Health Equity + Structural Competency

PCHHC
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Photo credit: Cornelio Campos

Learning Objectives

1. To understand the socio-cultural and structural determinants of health.
2. To apply strategies of structural competency and patient-centered care in public health practice as tools for leadership, advocacy, and quality improvement of service.
3. To build capacity on how to implement culturally relevant interventions that sustainably bridge the gap between surviving and thriving.

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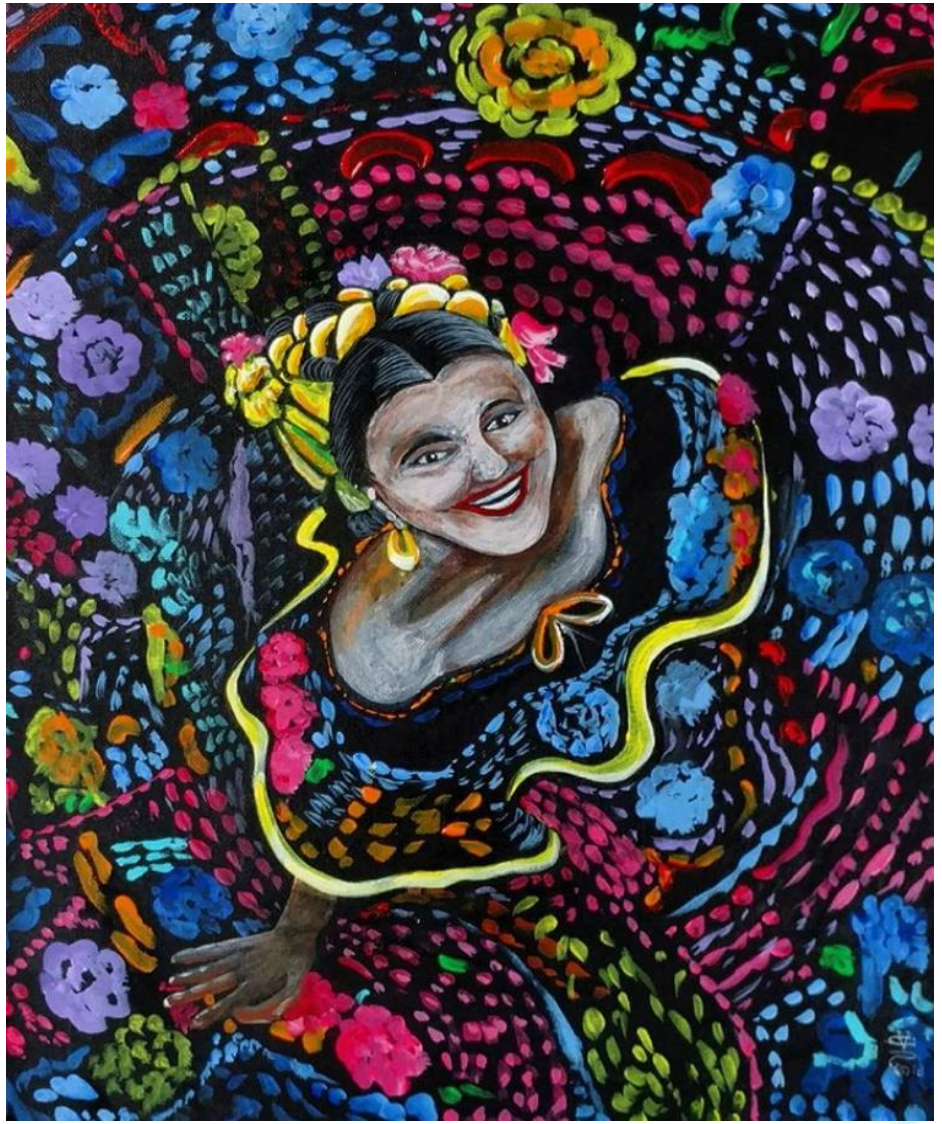
What is culture?

- Who we are and what we are made up of
  - The water in which you swim in
  - The air we breathe
  - An iceberg
  - An onion
  - A filter
- Definition
  - Multi-dimensional
  - Dynamic
  - Omnipresent
  - Never static nor fixed
  - Not uniform

Photo credit: Cornelio Campos



Context to Content

- Concept of **I**-llness
- Concept of **We**-llness

- "To be rooted is perhaps the most important and least recognized need of the human soul." Simone Weil
- Donabedian model:
  - Structure + Processes = Outcomes

