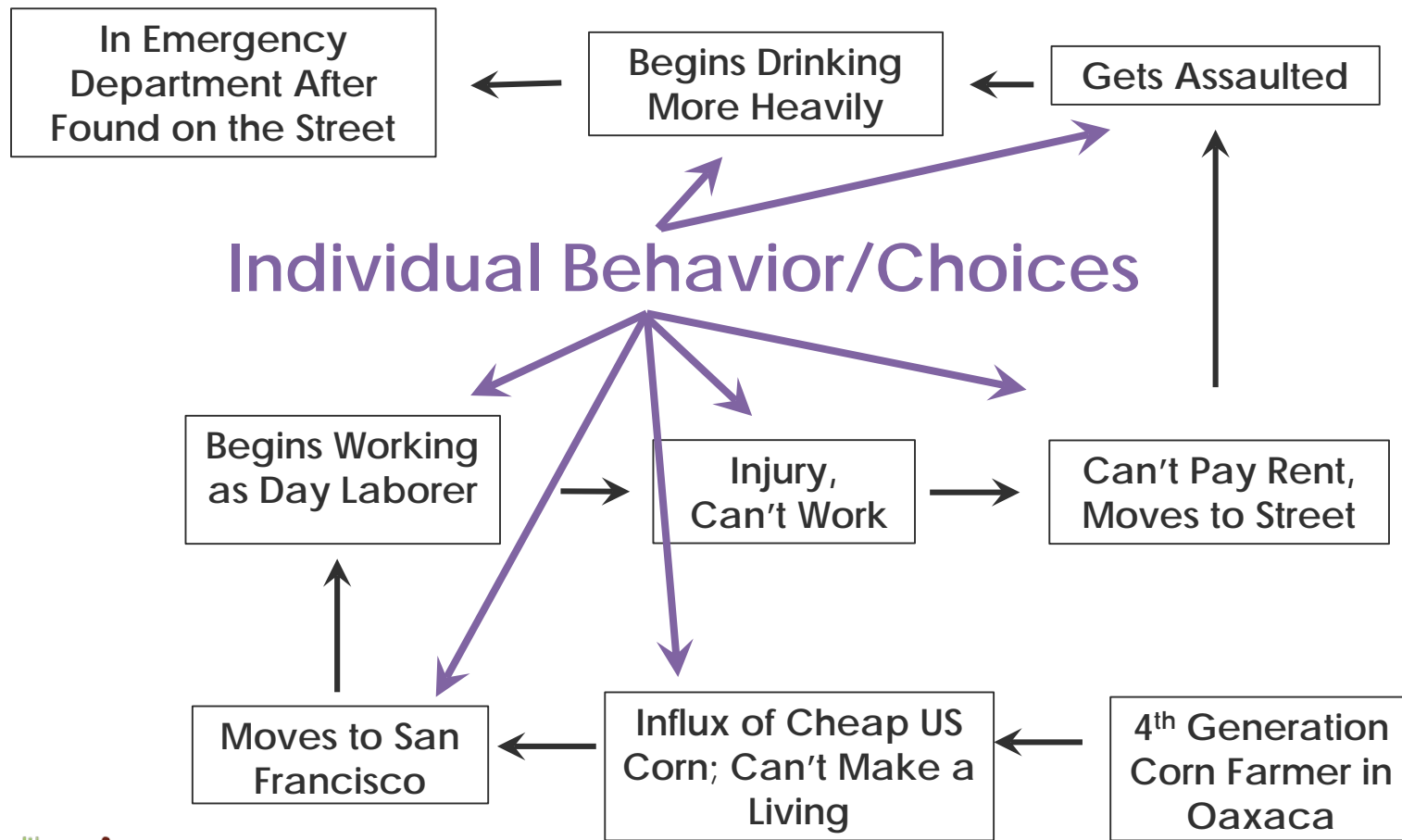
BEHAVIOR/  
CHOICE

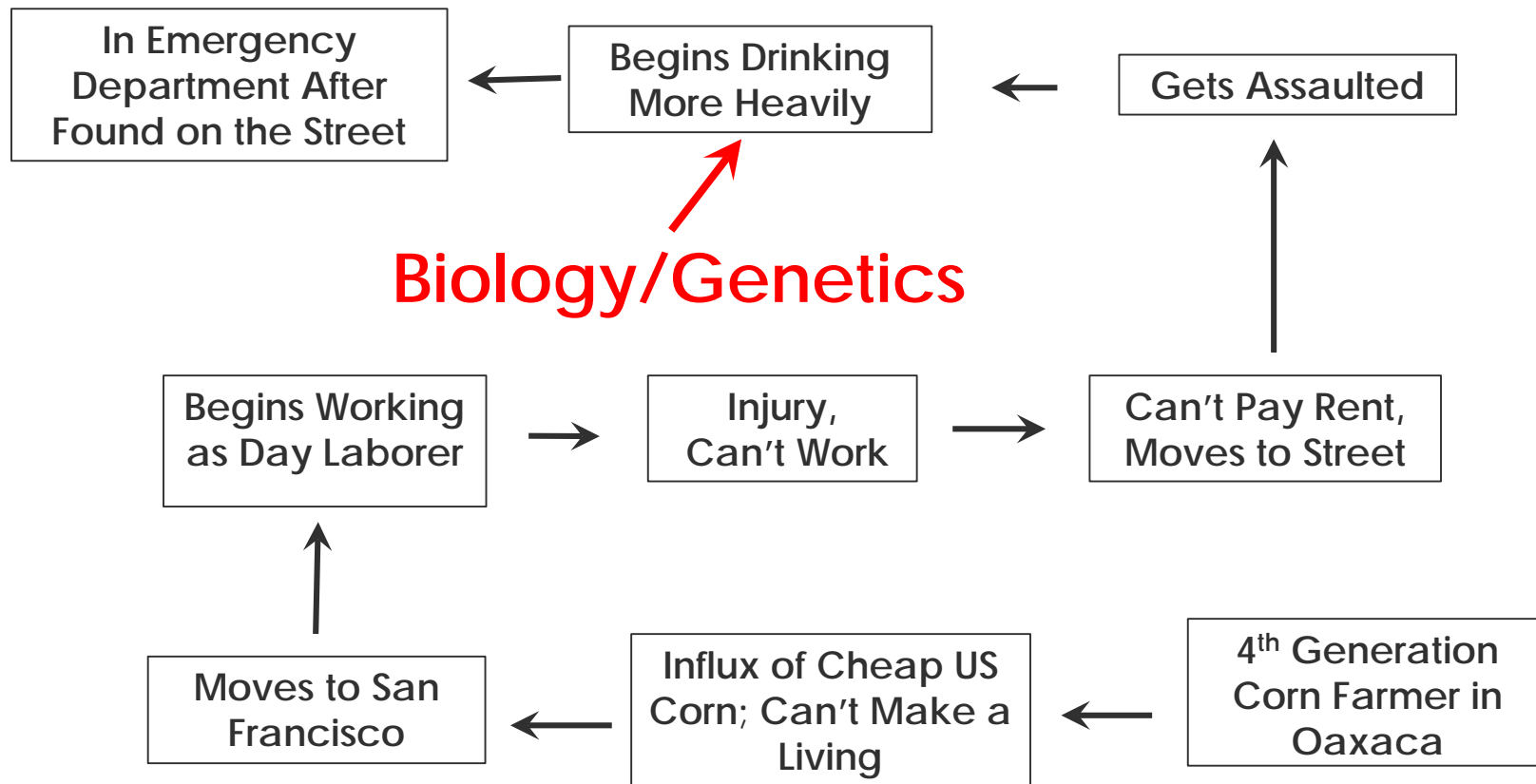


BIOLOGY/  
GENETICS

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.**







# 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



# **The Relevance of Fatalism in the Study of Latinas' Cancer Screening Behavior: A Systematic Review of the Literature**

**Karla Espinosa de los Monteros • Linda C. Gallo**

“Fatalism has been identified as a dominant belief among Latinos and is believed to act as a barrier to cancer prevention.”

**Focus on Culture**

## Should “acculturation” be a variable in health research? A critical review of research on US Hispanics

Linda M. Hunt<sup>a,b,\*</sup>, Suzanne Schneider<sup>a</sup>, Brendon Comer<sup>b</sup>

<sup>a</sup>Department of Anthropology, Michigan State University, East Lansing, MI 48824, USA

<sup>b</sup>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**

# Naturalizing Inequality

Journal of Hypertension. 18(11):1537-44, NOV 2000

PMID: [11081764](#)

