

Structural Competency: Understanding How Structures Impact the Health of Patients

May, 2019 | National Health Care for the Homeless Council Conference & Policy Symposium | Washington, D.C.

Format: 60-Minute Facilitated Discussions: A Facilitated Discussion is a 60-minute session for those who are interested in leading a discussion around an emerging issue or a key question for the HCH community. The topic described by the presenter will frame the entire 60-minute discussion, exploring the topic in depth and seeking innovative strategies or examples to address it with the group in a collaborative manner. The person submitting the proposal has the responsibility of facilitating the discussion through questions, prompts, and small groups with a goal of building community among diverse participants from different types of organizations, helping participants network and learn best practices from their peers. The Facilitated Discussion should be mostly discussion with very little time devoted to presentation.

Abstract: *Health center efforts to advance health equity and address health disparities can integrate a robust analysis of the structural factors – social, economic, and political – that impact the health of their patients and communities who are experiencing homelessness in order to enhance the quality of care. Approaches related to cultural competency and social determinants of health have often been used to explain inequities, but these can be limiting as they do not get at the underlying policies, systems, and social hierarchies that result in and maintain poverty and inequality.*

The Structural Competency framework aims to strengthen the capacity of all health center staff, including administrators, clinicians, and outreach workers, to identify, analyze, and address patient health and illness not solely as the outcome of individual actions or cultural factors, but rather as the product of social, political, and economic structures. When health center staff are trained in structural competency –when they analyze and respond to health disparities as the results of harmful social structures – this can (1) improve the work experience of health center staff; (2) improve patient health outcomes; and (3) empower health center staff to advocate for systemic change.

In this workshop, participants will be introduced to the Structural Competency framework and related key concepts, including naturalizing inequality, structural violence and structural racism. Participants will develop a broader understanding of structures and have a lens and shared language to use in order to be better advocates to their patients and communities. Participants will also learn ways that responsive, holistic care can be provided through individual, clinic, community, research and policy level interventions.

Learning Objectives: At the end of the discussion, participants will be able to:

1. Identify the influences of structures on patient health and healthcare
2. Generate strategies to respond to the influences of structures in and beyond the health center

Intended Audience: This 60-minute facilitated discussion is intended for all health center staff, such as outreach program coordinators and managers, outreach workers, community health workers, health educators, case managers, outreach and enrollment workers, etc.

Agenda

1. **Introduction and Overview of Structural Competency (10 minutes)**

- *Introduction of presenters, Health Outreach Partners, and participants*
- *Learning objectives*
- *Key definitions and structural competency framework*

2. **Discussion 1: Structural Violence (25 minutes)**

- *Definition: Structural violence*
- *Case Study: Oaxacan corn farmer*
 - **Questions: Structural Violence**
 - Discuss examples of structural violence leading to poor health for patients you have encountered or other people you have known.
 - What are the structures involved, and how are they violent (how do they harm people)?

3. **Discussion 2: Levels of Intervention (20 minutes)**

- *Definition: The levels of intervention (see case studies, definitions, and applications below)*
 - *Intrapersonal*
 - *Interpersonal*
 - *Clinic/Institutional*
 - *Community*
 - *Research*
 - *Policy*
- **Questions: Levels of Intervention**
 - Think back to the Discussion 1 and the structures and structural violence you identified as causing harm to your patients or community. See below for definitions, health center applications, and brief case studies of each level of intervention.
 - What is at least one structurally competent intervention that is something you have either experienced or heard about happening in your health center or community?
 - If you had a “magic wand” to address structural violence impacting your patients at your health center, what would it be and level(s) of intervention would it be leveraging?

4. **Closing and Reflection (5 minutes)**

- *Reflection questions and discussion, time permitting*
- *Evaluation forms*

Thank you so much for your time and participation! Please inform a presenter if you have any questions, comments, or feedback.

CASE STUDY: THE BLACK PANTHER PARTY'S PEOPLE'S FREE HEALTH CLINIC



In the mid-1960s, Americans were widely coming to recognize how tremendous inequality, racism and economic and social oppression was harming the health of African American children and adults.

The Black Panther Party in the 1960s mandated that each of its chapters create a People's Free Health Clinic as a response to these structurally-rooted health inequities, and to specifically address lack of access to medical care and abuse of African Americans by medical systems (through, for example, unethical experimentation on African Americans). These "no-cost" clinics accomplished a great deal, offering basic health care services like immunizations, screenings for tuberculosis, lead poisoning, sickle cell anemia, and more. They drew upon the WHO's inclusive definition of health and provided legal aid, housing assistance, and meals for children as well as health care.

The clinics were staffed by party members and health professional volunteers including medical students. Many of the volunteers came from more privileged backgrounds, and so as they volunteered, they were required to attend classes where they read and discussed important post-colonial writings to build solidarity between these medical professionals and the community coming to these clinics. These volunteers treated patients while also training party members as physicians' assistants.

SOURCE: Nelson, Alondra. *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination*. Minnesota: U of Minnesota, 2011.

