

# Structural Competency: Understanding How Structures Impact the Health of Patients

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“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 of St. Thomas Community Health Center

## DEFINITIONS

**Social Determinants:** Social Determinants of Health (SDOH) describe how conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. Training is most often limited to describing research that links social inequities with health disparities without exploring the root causes of these identified social inequities.

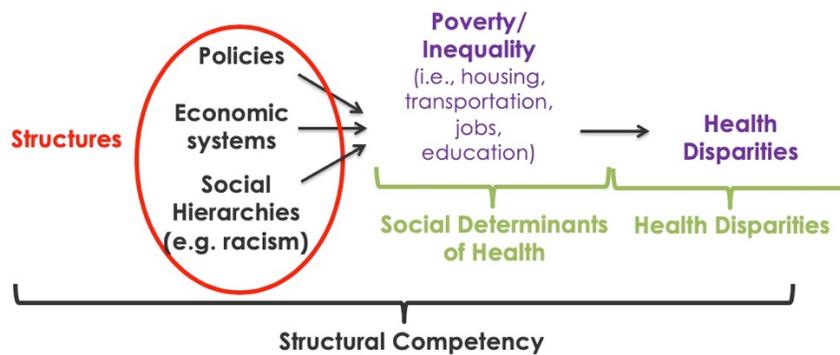
**Structures:** The policies, economic systems, and other institutions (judicial system, schools, etc.) that have produced and maintain modern social inequities as well as health disparities, often along the lines of social categories such as race, class, gender, sexuality, and ability.

**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.” (Paul Farmer, 2006)

**Six Levels of Intervention:** 1. Intrapersonal, 2. Interpersonal, 3. Clinic/institutional, 4. Community, 5. Research, 6. Policy

**Three Principles of Action:** 1. Improve the conditions of daily life, 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 (or structural competency).

## Structural Competency Framework



“Structural determinants of the social determinants of health”

## RESOURCES

### Research Articles:

Bourgois, P., Holmes, S. M., Sue, K., & Quesada, J. (2017). Structural vulnerability: operationalizing the concept to address health disparities in clinical care. *Academic medicine: journal of the Association of American Medical Colleges*, 92(3), 299.

Baum, F., & Fisher, M. (2014). Why behavioural health promotion endures despite its failure to reduce health inequities. *Sociology of health & illness*, 36(2), 213-225.

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS medicine*, 3(10), e449.

Gregg, J., & Saha, S. (2006). Losing culture on the way to competence: the use and misuse of culture in medical education. *Academic Medicine*, 81(6), 542-547.

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.

Metzl, J. M., & Roberts, D. E. (2014). Structural competency meets structural racism: race, politics, and the structure of medical knowledge. *AMA Journal of Ethics*, 16(9), 674-690.

Neff, J., Knight, K. R., Satterwhite, S., Nelson, N., Matthews, J., & Holmes, S. M. (2017). Teaching structure: a qualitative evaluation of a structural competency training for resident physicians. *Journal of general internal medicine*, 32(4), 430-433.

Rivkin-Fish, M. (2011). Learning the moral economy of commodified health care: "community education," failed consumers, and the shaping of ethical clinician-citizens. *Culture, Medicine, and Psychiatry*, 35(2), 183-208.

Thackrah, R. D., & Thompson, S. C. (2013). Refining the concept of cultural competence: building on decades of progress. *Medical Journal of Australia*, 199(1), 35-38.

### Case Studies Referenced in Levels of Intervention Exercise:

Bourgois, P., Bourgois, P. I., & Schonberg, J. (2009). *Righteous dopefiend* (Vol. 21). Univ of California Press.

Geiger, H. J. (1984). Community health centers: Health care as an instrument of social change. *Reforming medicine: Lessons of the last quarter century*, 11-32.

Messac, L., Ciccarone, D., Draine, J., & Bourgois, P. (2013). The good-enough science-and-politics of anthropological collaboration with evidence-based clinical research: Four ethnographic case studies. *Social science & medicine*, 99, 176-186.

Nelson, A. (2016). The Longue Durée of black lives matter. *American journal of public health*, 106(10), 1734-1737.

### Curricula for Health Centers:

Health Outreach Partners is developing a Structural Competency curriculum for health centers that can be adapted for 90-minute, one-day, or two-day trainings. For more information, please contact Sonia Lee at [sonia@outreach-partners.org](mailto:sonia@outreach-partners.org).