

WELCOME!

Structural Competency:

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

2021 Virtual Forum for Migrant and Community Health
Tuesday, March 23rd, 2021 | 10:30am - 12:00pm PST



Facilitators



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Health Outreach Partners

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

Agenda

- Welcome and Introductions
- Defining Structures
- Structural Violence and Racism
- Case Study
- Imagining Structural Interventions
- Q&A and Closing



Learning Objectives

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

- Define the Structural Competency framework and key concepts of structural violence, structural racism, and structural vulnerability
- Analyze how health is influenced by structural factors
- Conceptualize how to deliver care and advocate for communities using a structural competency lens

We believe that...

- Health is a human right
- Black Lives Matter
- We need sound science, facts based on evidence, and history that is not centered only on whiteness
- Fighting for health equity means standing up for people to live healthy and dignified lives
- Public health principles are social justice principles
- Lived experiences and evidence-based practices are equally valued
- “We can disagree and still love each other, unless your disagreement is rooted in my oppression and denial of my humanity and right to exist.”

(James Baldwin)

Group Agreements

We aim to create a space to learn and share with one another that acknowledges:

- Positionality
- Power, privilege & blind spots
- Save space and take space
- Not experts
- Emotional labor
- Recognizing BIPOC leadership, activism, & work



Defining Structures

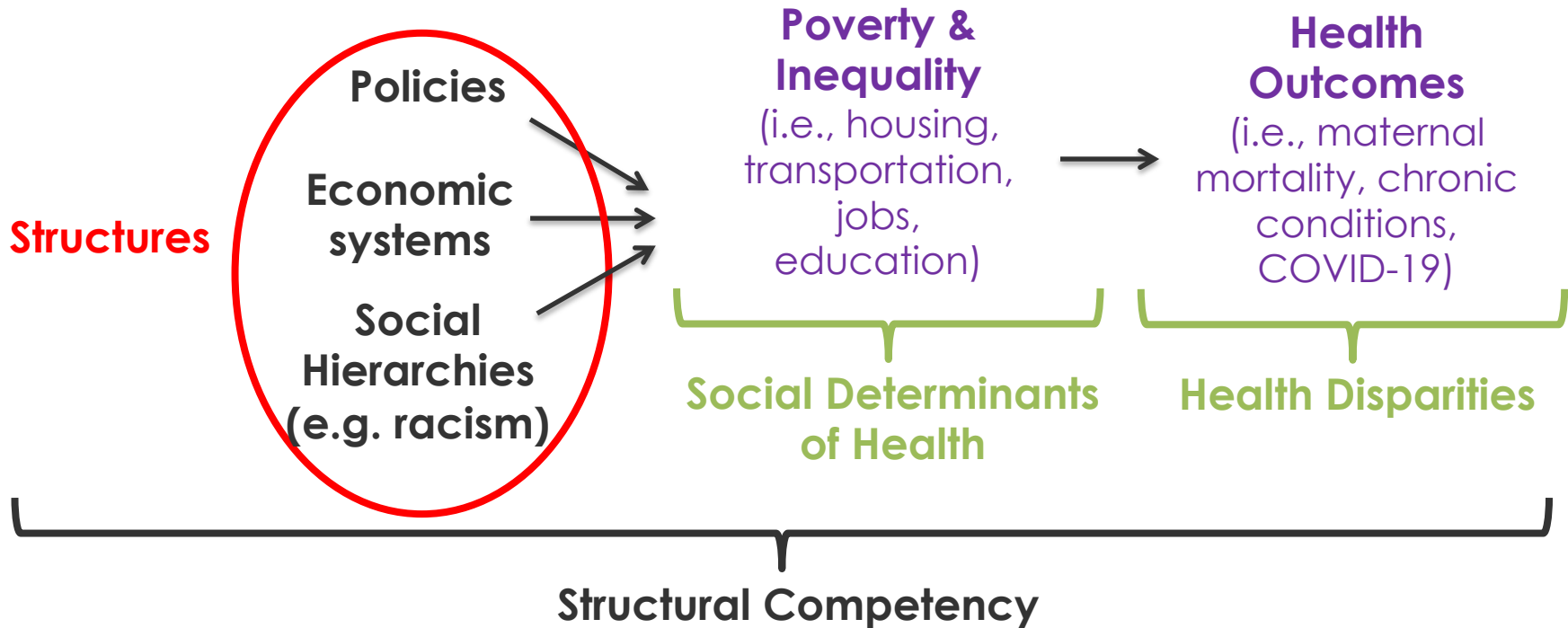


Why are people poor and sick?



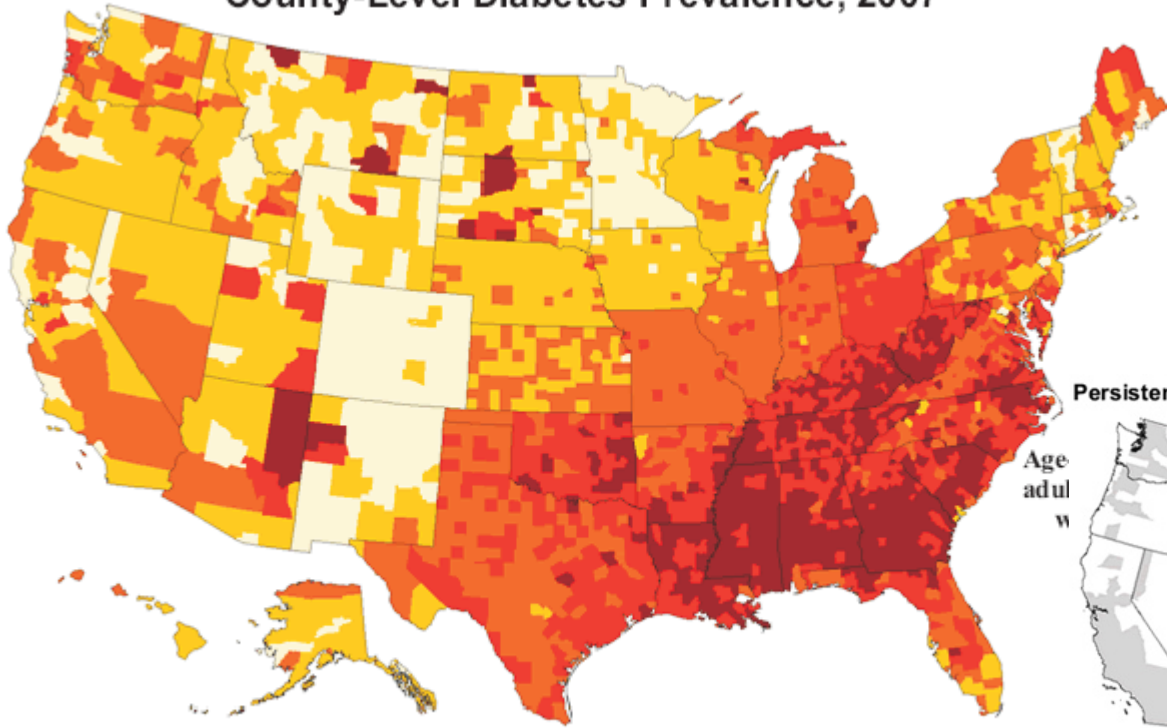
“No one has a right to work with poor people unless they have a real analysis of why people are poor.”

