A STRUCTURAL COMPETENCY APPROACH TO IMPROVING THE LIVES OF PATIENTS AND PROVIDERS

Mary Alice Scott, PhD
New Mexico State University

John Andazola, MD
Memorial Medical Center

OBJECTIVES

1. Define structural competency as it relates to their medical education and/or practice
2. Identify tools that can be used to advance a structural competency perspective in education and practice
3. Identify specific steps they can take after the presentation to advance a structural competency perspective in their work

KEY TERMS

- Cultural Competency
- Cultural Humility
- Structural Violence
- Structural Vulnerability
- Structural Competency
- Structural Humility

CULTURAL COMPETENCY

- Motivation: Providers and patients can misunderstand each other if they have different understandings of illness and health
- Cultural competency focuses on…
  - Teaching providers that patients have different cultural backgrounds and perspectives that influence their understanding of health and illness
  - Helping providers to recognize that their own views are also culturally determined

CULTURAL HUMILITY

- Motivation: To address concern with stereotyping and essentializing culture that emerge from some approaches to cultural competency
- Cultural humility focuses on…
  - Emphasizing that providers need to recognize that they do not know all there is to know about their own cultures or that of their patients (humility)
  - Promoting consistent self-reflection on patient-provider relationships
  - Allowing for self-critique of actions or perspectives that stereotype or essentialize culture
  - Encouraging life-long learning

STRUCTURAL VIOLENCE

- Motivation: to identify the broad social, political, economic, and other structural/institutional factors that contribute to harm to particular populations
- Structural violence focuses on…
  - Identifying harm that is legitimized through policy, regulation, and standard practice
  - understanding root causes of harm in marginalized groups of people

STRUCTURAL VULNERABILITY

- Motivation: to shift the focus from structures to the lived experience of people who are harmed by structural violence
- Structural vulnerability focuses on…
  - Understanding the condition of being affected by (vulnerable to) structural violence

STRUCTURAL COMPETENCY

- Motivation: to disentangle “culture” from health disparities due to other factors such as race, class, and gender and to broaden perspectives from individual encounters to the contexts in which people live
- Structural competency focuses on…
  - Encouraging health professionals to identify upstream factors related to patient health outcomes
  - Providing a framework by which health professionals can conceptualize their patients in broad social, political, and economic contexts