CASE STUDY: THE HEALTH CENTER MOVEMENT

After the Freedom Summer of 1964 in the South, a New England physician named Jack Geiger and doctors in Mississippi came together to conceive of a way to provide community-based curative care in communities affected by racism and poverty. Geiger applied for funding from the new, federal Office of Economic Opportunity, established through the Great Society reforms in the 1960s. Geiger and his collaborators wanted to "meet the health needs of the poor in a new way" that could generate a social movement and "provide a base for change in the [health care] system itself" through the Community Health Center model (16)

The first CHCs were started in a housing project in Boston and in rural Mound Bayou, MS. Community organizing was the clinics' foundation and basis for growth. In MS, for example, community members expressed a need for food security and improvements in sanitation and housing. They developed action plans for the Community Health Center to provide technical assistance on development projects like a cooperative farm.

The health centers, in addition to providing curative services, also operated as training centers in basic literacy, leadership and job skills, and medical skills. 13 members of the Mound Bayou community went on to higher education and many returned to become local and regional political and medical leaders. In Boston, researchers from local medical schools documented the health and socioeconomic outcomes of CHC activities. Based on their successes, Sen. Edward Kennedy sponsored a bill to fund a national network of such health centers in 1966. These live on, in a more medically-specific, but nonetheless influential form as FQHCs today — taking care of tens of millions of low-income people across the US.

SOURCE: Geiger, H. Jack. "Community Health Centers: Health Care as an Instrument of Social Change." In: Sidel, Victor and Ruth Sidel, eds. *Reforming Medicine: Lessons of the Last Quarter Century*. Random House, 1984.

LEVELS OF INTERVENTION

Level of Intervention: Intrapersonal		
Definition	Health Center Applications	Case Study Example
<p>Can be defined as how individuals think and talk about one another, so how we operate in the world, personally and professionally.</p> <p>Intrapersonal level responses to structural violence include working to recognize and address one's own implicit and explicit biases, learning about the structural determinants of health, and recognizing implicit frameworks.</p>	<p>For example, how you each individually engage with the world through your lens of health center staff.</p>	<p>The Black Panther Party People's Free Health Clinic provides an example of this in how the program required the volunteer clinicians from more privileged backgrounds to attend classes where they read and discussed important post-colonial writings and engage in self reflexivity on their positioning and privileges.</p>

Level of Intervention: Interpersonal		
Definition	Health Center Applications	Case Study Example
<p>Builds on the intrapersonal level to consider the dynamics between people. For example, how you all as health center staff interact with one another, with patients, and with the broader community.</p>	<p>One example of an interpersonal level challenge may be the existence of a power imbalance between patients and health center staff, or even between health center staff based on training and skill set.</p>	<p>The BPP People's Free Health Clinic provides an example of how this challenge may be addressed through patient advocates and the mutual sharing of knowledge between community and health center staff.</p>

Level of Intervention: Clinic/Institutional		
Definition	Health Center Applications	Case Study Example
<p>The <u>clinic and institutional level</u> of intervention addresses the organizational structures within a health center. Specifically, it is about identifying any structurally harmful issues within the health center that influence the delivery of care to patients and the broader community.</p>	<p>One challenge that may occur at this level is that the health center has not adapted available services to meet the needs of the patient population. An intervention would be to conduct a needs assessment to identify unmet health and social service needs and inform service delivery.</p>	<p>The BPP People's Free Health Clinic provided no-cost care in delivery settings that were accessible and convenient to their patients by using outreach and place-based care models.</p>

Level of Intervention: Community		
Definition	Health Center Applications	Case Study Example
The <u>community level</u> can be defined as the organizations and informational networks within a community, including community leaders and members.	One example of a community level structural challenge may be limited access to healthy food. A health center could work with local organizations to build community food gardens and provide nutrition and cooking classes.	More generally, community organizing is an important community level intervention that builds community power. The Federally-funded Community Health Center Movement is an example of an intervention at this level.

Level of Intervention: Research		
Definition	Health Center Applications	Case Study Example
Finally, the <u>research level</u> is defined as academic and organizational research that creates, organizes and integrates new knowledge.	Health Center involvement in data collection, analysis, and evaluation work. Internally, this could be for QI Committees, population health initiatives, patient satisfaction survey analysis, CHNAs, other program evaluation. Externally, this may be partnership with an academic institution, ACO QI work, research partnerships with federal agencies like PCORI.	Another relevant case study is the Flint, Michigan lead contamination of the water supply. The environmental health issue was discovered by pediatrician, Dr. Mona Hanna-Attisha's observations of her patients and subsequent research revealed children were exposed to dangerous levels of lead in Flint, Michigan. She is now the director of an initiative to mitigate the impact of the crisis.

Level of Intervention: Policy		
Definition	Health Center Applications	Case Study Example
The <u>policy level</u> considers how institutions develop rules and regulations in managing health in the public sphere. It pertains to local, state, national and global laws and policies, including policies regarding the allocation of resources.	For one example, if your Health Center staff, patients, leadership, and board are involved in "Hill visits" or other Health Center Program advocacy and awareness at the policy level within local, state, and federal legislatures.	At the national program level, the Health Center Program is advocated for by health center staff, patients, board members, and politicians at the local, state, and federal levels. Such issues as the Funding Cliff and the additional funding for health centers under the ACA are all policies impacting structures and the health of people served by the program.