- Barbara Major
Former Director, St. Thomas Health Clinic

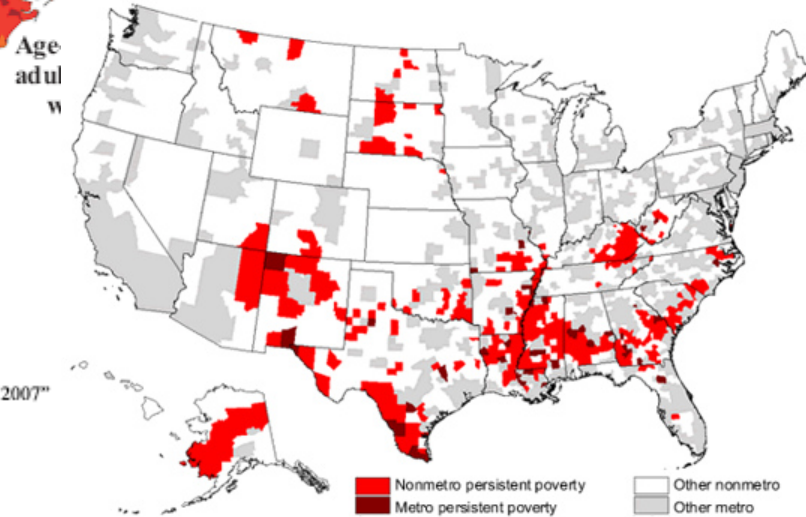


“Structural determinants of the social determinants of health”

County-Level Diabetes Prevalence, 2007



Persistent Poverty Counties, 1970-2000



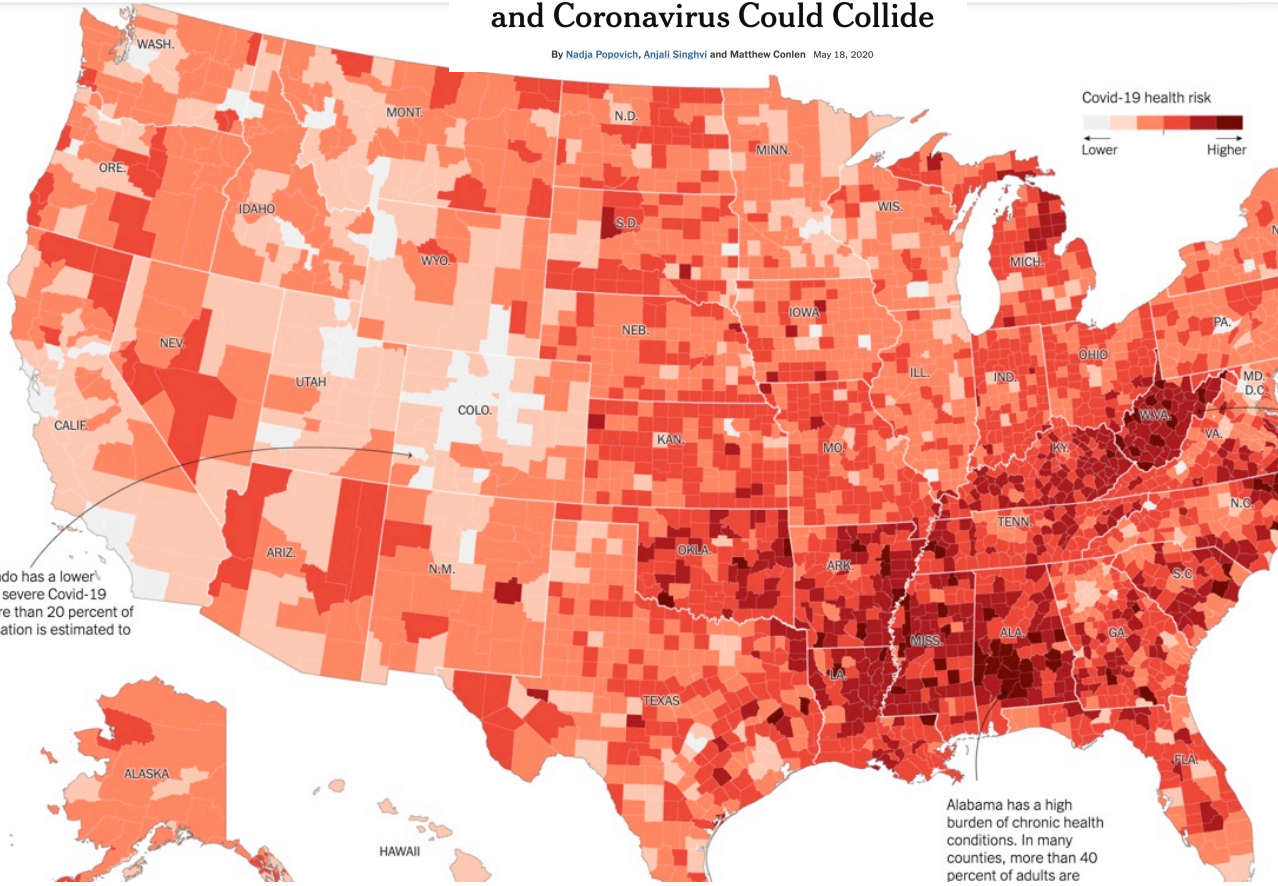
Sources: Centers for Disease Control and Prevention, "Estimated County Level Prevalence of Diabetes and Obesity—United States, 2007" *Morbidity and Mortality Weekly Report* 58 No. 45 (Nov. 20, 2009):1259-1263.

Persistent poverty counties—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.