MEDLINE Status: MEDLINE

Issn Print: 0263-6352

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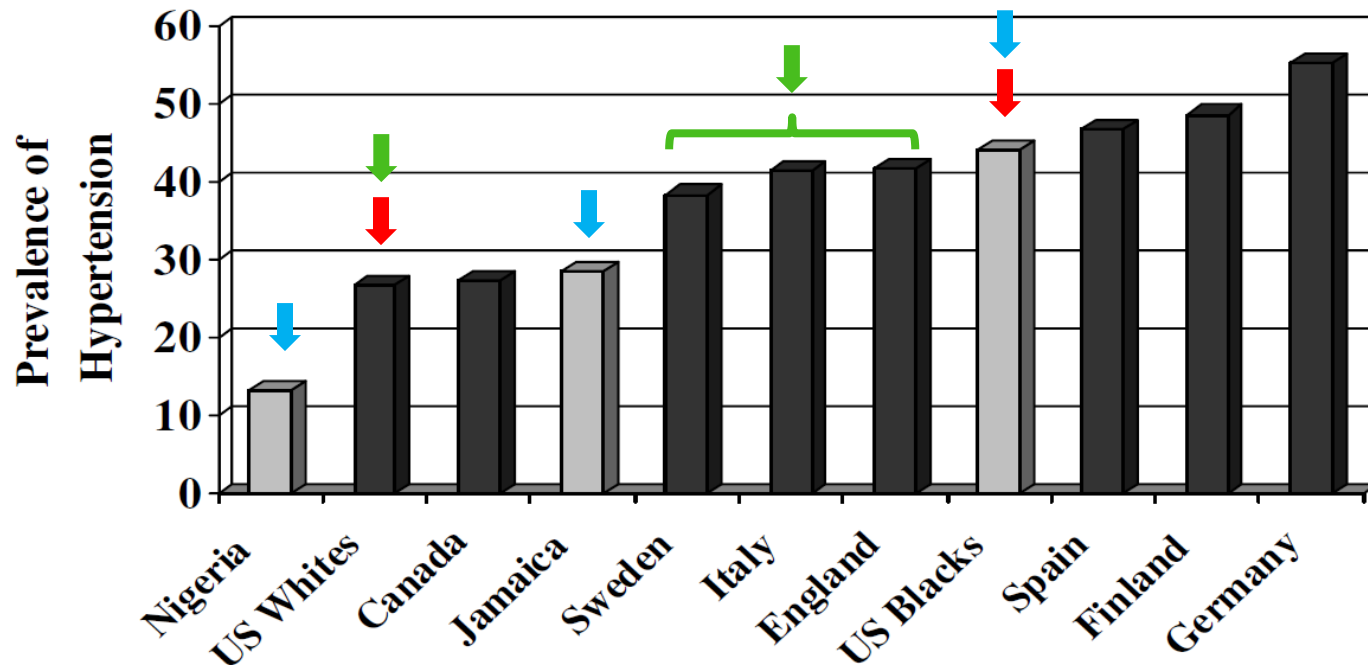
 Print

## **Is greater tissue activity of creatine kinase the genetic factor increasing hypertension risk in black people of sub-Saharan African descent?**

L M Brewster; J F Clark; G A van Montfrans

“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.”

# Naturalizing Inequality



# 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

Concept	Cultural Competency	Cultural Humility	SDOH
Strengths	Challenges assumptions of one “dominant culture”	Encourages the practice of self-reflection, humility, and lifelong learning	Attempts to understand and address social and economic conditions influencing health outcomes
Limitations	“List of traits” version of training	Does not attempt to address social, political, and economic factors influencing health outcomes	Focus on conditions rather than overarching structures



**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

2<sup>nd</sup> generation born &  
raised in East Oakland  
(grandparents moved  
from Oklahoma)

City planning contributing to unhealthy food options

Found to have stage 4  
CKD, retinopathy,  
multiple ulcers on feet

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

Federal food  
policy: Heavily  
subsidized corn

Worse CV outcomes and  
minimal employment  
benefits for working class

No universal health care:  
fragmented & insufficient  
access

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

No universal child care;  
patriarchal gender norms

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

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

2<sup>nd</sup> generation born &  
raised in East Oakland  
(grandparents moved  
from Oklahoma)

44

Limited opportunities for working class  
people in post-industrial economy

Economic structures: Great Depression

# Levels of Intervention



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 Sadler, PhD, and Allison Champney Schnepf, 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.