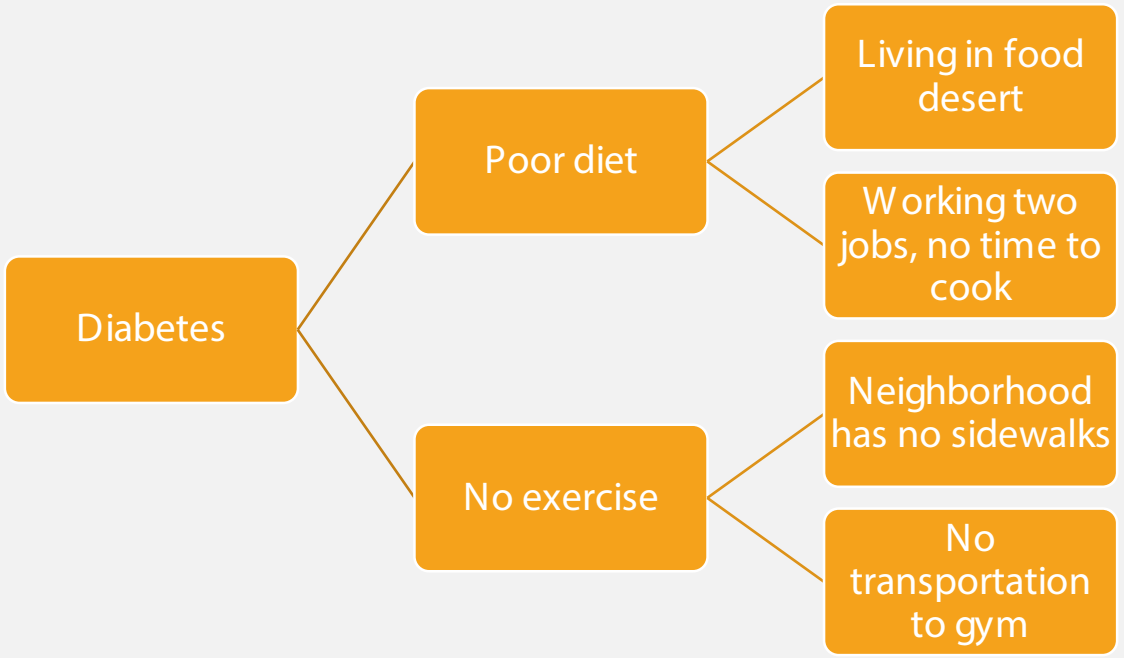
STRUCTURAL HUMILITY

- Motivation: to encourage continual learning and responsive relationships with patients to address structural factors in health
- Structural humility focuses on…
  - Cautioning providers against making assumptions about the role of structures in patients' lives
  - Encouraging collaboration with patients and communities in developing an understanding of and responses to structural vulnerability

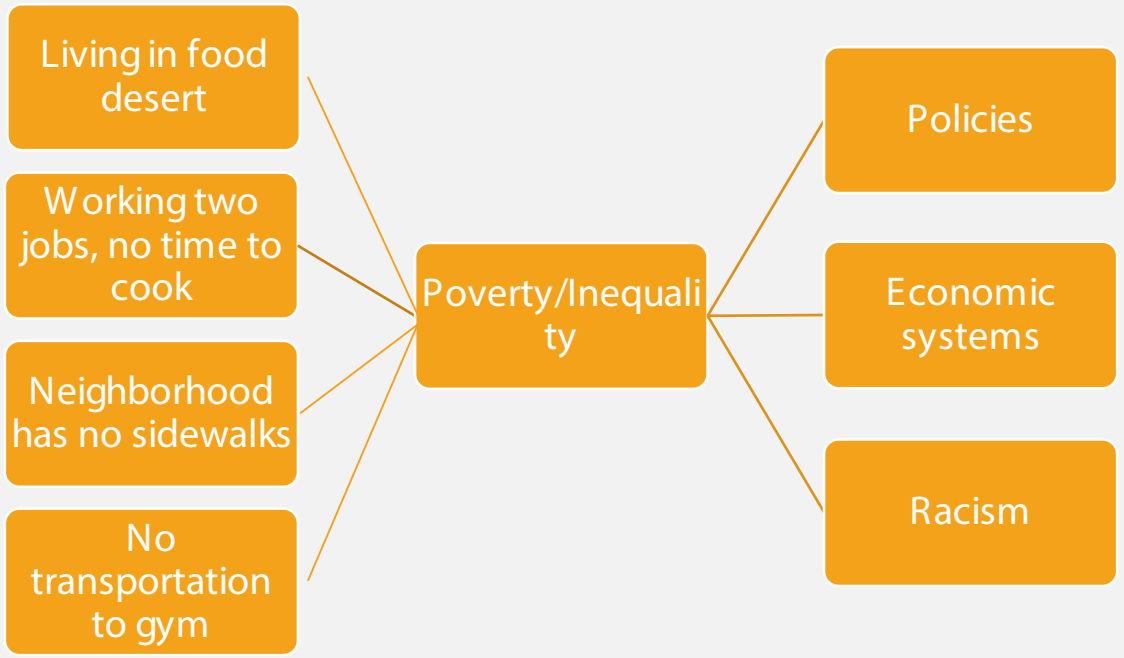
STRUCTURAL COMPETENCY

- Develops capacity in these areas:
  - Recognizing the influences of structures on patient health
  - Recognizing the influences of structures on the clinical encounter
  - Responding to the influences of structures in the clinic
  - Responding to the influences of structures beyond the clinic
  - Structural humility