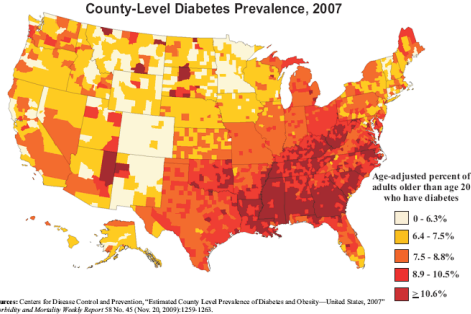
Where Chronic Health Conditions and Coronavirus Could Collide

By Nadja Popovich, Anjali Singhvi and Matthew Conlen May 18, 2020



Much of Colorado has a lower relative risk for severe Covid-19 illness, but more than 20 percent of the adult population is estimated to be obese.

Alabama has a high burden of chronic health conditions. In many counties, more than 40 percent of adults are



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.

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**.

An iceberg diagram illustrating the components of health disparities. The iceberg is partially submerged in a blue ocean. The tip of the iceberg, which is above the water line, is labeled 'HEALTH DISPARITIES'. The part of the iceberg below the water line is divided into three horizontal layers. The top layer, just below the water line, is labeled 'SOCIAL DETERMINANTS OF HEALTH' in blue text. The middle layer is labeled 'POVERTY' and 'INEQUALITY' in blue text. The bottom layer, which is the largest part of the iceberg, is labeled 'POLICIES', 'ECONOMIC SYSTEMS', and 'SOCIAL HIERARCHIES (e.g. RACISM)' in red text, with plus signs between the layers.

