

Structural Competency: Medicine for the Inequalities that Are Making Us Sick

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Tuesday, August 10th, 2021

**PROVIDER
SUPPORT INITIATIVE**





ASIS-TTA

Opioid and Stimulant Implementation Support
Training and Technical Assistance

CASE-BASED MAT ECHO CLINICS

- Two Monthly ECHO Clinics
– General and Tribal
- Clinical Case Reviews
- Trauma Informed Approach

MONTHLY STATEWIDE WEB TRAININGS

- Treating SUD in Primary Care
- Managing Complex Clinical Needs
- Addressing Stimulants & Fentanyl

ON-DEMAND LEARNING EARN FREE CME/CE

- Fundamentals of MAT
- Buprenorphine Starts
- MAT in Special Populations



QUARTERLY TRIBAL PROVIDER TRAININGS

- Tribal Health Issues
- Culturally Informed Strategies
- Rural and Urban Settings

DIRECT MENTORSHIP & CONSULTATION

- Individualized Support from Expert Consultants
- One-on-One Mentorship by Phone or Video Conference

CALIFORNIA HUB AND SPOKE IMPLEMENTATION SUPPORT

- Learning Collaboratives
- Direct Technical Assistance
- Enhancing Access to Care
- Ensuring Sustainability

OASIS-TTA SERVICES ARE FREE

To register, request services, or learn more visit

www.uclaisap.org/oasis-tta

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

STRUCTURAL COMPETENCY

MEDICINE FOR THE INEQUALITIES THAT ARE MAKING US SICK

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SILENCE=DEATH

SILENCE=DEATH

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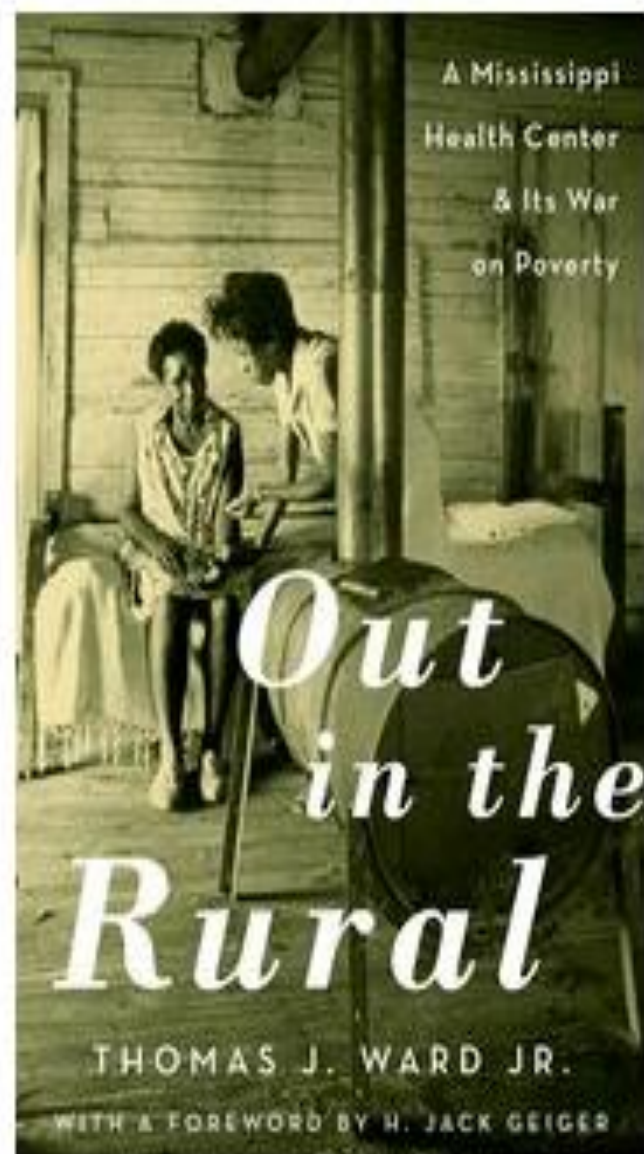
STOP!
HIV Criminalization
is racist homophobic!
ACT UP

MOVING US
A PUBLIC
HEALTH
ISSUE

ACT UP
LONDON

RUDOLF VIRCHOW, 1848

“Medicine is a social science, and politics is nothing but medicine on a large scale.”



