

Facilitated Discussion: Structural Competency

WELCOME!

Health Outreach Partners

Thursday, May 23, 2019, 1:00-2:00pm

National Health Care for the Homeless Council Conference & Symposium, Washington, DC



Health Outreach Partners

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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

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

Positionality

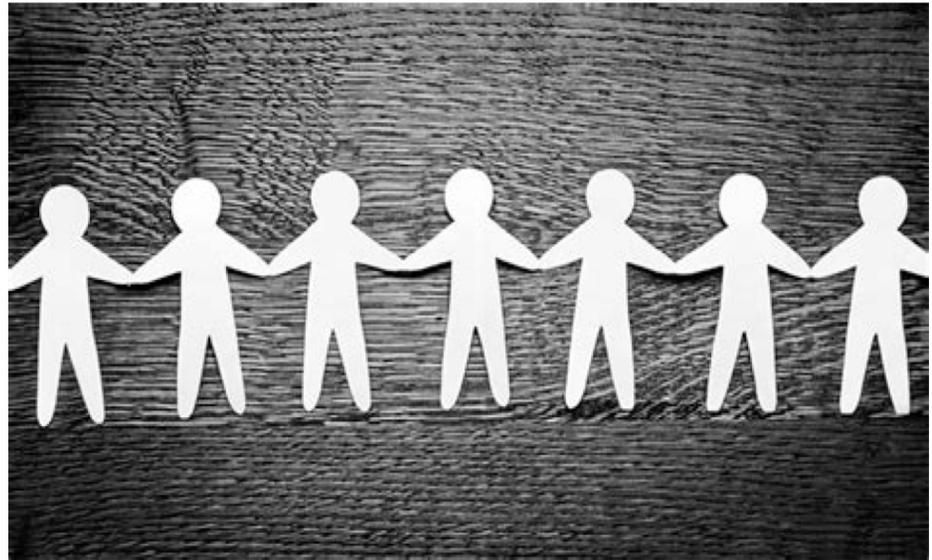
- Privilege & blind spots
- Not experts
- Feedback



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 Community
Health Center



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

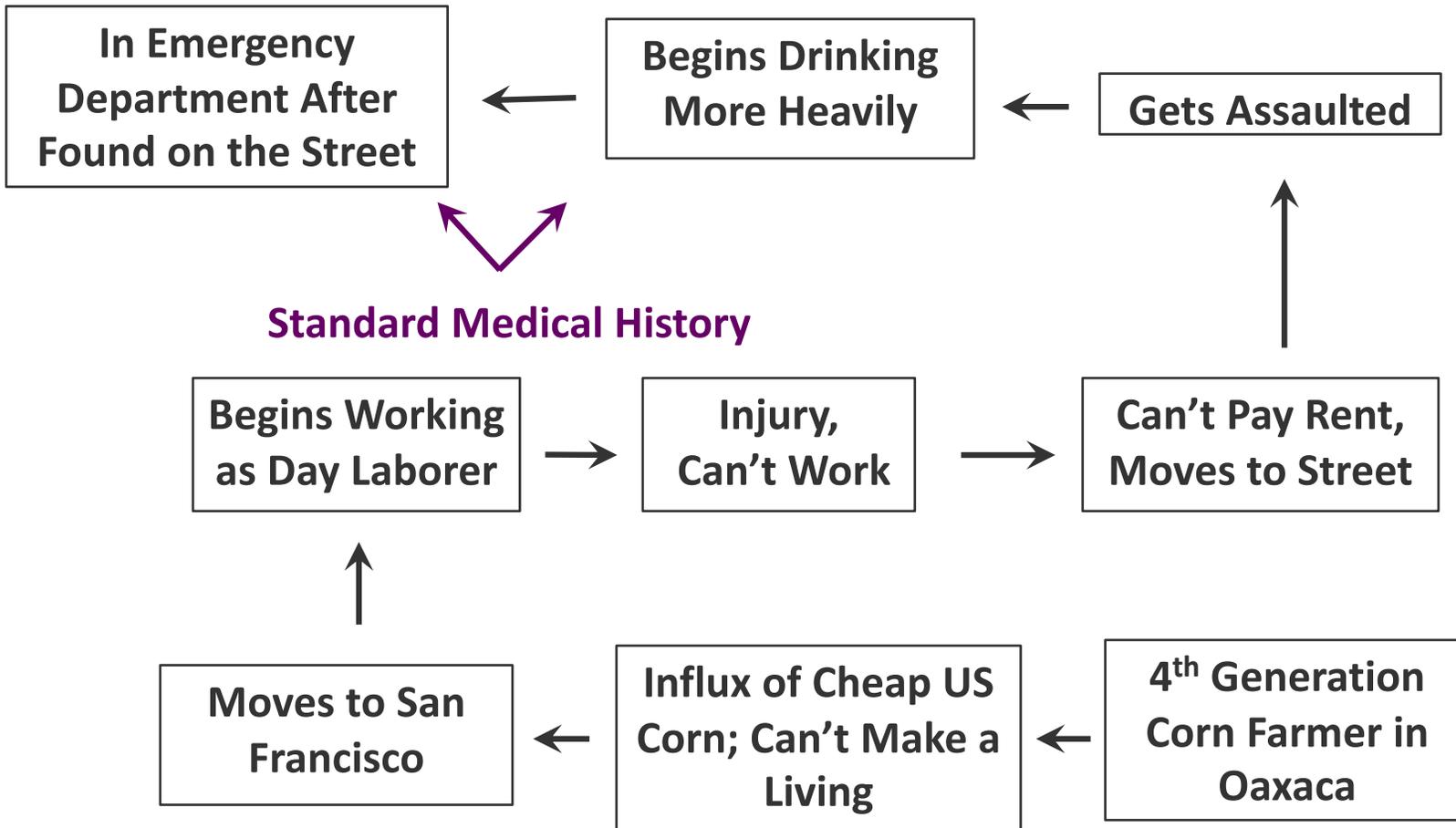
“Structural violence is one way of describing social arrangements that put individuals and populations in harm’s way... The arrangements are structural because they are **embedded in the political and economic organization** of our social world; they are violent because they **cause injury to people.**”

– Farmer et al. 2006

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







Discussion #1: Structural Violence

1. Discuss examples of structural violence leading to poor health for patients you have encountered or other people you have known.
2. What are the **structures** involved, and how are they **violent** (how do they harm people)?

Imagining Structural Interventions



Levels of Intervention

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



**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

Approach the patient without blame or judgment

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

Advocate for safe spaces and affordable housing for community members

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

Advocate for more just housing policy;

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

Organize for universal healthcare

Intrapersonal

Interpersonal

Clinic

Community

Research

Policy

Discussion #2: 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?

Reflection Exercise

- Reflect on (or discuss) the levels of intervention that you have identified as areas where you can take action.
 - What are 1-2 specific actions that will you take?
 - What potential barriers can you identify for taking these action steps?
 - What will help you to navigate and address these potential barriers?

“It always seems impossible until it's done.”
-Nelson Mandela



Sonia Lee, Senior Manager

Sonia@outreach-partners.org

Kristina Wharton, Project Manager

Kristina@outreach-partners.org

510-268-0091



CONTACT



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