HEALTH
DISPARITIES

SOCIAL DETERMINANTS OF HEALTH

POVERTY
INEQUALITY

POLICIES

+

ECONOMIC SYSTEMS

+

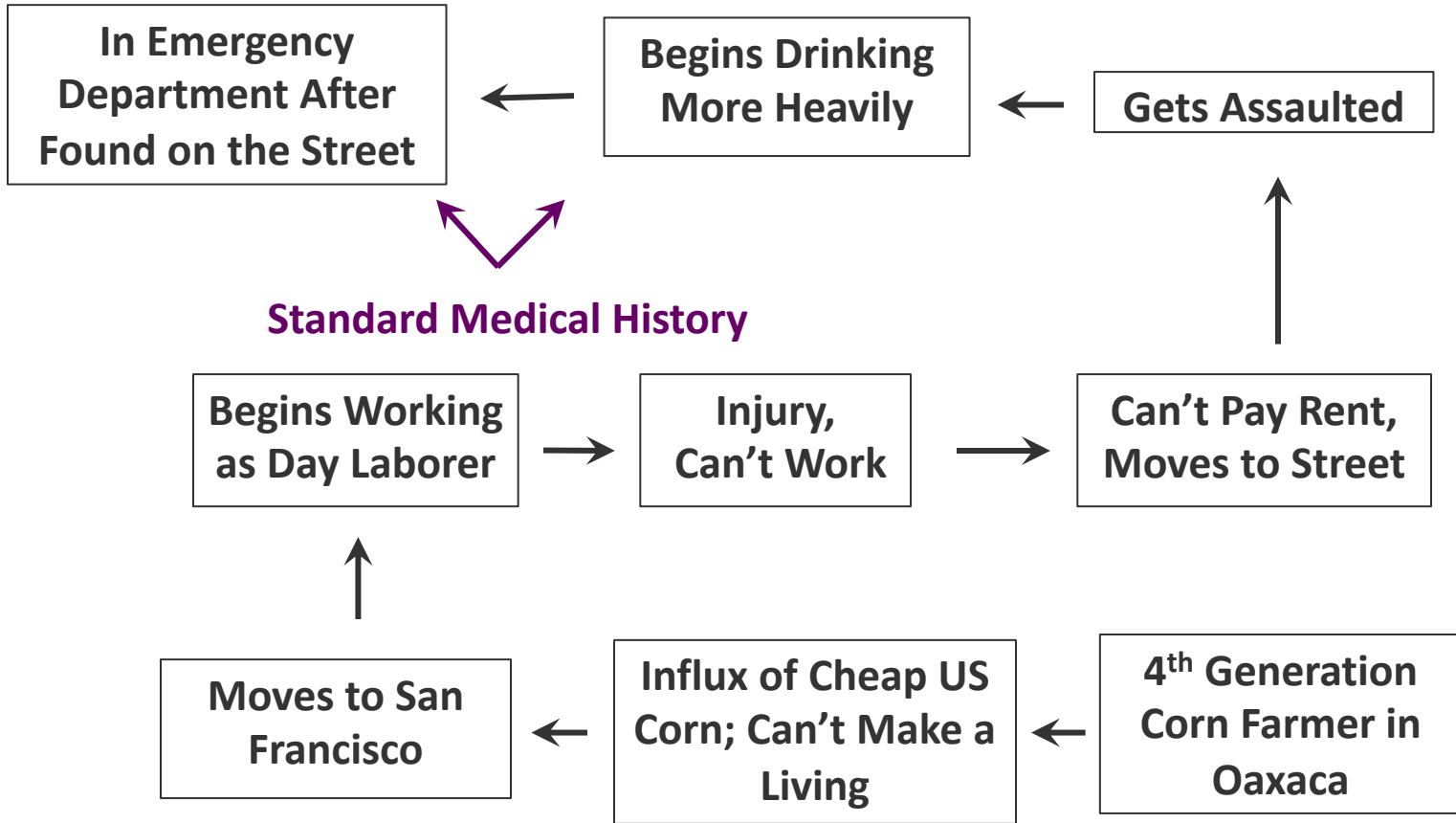
SOCIAL HIERARCHIES

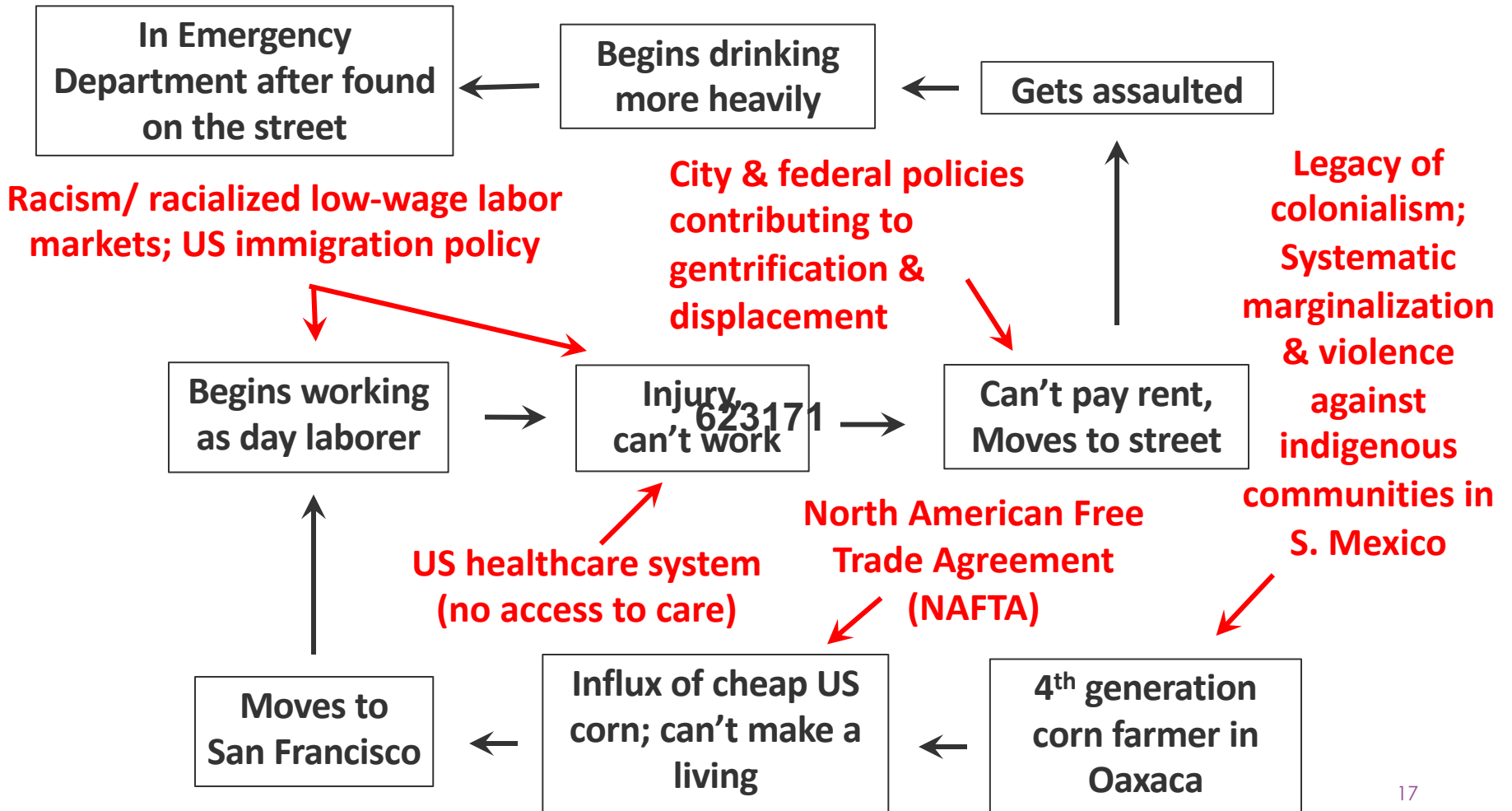
(e.g. RACISM)

Case

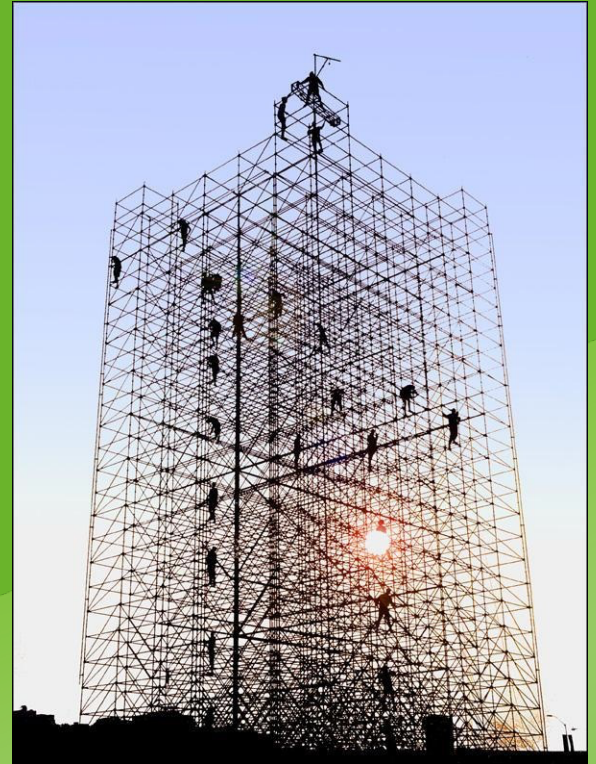
- **HPI:** Patient is a 37-year-old Spanish-speaking male found down with LOC
- **PMH:** Frequent flyer well known to the ED for EtOH-related trauma, withdrawal associated with seizures
- **PSH:** R orbital fracture 2/2 assault w/o operative intervention
- **SH:** Heavy EtOH use, other habits unknown.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



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.”

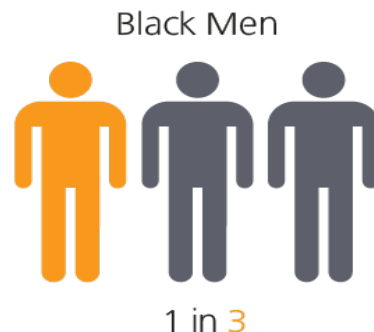
Institutional racism leaves individuals and communities “**destroyed and maimed physically, emotionally and intellectually** because of conditions of poverty and discrimination in the black community that is a function of institutional racism...”

- Kwame Ture (Stokely Carmichael)
Black Power: The Politics of Liberation

Mass Incarceration



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



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

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)