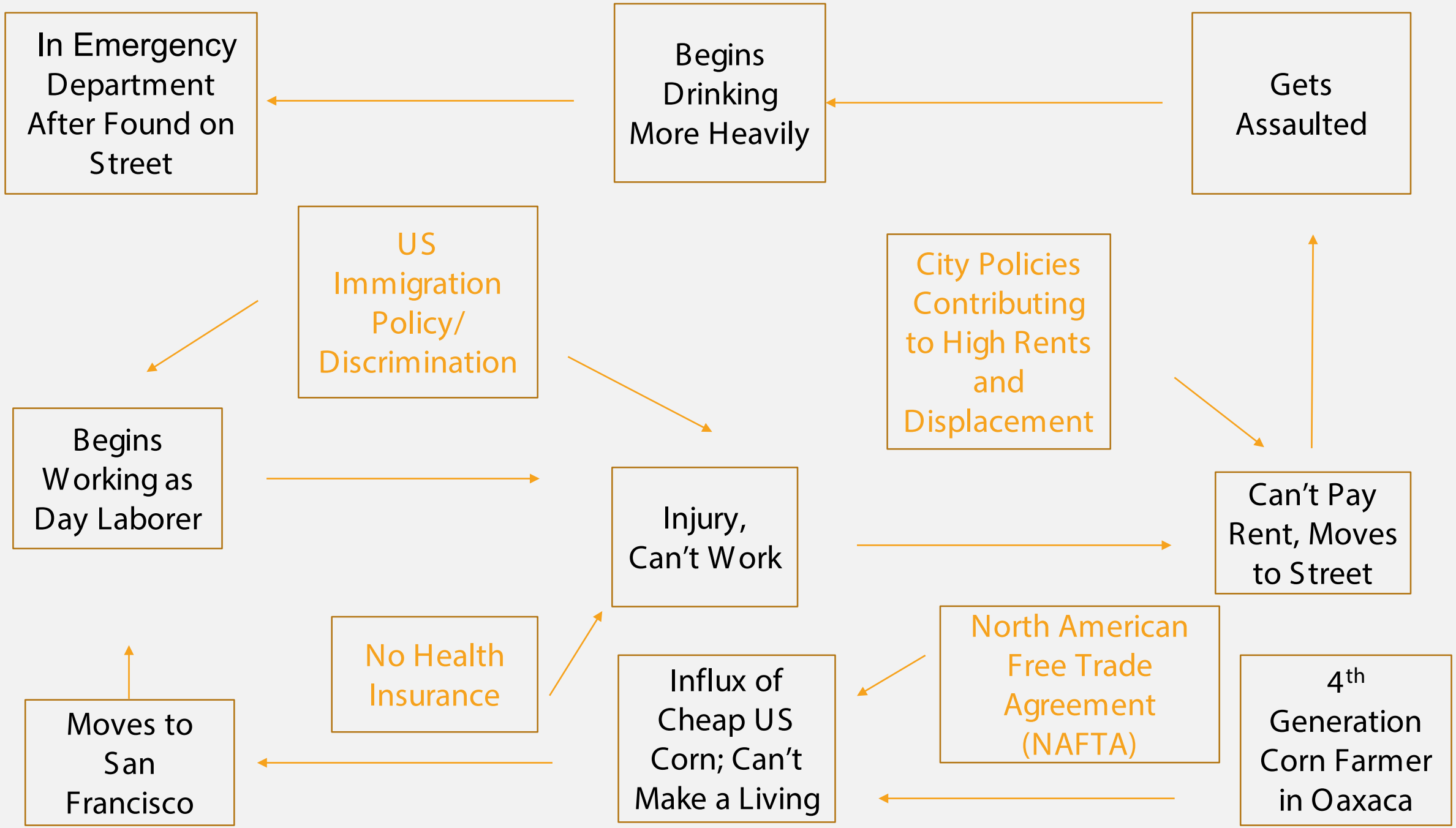
SOCIAL DETERMINANTS OF HEALTH



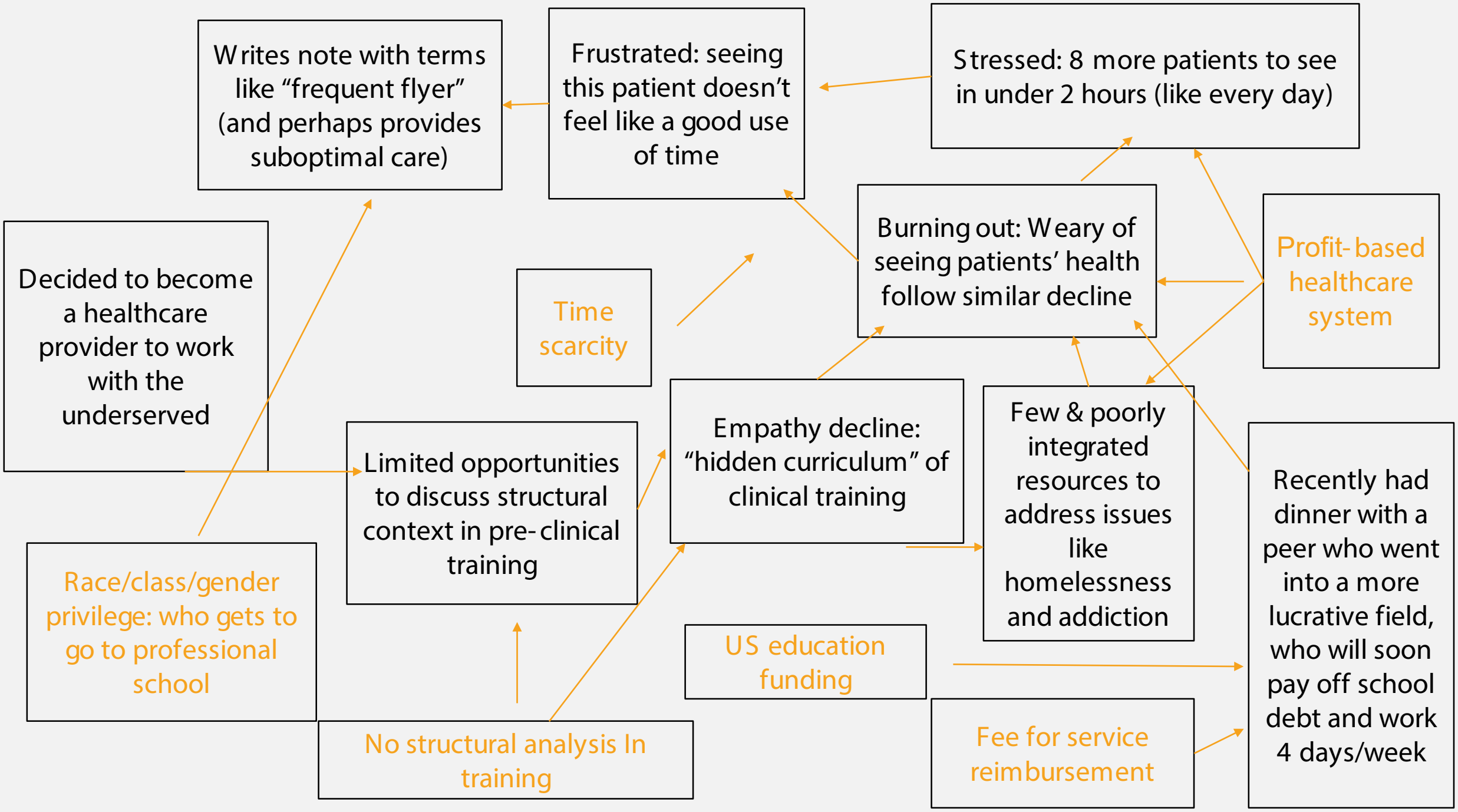
STRUCTURAL DETERMINANTS OF HEALTH



CASE 1

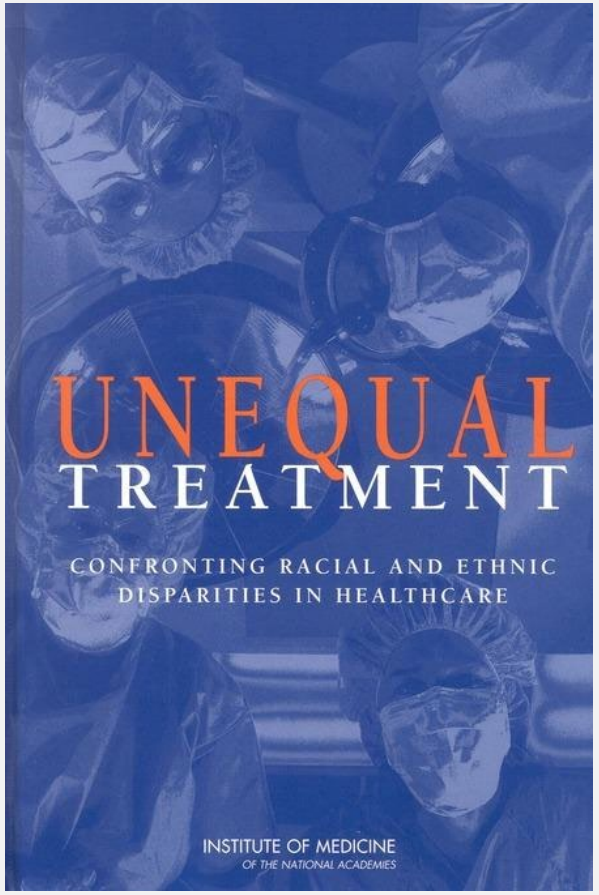

In Emergency Department After Found on Street
Begins Drinking More Heavily
Gets Assaulted
US Immigration Policy/ Discrimination
City Policies Contributing to High Rents and Displacement
Begins Working as Day Laborer
Injury, Can't Work
Can't Pay Rent, Moves to Street
No Health Insurance
North American Free Trade Agreement (NAFTA)
Moves to San Francisco
Influx of Cheap US Corn; Can't Make a Living
4th Generation Corn Farmer in Oaxaca

CASE 2


Writes note with terms like "frequent flyer" (and perhaps provides suboptimal care)
Frustrated: seeing this patient doesn't feel like a good use of time
Stressed: 8 more patients to see in under 2 hours (like every day)
Decided to become a healthcare provider to work with the underserved
Time scarcity
Burning out: Weary of seeing patients' health follow similar decline
Profit-based healthcare system
Limited opportunities to discuss structural context in pre-clinical training
Empathy decline: "hidden curriculum" of clinical training
Few & poorly integrated resources to address issues like homelessness and addiction
Race/class/gender privilege: who gets to go to professional school
US education funding
Recently had dinner with a peer who went into a more lucrative field, who will soon pay off school debt and work 4 days/week
No structural analysis In training
Fee for service reimbursement

WHAT CAN WE DO TO DISENTANGLE THE WEB?