Out in the Rural

A Mississippi Health Center and Its War on Poverty

Thomas J. Ward Jr. and Foreword by H. Jack Geiger

- The first historical account of America's first rural community health center, a facility celebrating its 50th anniversary in 2017
- Combines social and political history with biographical elements of Dr. H. Jack Geiger, founder of the Tufts-Delta Health Center and one of the most fascinating figures in the history of American medicine.



Body and Soul: The Black Panther Party the Fight Against Medical Discrimination

Between its founding in 1966 and its formal end in 1980, the Black Panther Party blazed a distinctive trail in American political culture. The Black Panthers are most often remembered for their revolutionary rhetoric and militant action. Here Alondra Nelson deftly recovers an indispensable but lesser-known aspect of the organization's broader struggle for social and health care. The Black Panther Party's health activism—its network of free health clinics, its campaign to raise awareness about genetic disease, and its challenges to medical racism and discrimination—was an expression of its founding political philosophy and also a realization that poor blacks were both underserved by mainstream medicine and overexposed to its harms. Building on a long tradition of medical self-sufficiency among African American

IRIS MORALES

the official website



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FILM



!Palante, Siempre Palante! is an award-winning documentary about the Young Lords. The dynamic and vibrant story of this history is told through interviews with former members, archival footage, and music. Produced, written, and co-directed by Iris Morales, the film is distributed by Third World Newsreel in New York.

[Online rental available here.](#)



MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

**A SUPPLEMENT TO
MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL**





Black Culture



White Culture

Culture

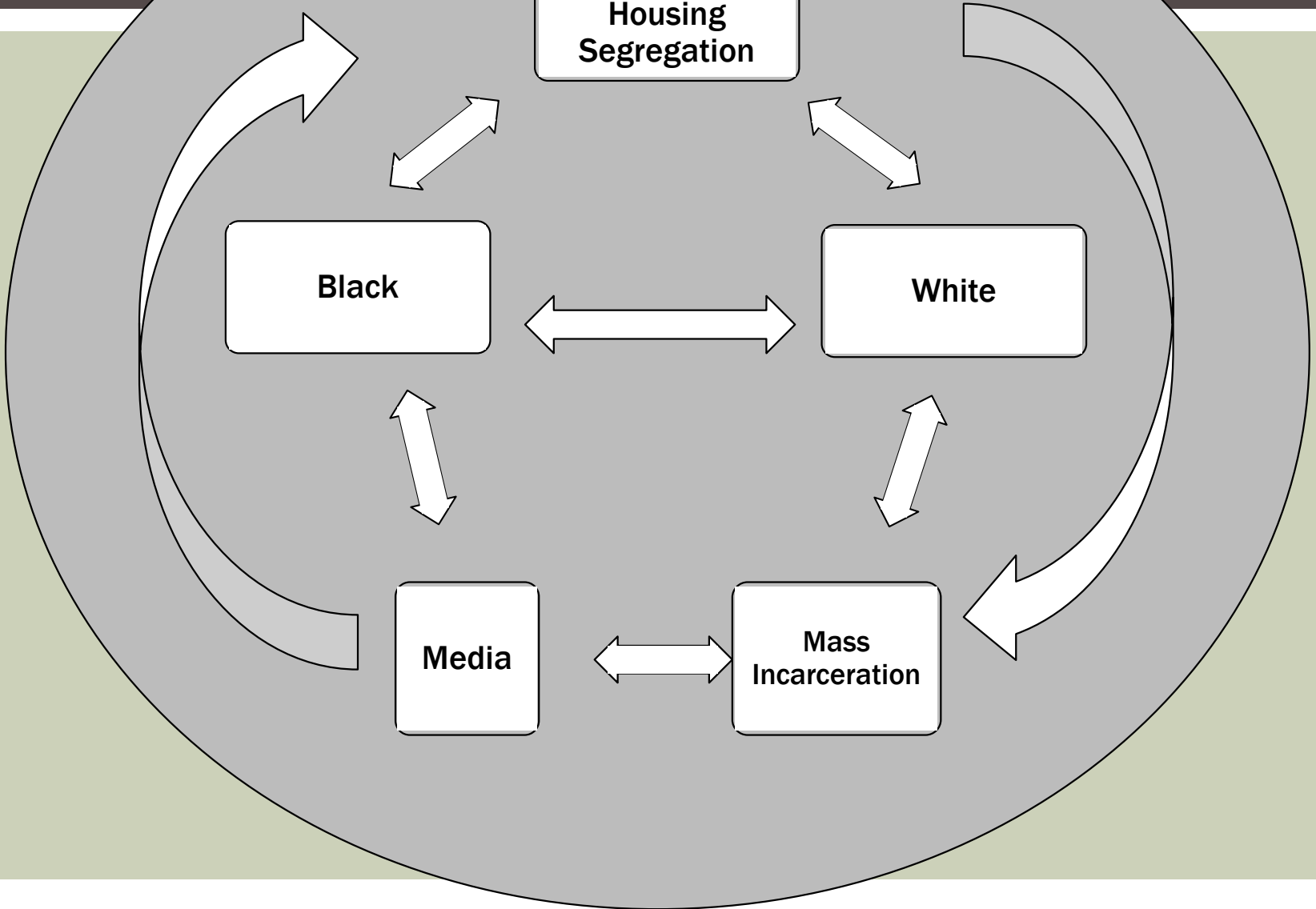
School +
Housing
Segregation

Black

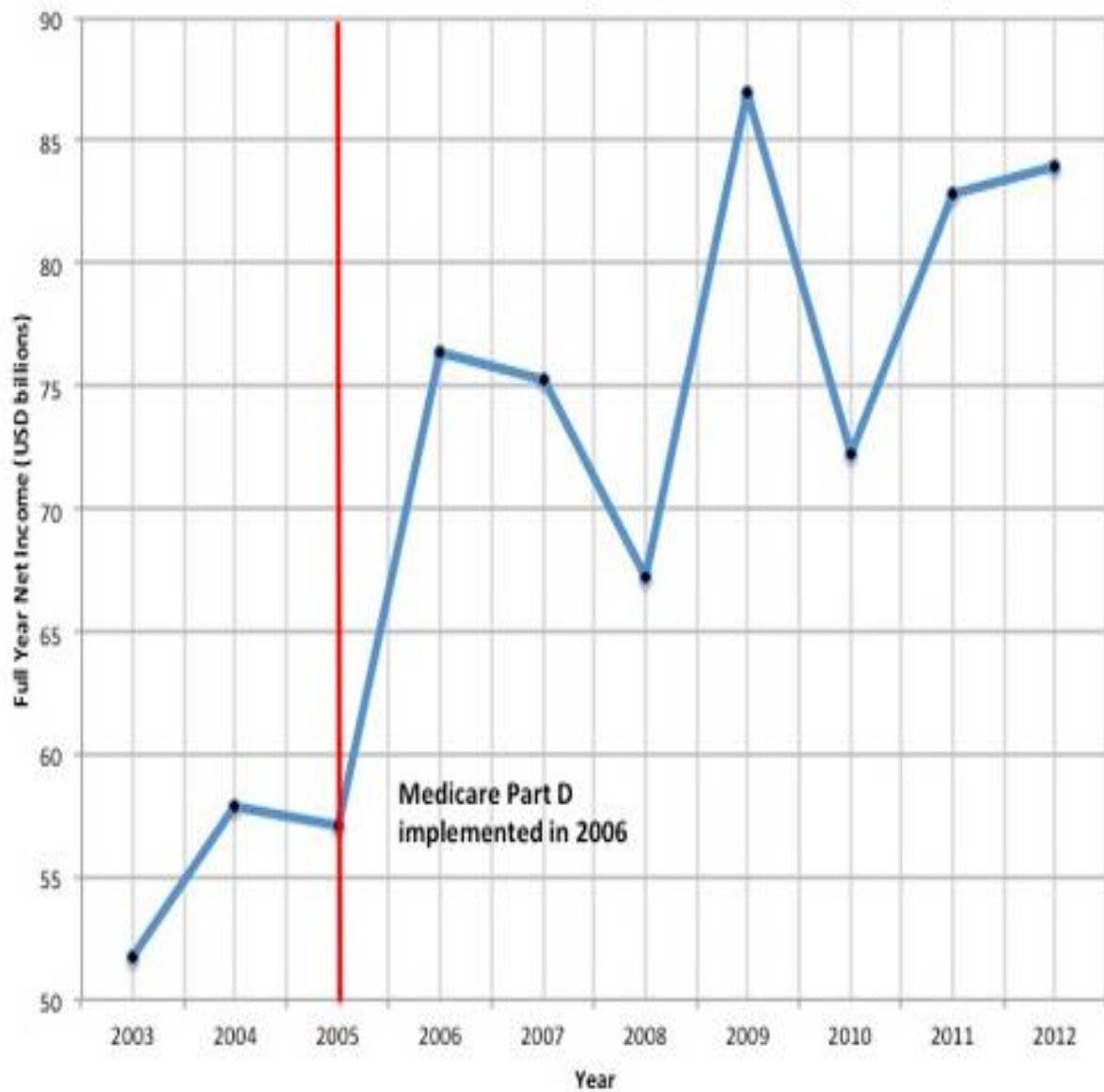
White

Media

Mass
Incarceration



Combined Net Profits for Top 11 Global Drug Companies



SOCIAL DETERMINANTS

- What are Social Determinants?

Elements of social environment, outside of direct clinical care, that cause positive or negative health outcomes

These are powerful correlates of mental health, visible on population level rather than individual level

STRUCTURE

- Community organizations
- Health-relevant sectors (schools, housing, law enforcement/corrections, urban planning)
- Public policy

Structural drivers of social determinants of health

EXAMPLE 1 – HOUSING STRUCTURE:

City and state zoning laws and development plans, predatory loans
(*displace low income residents, create shortages of affordable housing*)

SOCIAL DETERMINANT:

Insecure housing and homelessness

HEALTH OUTCOME:

Insecure housing correlated with increased risk of chronic, infectious & psychiatric disorders, high rate of rehospitalizations, comorbidities, arrests

EXAMPLE 2 - LEGAL STRUCTURE:

Law enforcement and sentencing (*varies by race, SES neighborhood*)

SOCIAL DETERMINANT:

Residence in targeted neighborhoods, legal involvement

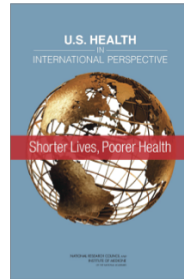
HEALTH OUTCOME:

Association of incarceration with race, SES, poor psychiatric, infectious & chronic disease outcomes

For more information visit www.iom.edu/int/mortalityrates

U.S. Health in International Perspective

Shorter Lives, Poorer Health



Why Are Americans So Unhealthy?