Redlining



Source: *Mapping Inequality: Redlining in New Deal America*

LEGEND

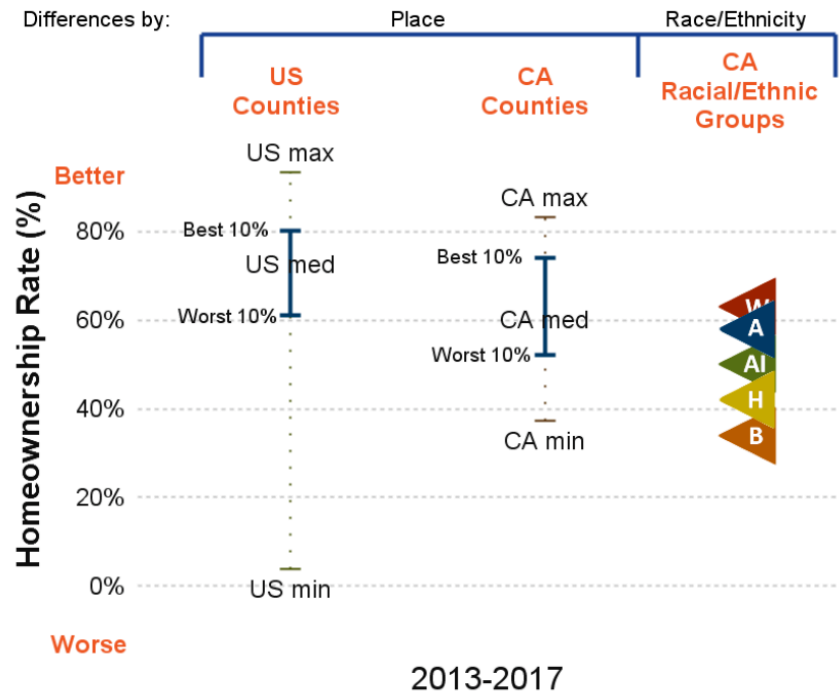
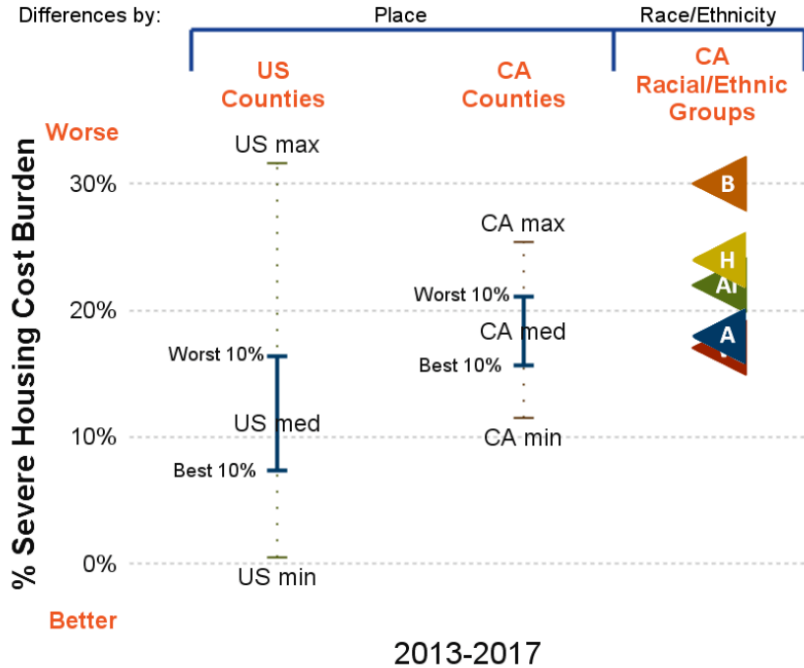
- HOUSING INVENTORY
- BEST
- STILL DESIRABLE
- DECLINING
- HAZARDOUS
- FUTURE DEVELOPMENT
- " "
- " "
- BUSINESS & INDUSTRY

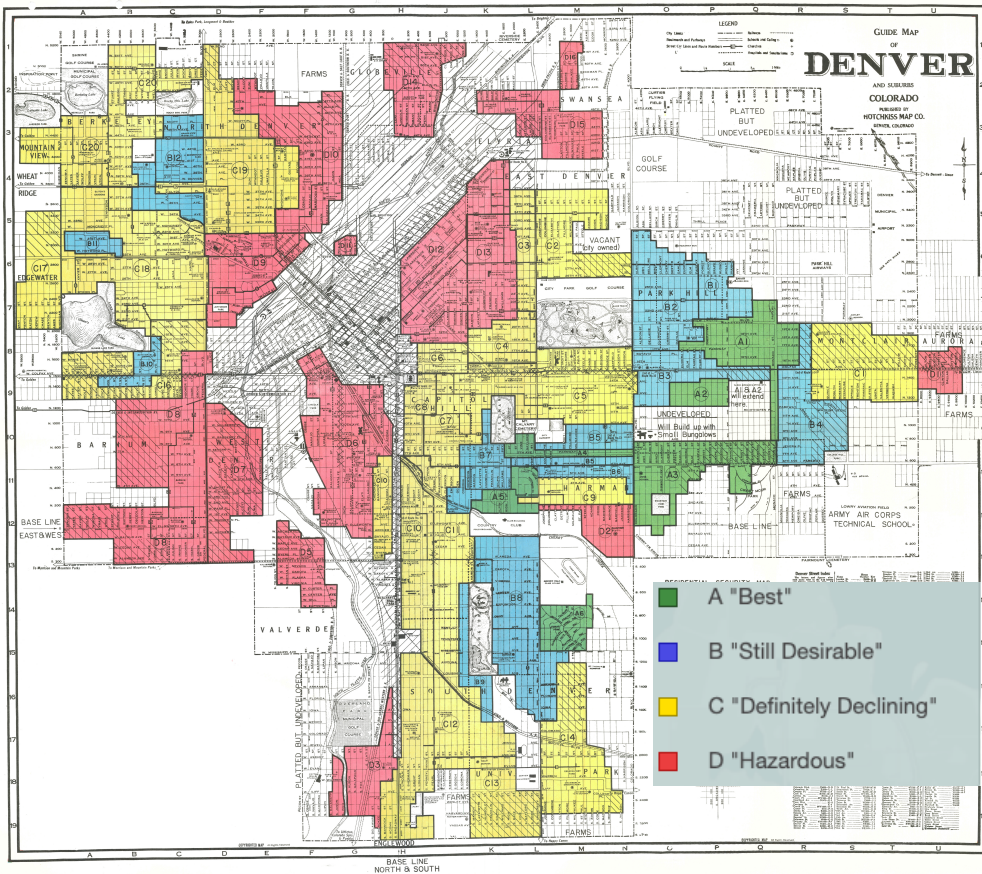
ABOVE A legend from a map of Philadelphia showing language used to describe neighborhoods.