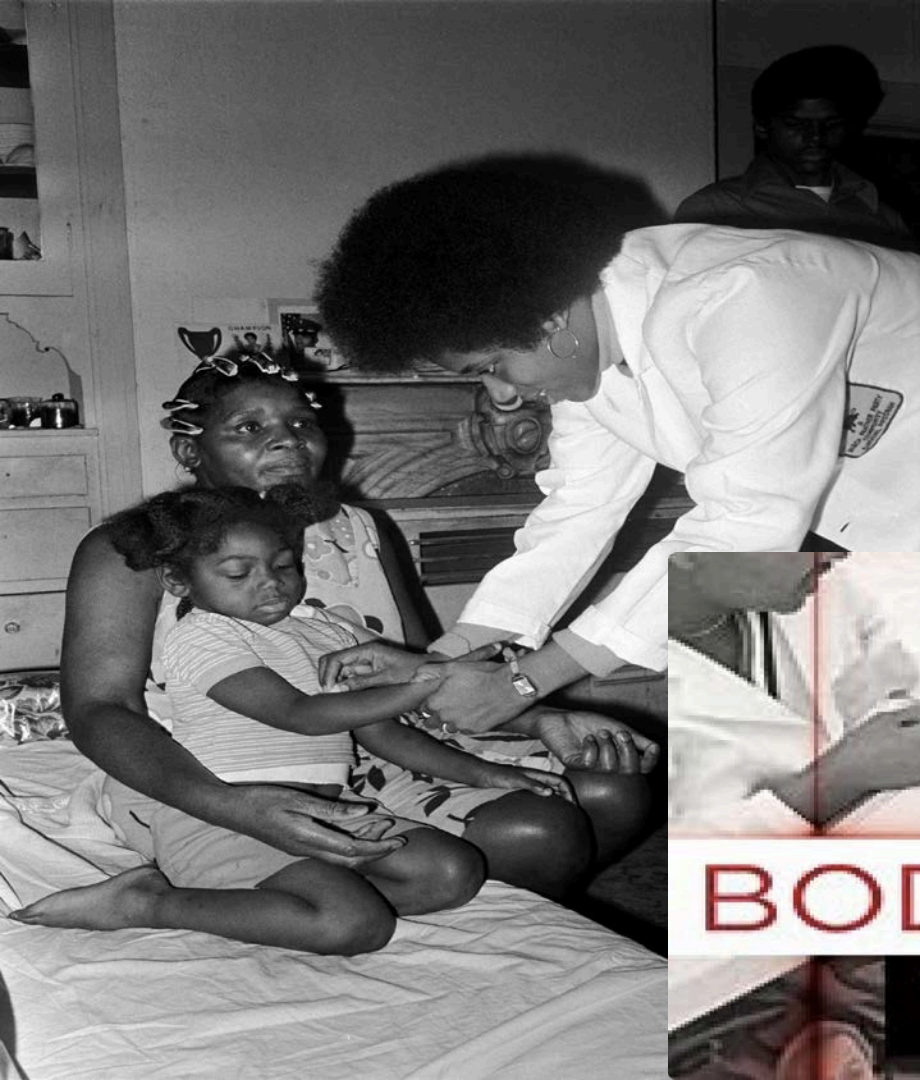
**Results.** Incidence of elevated blood lead levels increased from 2.4% to 4.9% ( $P < .05$ ) after water source change, and neighborhoods with the highest water lead levels experienced a 6.6% increase. No significant change was seen outside the city. Geospatial analysis identified disadvantaged neighborhoods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

**Conclusions.** The percentage of children with elevated blood lead levels increased after water source change, particularly in socioeconomically disadvantaged neighborhoods. Water is a growing source of childhood lead exposure because of aging infrastructure. (*Am J Public Health*. 2016;106:283–290. doi:10.2105/AJPH.2015.303003)

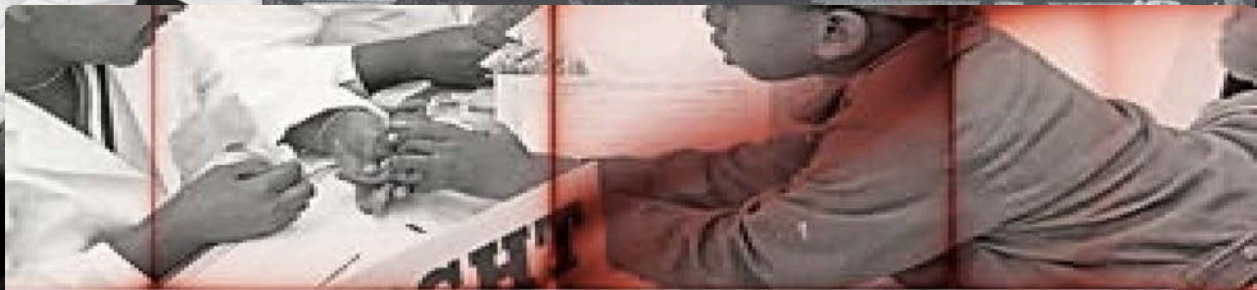
percentage of lead pipes and lead plumbing, with estimates of lead service lines ranging from 10% to 80%.<sup>7</sup> Researchers from Virginia Tech University reported increases in water lead levels (WLLs),<sup>8</sup> but changes in blood lead levels (BLLs) were unknown.