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The Evolution of Competence

Cultural Competency

↓

Cultural Sensitivity

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Cultural Humility

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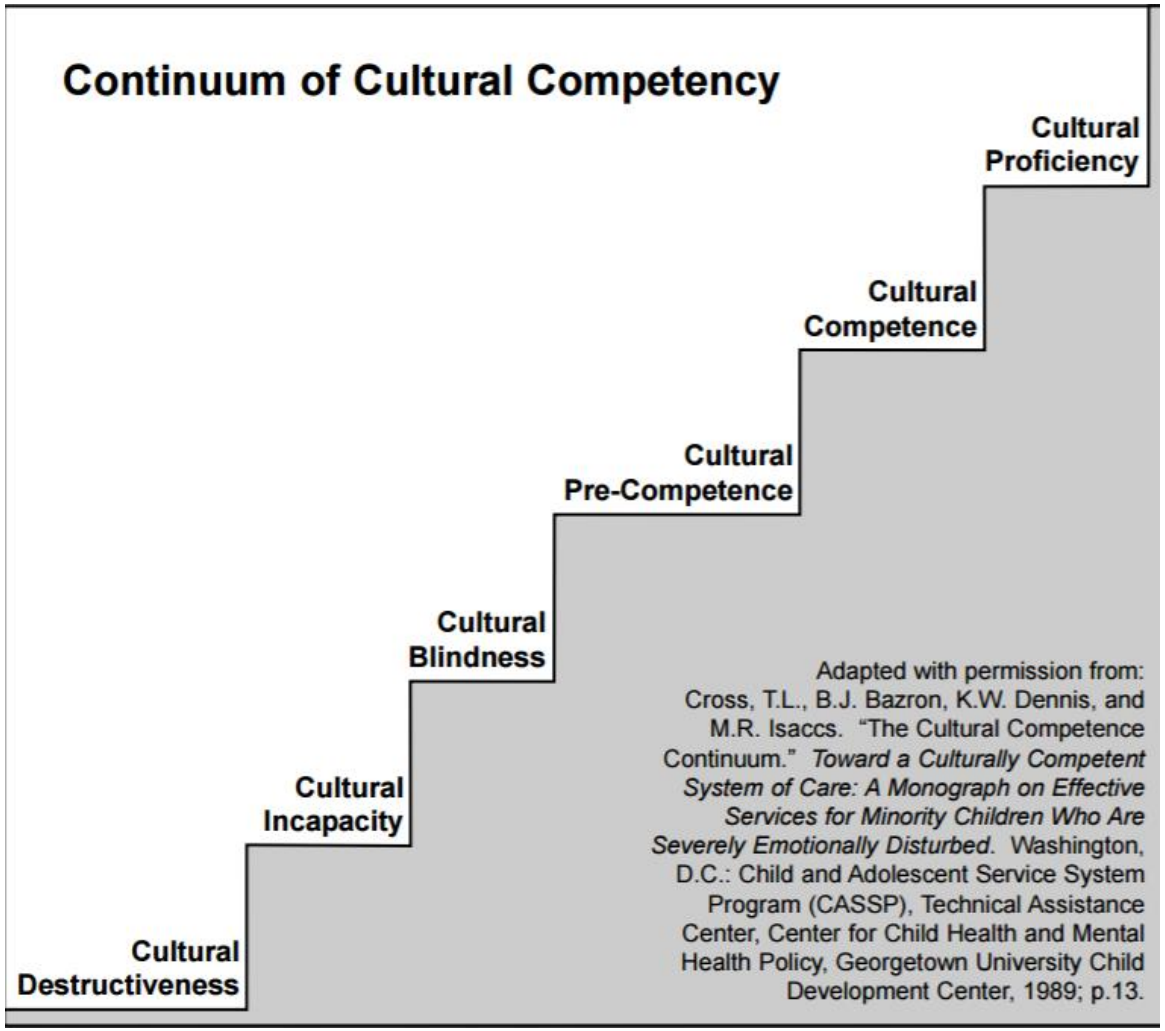
Structural Competency

Cultural Competence

- "Cultural competence is, the set of behaviors, attitudes and policies that come together in an institution, agency, or among a group of individuals, that allows them to work effectively in cross-cultural situations"



SOURCE: (National Alliance for Hispanic Health, 2011).

SOURCE: Siebert et al., (2002)

Cultural Sensitivity

- *"What we don't need in the midst of struggle is shame for being human." Brené Brown*

Table 2 Cultural sensitivity and awareness checklist

Focus	Instructions
1. Communication method	Identify the patient's preferred method of communication. Make necessary arrangements if translators are needed.
2. Language barriers	Identify potential language barriers (verbal and non-verbal). List possible compensations.
3. Cultural identification	Identify the patient's culture. Contact your organisation's culturally specific support team (CSST) for assistance.
4. Comprehension	Double-check: Does the patient and/or family comprehend the situation at hand?
5. Beliefs	Identify religious/spiritual beliefs. Make appropriate support contacts.
6. Trust	Double-check: Does the patient and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues. If not, seek advice from the CSST.
7. Recovery	Double-check: Does the patient and/or family have misconceptions or unrealistic views about the caregivers, treatment, or recovery process? Make necessary adjustments.
8. Diet	Address culture-specific dietary considerations.
9. Assessments	Conduct assessments with cultural sensitivity in mind. Watch for inaccuracies.
10. Health care provider bias	Always remember, we all have biases and prejudices. Examine and recognise yours.