— LEGEND —

- ... A - FIRST GRADE
- ... B - SECOND GRADE
- ... C - THIRD GRADE
- ... D - FOURTH GRADE
- ... SPARSELY SETTLED
- ... INDUSTRIAL & COMMERCIAL

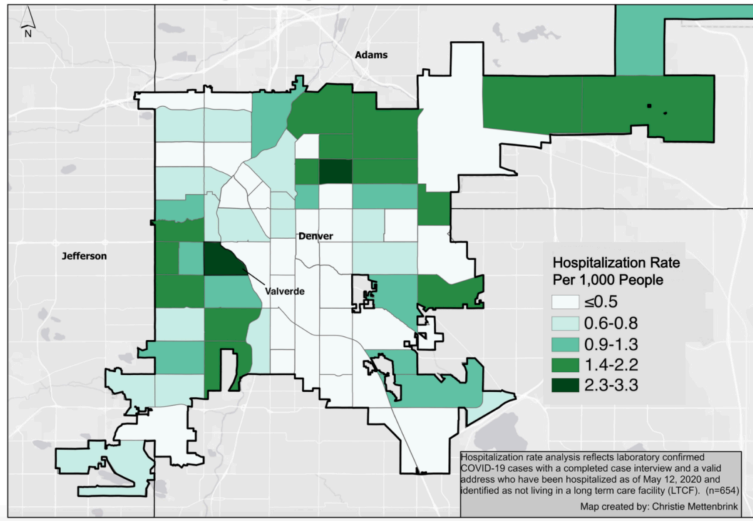
2019 US County Health Rankings Report: California



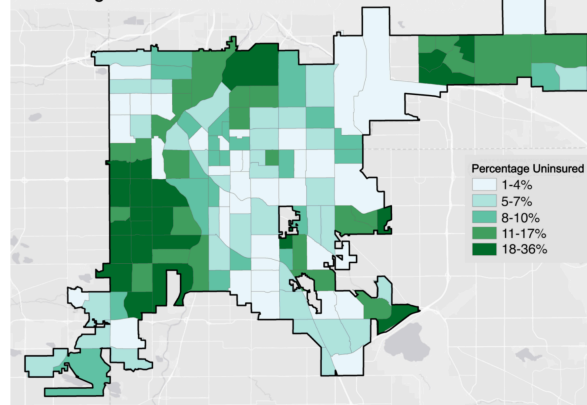


Source: Mapping Inequality: Redlining in New Deal America

Cumulative COVID-19 Hospitalization Rate For Those Not Living in Long-Term Care Facilities