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.<sup>8</sup> With estimated societal costs in the billions,<sup>9–11</sup> lead poisoning has a disproportionate impact on low-income and minority children.<sup>12</sup> When one considers the irreversible, life-altering, costly, and disparate impact of lead exposure, primary prevention is necessary to eliminate exposure.<sup>13</sup>

Historically, the industrial revolution's



## The People's Free Health Clinics of the Black Panther Party



**BODY AND SOUL**

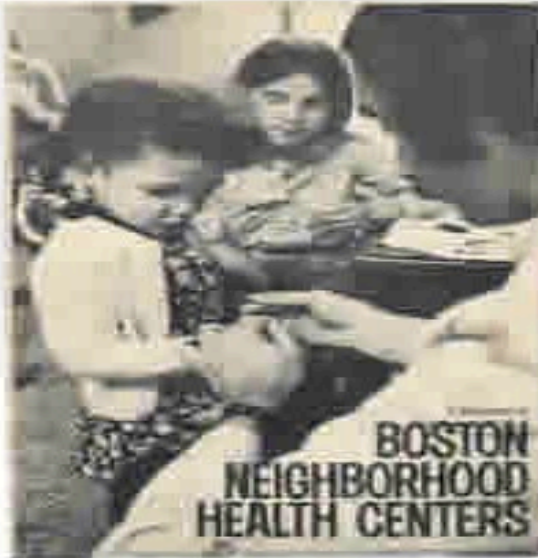
**THE BLACK PANTHER PARTY AND THE  
FIGHT AGAINST MEDICAL DISCRIMINATION**



# The Federally-funded Community Health Center Movement

Each day brings new evidence of how rural poverty affects its victims—people go hungry, then get sick, then die in grief. In one small area in the Delta of Mississippi everything is being done about it. A remarkable group is providing medical care, food and social services. But much more, it is helping the poor discover resources themselves—they didn't know they had.

## A stir of hope in Mound Bayou



Being a man, and in that sense,

CHRONIC K. KELLY

"Where do we stop?" The question  
Bobby Williams, assistant director of  
the health center, asked. "We don't  
stop. We go on. We go on. We go on."  
Williams said. "We go on. We go on."  
Williams said. "We go on. We go on."

When a few of us had seen  
him, we had the feeling that  
he was a man who was  
going to do something  
different. He was a man  
who was going to do  
something different. He was  
a man who was going to  
do something different.

When we finally, after a long  
time, saw the man who was  
going to do something  
different. He was a man  
who was going to do  
something different. He was  
a man who was going to  
do something different.





# Levels of Intervention

- Intrapersonal
- Interpersonal
- Clinic
- Community
- Research
- Policy



**In Emergency Department  
After Found on Street**

Educate yourself and work against implicit and explicit racism and other bias

**Intrapersonal**

**Begins Drinking More  
Heavily**

Approach the patient without blame or judgment

**Interpersonal**

**Gets Assaulted**

Use an interpreter; diversify staff; provide structural competency training for all staff

**Clinic**

**Can't Pay Rent, Moves to  
Street**

Advocate for safe spaces and affordable housing for community members

**Community**

**Injury, Can't Work**

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

**Research**

**Begins Working as Day  
Laborer**

**Moves to San Francisco**

Advocate for more just housing policy;

**Influx of Cheap U.S. Corn**

Organize against trade agreements that contribute to the exploitation of foreign labor;

**Policy**

**4<sup>th</sup> Generation Corn  
Farmer in Oaxaca**

Organize for universal healthcare

# 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

Marmot, M. et al. (2008). Closing the gap in a generation: health equity through social action on the social determinants of health. *Lancet*, 372, 1661-1669.



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