Cultural Humility

- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your problem does inside your body?
- How severe is your problem? Will it have a short or long course?
- What kind of treatment do you think you should receive?
- What are the most important results you hope to receive from this treatment?
- What are the chief problems your illness has caused you?
- What do you fear most about your illness/treatment?

Photo credit: Cornelio Campos

SOURCE: Kleinman, A. (1980)

However, culture is not enough…

Photo credit: Cornelio Campos

- Cultural explanations mask the effects of social inequalities on health outcomes
- Ignores
  - Socio-historical contexts
  - Risk of
    - Essentializing
    - Homogenizing
    - Perpetuating stereotypes
    - Promoting victim-blaming explanations

Solution: Structural Competency

System-thinking: Focus on forces that influence health outcomes at levels above individual interactions

Tenets:

1. Recognizing the structures that shape clinical interactions
2. Developing an extra-clinical language of structure
3. Rearticulating “cultural” formulations in structural terms
4. Observing and imagining structural interventions
5. Developing structural humility

SOURCE: Metzl, J., et al. (2014)

In the Exam Room

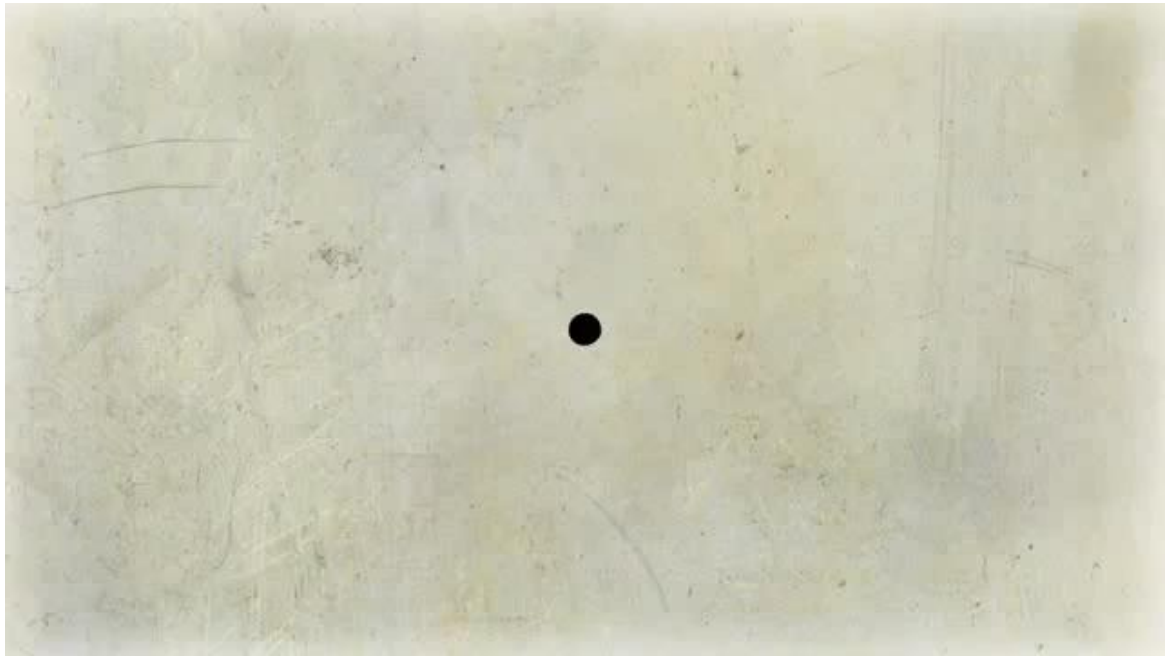
Questions for first visit goal is to make the implicit, explicit:

1. "I don't want to assume anything about your identities. How do you identify racially, ethnically, culturally and what are your pronouns?"
2. "Many of my pts experience racism in their health care. Are there any experience you would like to share with me?"
3. What have been your experiences with the healthcare system?"
4. "Have there been any experiences that caused you to lose trust in the healthcare system?"
5. "It is my job to get you. You shouldn't have to work to get me. If I miss something important or say something that doesn't feel right please know you can tell me immediately and I will thank you for it."
6. "Put up more visible cues for safe space: BLM, Flag, etc.
7. acknowledging, honoring what pts are already doing – "wow, you're already doing so much"
8. "what's happened to you" vs. "what are you doing"
9. Curiosity can feel like colonizing language: Not, "can you explain to me why…." instead "there is something I don't know that I really need to understand…."

Courtesy of Southern Jamaica Plain Health Center (Boston, Massachusetts)

Person-Centered Care

- Empathy: view experience through patient's eyes in order to become more responsive to their needs
- Shared decision-making
  - Idea of "nothing about me, without me"
  - Clinician offers options and describes risks and benefits
  - Patient expresses preferences and values
- Become more effective coaches/partners
  - Ask: "What matters to you?"



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