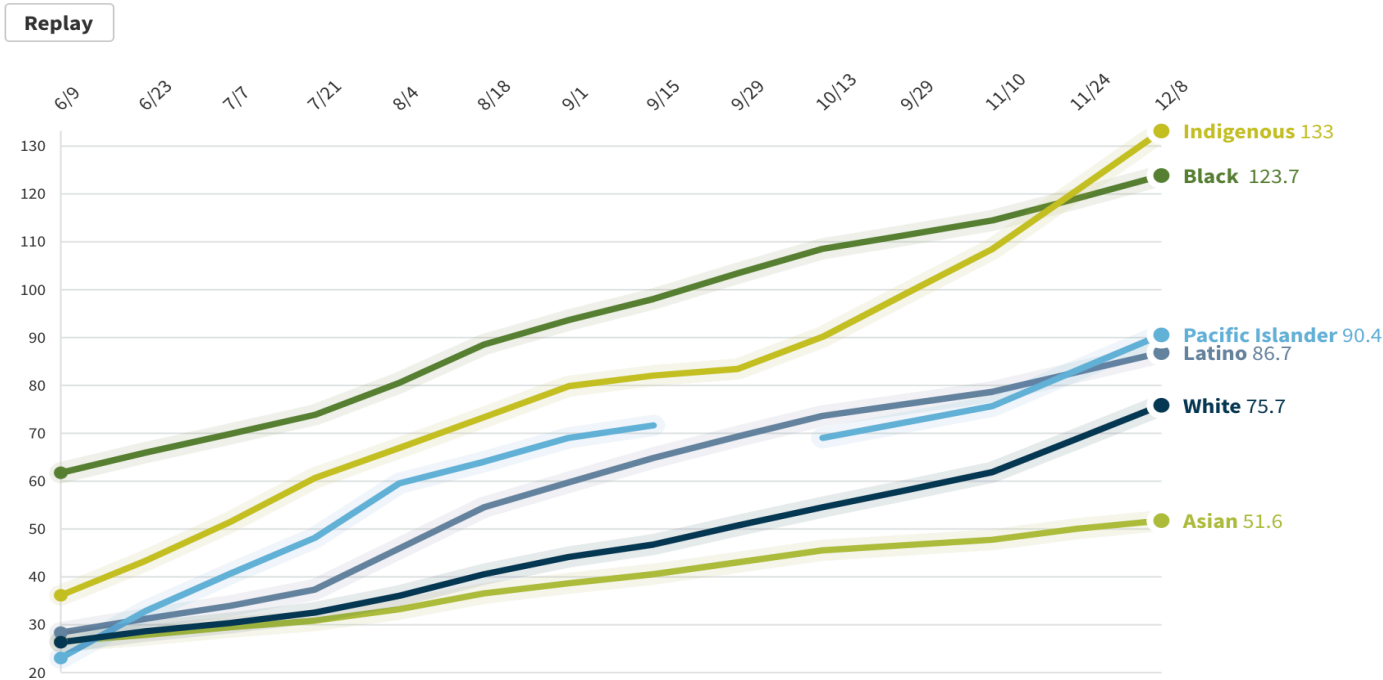


Percentage of Residents <65 Without Health Insurance



Racial Disparities in COVID-19 Impact

Actual Mortality Rate: U.S. COVID-19 Deaths per 100,000, By Race/Ethnicity



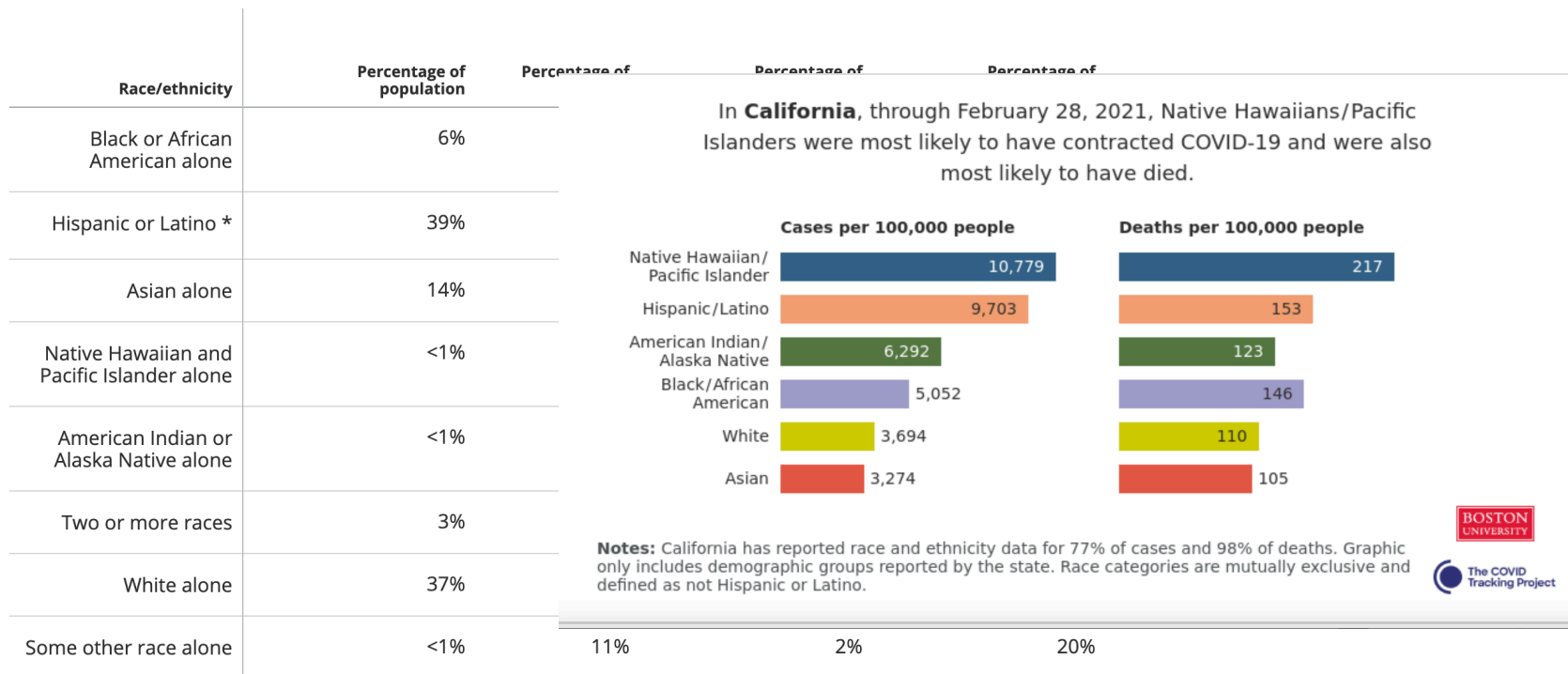
Indigenous, Black and Latino Americans at least 2.7 times more likely to die of COVID-19, adjusted for age, than whites in 2020.

Source: [APM Research Lab, Color of Coronavirus](#) • Pacific Islander data prior to 10/13 did not include Hawaii, as it was not releasing data; its inclusion resulted in an overall drop in the Pacific Islander rate, which begins a new series at 10/13.

Source: [Color of Coronavirus, APM Research Lab](#)

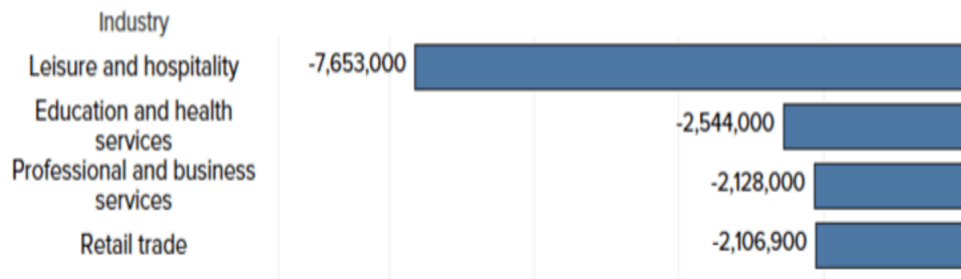
Racial Disparities in COVID-19 Impact

Cases and deaths by race/ethnicity : California



Economic & Social Impact of COVID-19

- Many of the sectors of the labor force hardest hit by the Coronavirus pandemic are disproportionately represented by women, people of color, and members of the LGBTQ community.
 - Jobs in industries deemed **essential** are largely staffed by people of color, putting their lives on the line in jobs that are often low-wage and with minimal protection.
 - Filipino nurses are 4% of nurses workforce, but 31.5% of COVID-19 nursing deaths*
 - Women have lost 5.4 million jobs since the pandemic started**
 - 140,000 jobs lost in December 2020 belonged to women*



*Source: National Nurses United

**Source: National Women's Law Center

[Data source: Bureau of Labor Statistics](#)

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 technician after high school. Husband works as security guard

2nd generation born & raised in East Oakland (grandparents moved from Oklahoma)

ACTIVITY

1. In breakout rooms, discuss the following (5min):
 - What **social, political, and economic structures** might be contributing to the patient's health outcomes?
 - How are the social, political, and economic structures that you identified **causing harm** to the patient?
2. Identify one person as note taker
3. Once we are back together, share back **one** structure with the full group in the chat

City planning contributing to unhealthy food options

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

**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

2nd generation born &
raised in East Oakland
(grandparents moved
from Oklahoma)³⁴

**Limited opportunities for working class
people in post-industrial economy**

Economic structures: Great Depression

Imagining Structural Interventions



Levels of Intervention

- Intrapersonal
- Interpersonal
- Clinic/Health Center
- Community
- Research
- Policy

On-going, lifelong learning process “structural humility”

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.

Discrimination **[Ask the patient] Have you experienced discrimination?**

- Have you experienced discrimination based on your skin color, your accent, or where you are from?
- Have you experienced discrimination based on your gender or sexual orientation?
- Have you experienced discrimination for any other reason?

[Ask yourself silently] May some service providers (including me) find it difficult to work with this patient?

- Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments?
- Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care?
- Is this patient likely to elicit distrust because of his/her behavior or appearance?
- May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?

Source: Bourgois et al. Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. [Acad Med. 2017 Mar; 92\(3\): 299–307.](#)



**In Emergency Department
After Found on Street**

**Begins Drinking More
Heavily**

Gets Assaulted

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

Injury, Can't Work

**Begins Working as Day
Laborer**

Moves to San Francisco

Influx of Cheap U.S. Corn

**4th Generation Corn
Farmer in Oaxaca**

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

Intrapersonal

Approach the patient without blame or judgment

Interpersonal

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

Clinic

Advocate for safe spaces and affordable housing for community members

Community

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

Advocate for more just housing policy;