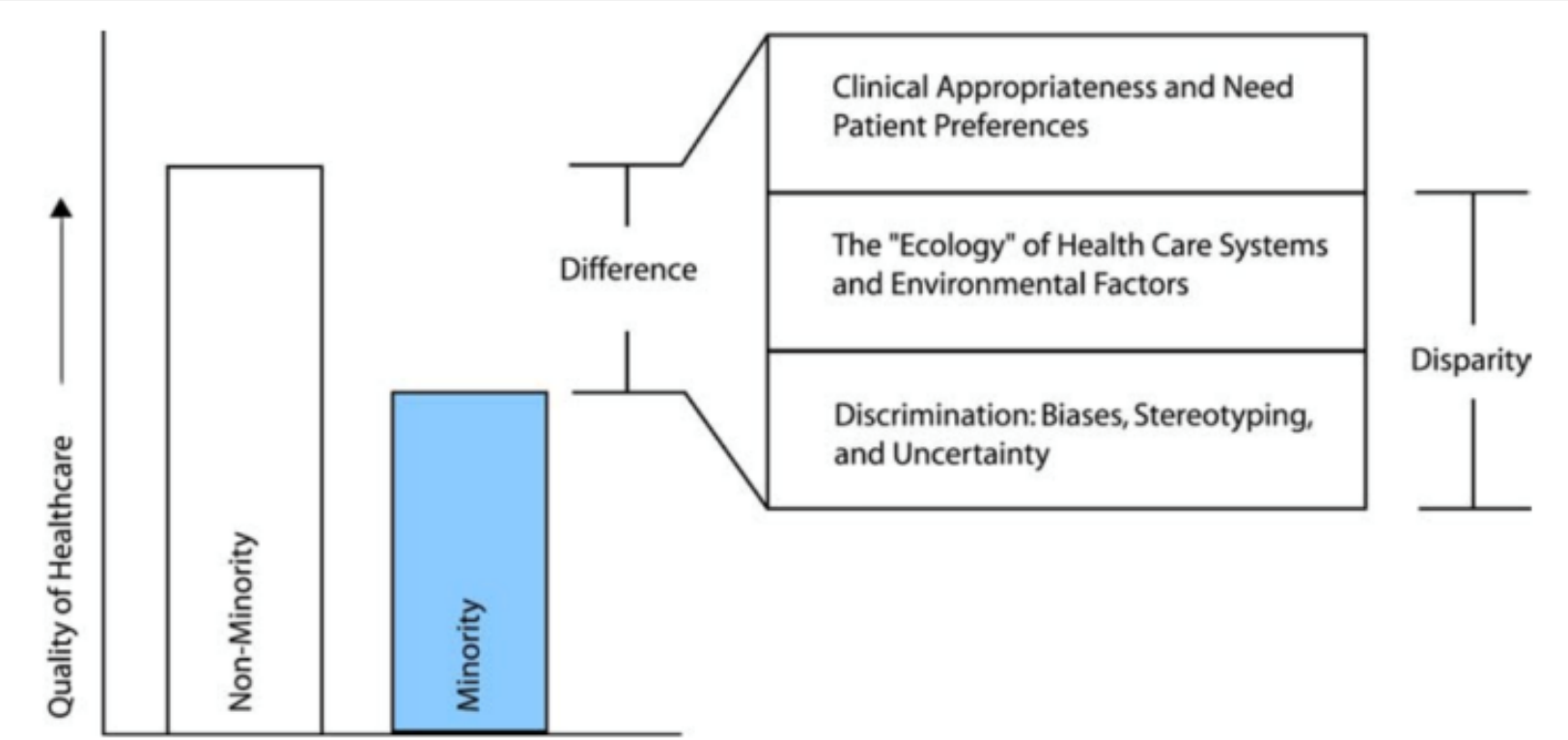
BIAS IN MEDICINE



DIFFERENCES IN CARE

- African American and Hispanics are less likely to:
  - Receive appropriate cardiac medication
  - Undergo coronary artery bypass
  - Receive peritoneal dialysis and kidney transplant and,
  - Are more likely to receive lower quality basic clinical services

DIFFERENCES, DISPARITIES, DISCRIMINATION



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
SOURCE: Gomes and McGuire, 2001

IMPLICIT BIAS

- Attitudes or stereotypes that unconsciously affect beliefs, behaviors decisions
- Schemas and Heuristics

IMPLICIT BIAS

- Everyone is biased and has positive and negative biases
- It is impossible to eliminate all bias however…
- Do not allow negative or false biases affect treatment of patients

IMPLICIT BIAS

- Addressing one's own implicit bias is first step to addressing structural competency

- Need to address bias to improve care quality and achieve health equity

IMPLICIT BIAS

- IB more common when rushed or anxious
- IB moves our behaviors away from our values and intentions
- We tend to favor our own in-group

IMPLICIT BIAS

- IB can influence providers behaviors and lead to negative outcomes

- Biases are malleable

STRATEGIES TO MITIGATE IB

- Mind set
  - Be humble
  - Be mindful
  - Be internally motivated
- Assess own IB
  - Take IAT https://implicit.harvard.edu/implicit/

STRATEGIES TO MITIGATE IB

- Debiasing
  - Use counter-typical exemplars
    - Navigate diverse and fully inclusive communities
  - Stereotype replacement