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

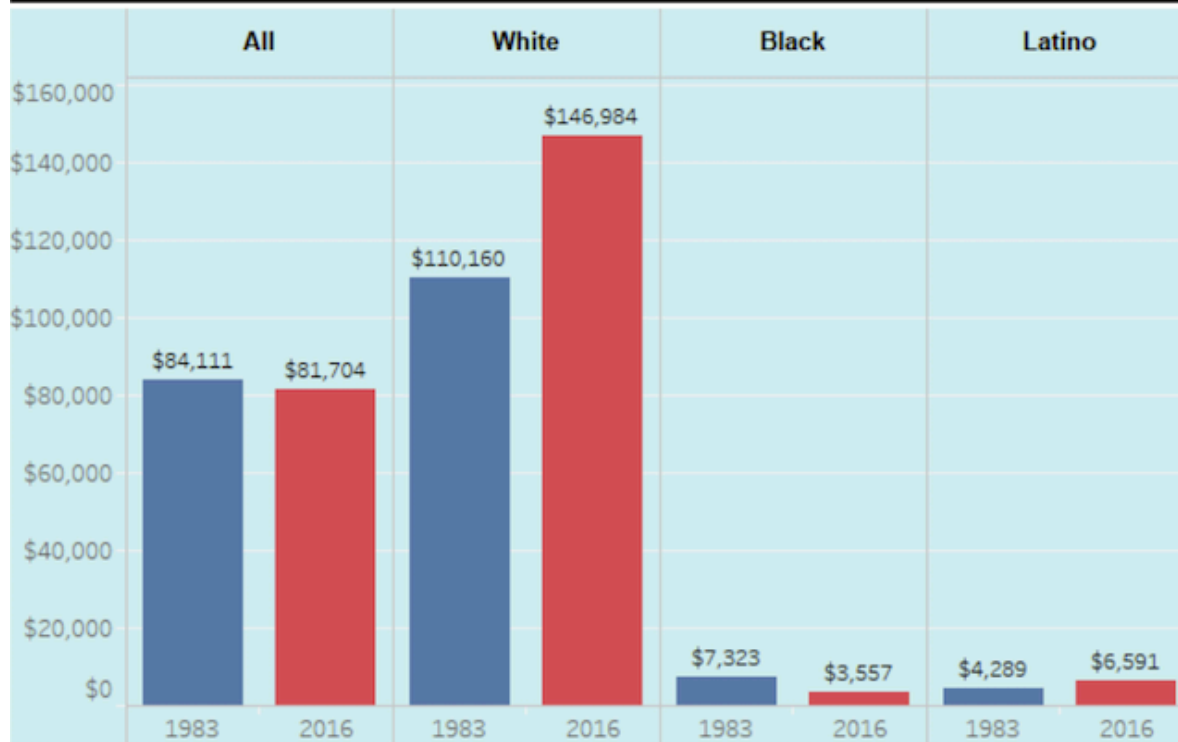
Policy

Organize for universal healthcare

Racial Wealth Gap

The Racial Wealth Divide Has Grown Over Three Decades

Median wealth by race, 1983 and 2016



Figures adjusted to 2018 Dollars

Source: [“Ten Solutions to Bridge the Racial Wealth Divide,”](#) by the Institute for Policy Studies, the Kirwan Institute for the Study of Race and Ethnicity and the National Community Reinvestment Committee.

Strategies to Address the Racial Wealth Gap

- Provide the down-payment for first-time homebuyers in historically segregated or red lined communities.
- Pass a [Medicare For All Act](#) that guarantees high quality health care and prevents bankruptcy resulting from the cost of medical expenses.
- Shift tax expenditures toward wealth-building programs for low-wealth people, especially people of color.
- Create a postal banking system to aid the disproportionately large number of people of color who lack bank accounts.
- Adopt a racial equity lens to address public policy to understand the impact of the racial wealth divide
- Create a direct and robust tax on ultra wealth, including inherited wealth and the expanding marginal income tax rates.
- Create a Congressional Committee on Reparations that studies and works toward a reparations plan or policy

Source: [“Ten Solutions to Bridge the Racial Wealth Divide,”](#) by the [Institute for Policy Studies](#), the [Kirwan Institute for the Study of Race and Ethnicity](#) and the [National Community Reinvestment Committee](#).

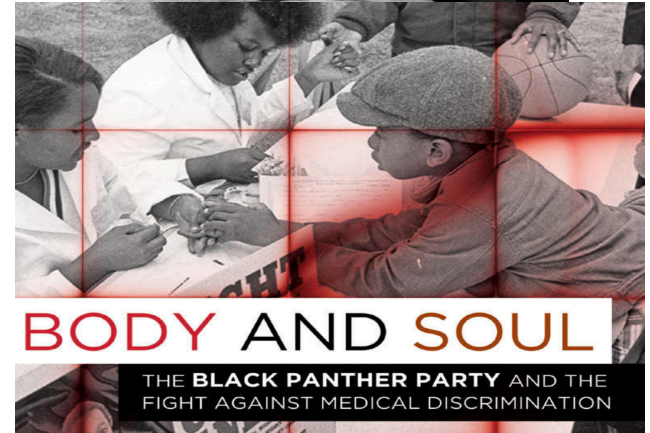
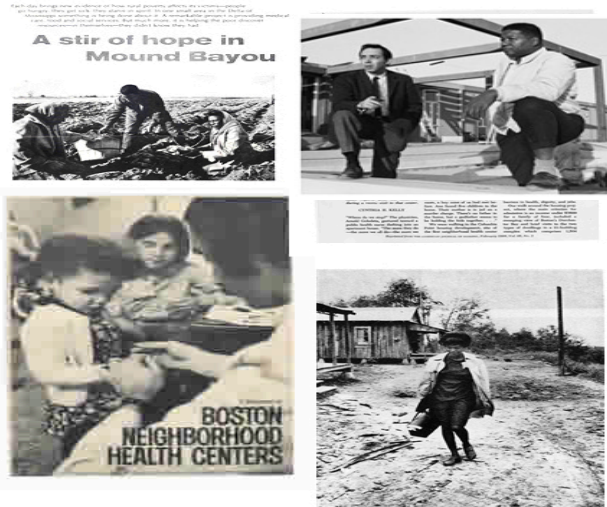
Flint Drinking Water Crisis

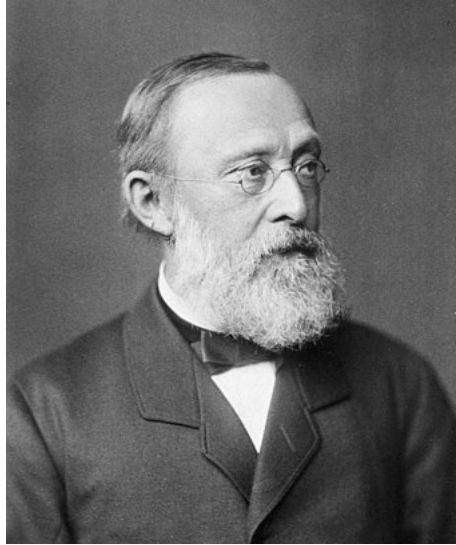


The People's Free Health Clinics of the Black Panther Party



The Community Health Center Movement





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



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