    - Recognize when your thinking is driven by implicit attitudes and stereotypes
    - Label thinking as biased
    - Ask why did this occurs in the first place
    - Replace thought with a counter exemplar

STRATEGIES TO MITIGATE IB

- Decoupling
  - Build structures to help address implicit bias
    - Design policies and procedures to help
    - Use predetermined criteria
    - Standardize evaluation forms with anchors to remove subjectivity
    - Structure interviews
    - Diversify search committees to counter in-group bias

ABCs Strategies to Mitigate Implicit Bias

- Assess implicit bias (take a IAT) https://implicit.harvard.edu/implicit/
- Bolster EQ
  - Seek to understand the reality of others
- Commit to align professional values with actions
- Discuss how bias influences behavior and disconnect stereotypical links by re-creating personal narratives
- Engaged in self reflection
  - Question your perspective and response
- Find someone to partner with to facilitate effective dialogs on bias

RECOMMENDATIONS

Recommendation2-2: Increase healthcare providers' awareness of disparities.

Recommendation 5-3: Increase the proportion of underrepresented U.S. racial and ethnic minorities among health professionals.

Recommendation 5-11: Implement multidisciplinary treatment and preventive care teams.

Recommendation 6-1: Integrate cross-cultural education into the training of all current and future health professionals.

REFERENCES

https://www.structcomp.org

https://implicit.harvard.edu/implicit/

https://equity.ucla.edu/know/implicit-bias/

WHERE DO WE GO NEXT?