The panel's inquiry found multiple likely explanations for the U.S. health disadvantage:

- Health systems.** Unlike its peer countries, the United States has a relatively large uninsured population and more limited access to primary care. Americans are more likely to find their health care inaccessible or unaffordable and to report lapses in the quality and safety of care outside of hospitals.
- Health behaviors.** Although Americans are currently less likely to smoke and may drink alcohol less heavily than people in peer countries, they consume the most calories per person, have higher rates of drug abuse, are less likely to use seat belts, are involved in more traffic accidents that involve alcohol, and are more likely to use firearms in acts of violence.
- Social and economic conditions.** Although the income of Americans is higher on average than in other countries, the United States also has higher levels of poverty (especially child poverty) and income inequality and lower rates of social mobility. Other countries are outpacing the United States in the education of young people, which also affects health. And Americans benefit less from safety net programs that can buffer the negative health effects of poverty and other social disadvantages.
- Physical environments.** U.S. communities and the built environment are more likely than those in peer countries to be designed around automobiles, and this may discourage physical activity and contribute to obesity.

Figure: Causes of Death for U.S. Men Before Age 50

Download: [JPG](#)

FIGURE: Causes of Death for U.S. Men Before Age 50, Compared with Average of Peer Countries, 2006-2008

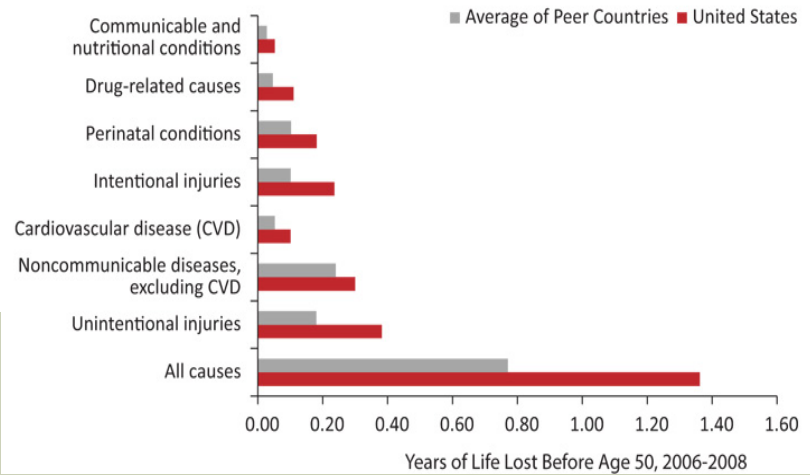
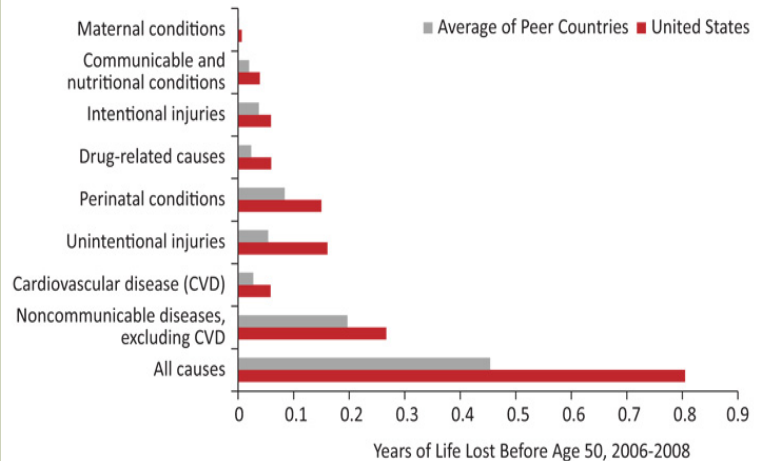


Figure: Causes of Death for U.S. Women Before Age 50

Download: [JPG](#)

FIGURE: Causes of Death for U.S. Women Before Age 50, Compared with Average of Peer Countries, 2006-2008



Editorial

Inequality: an underacknowledged source
of mental illness and distress

Kate E. Pickett and Richard G. Wilkinson

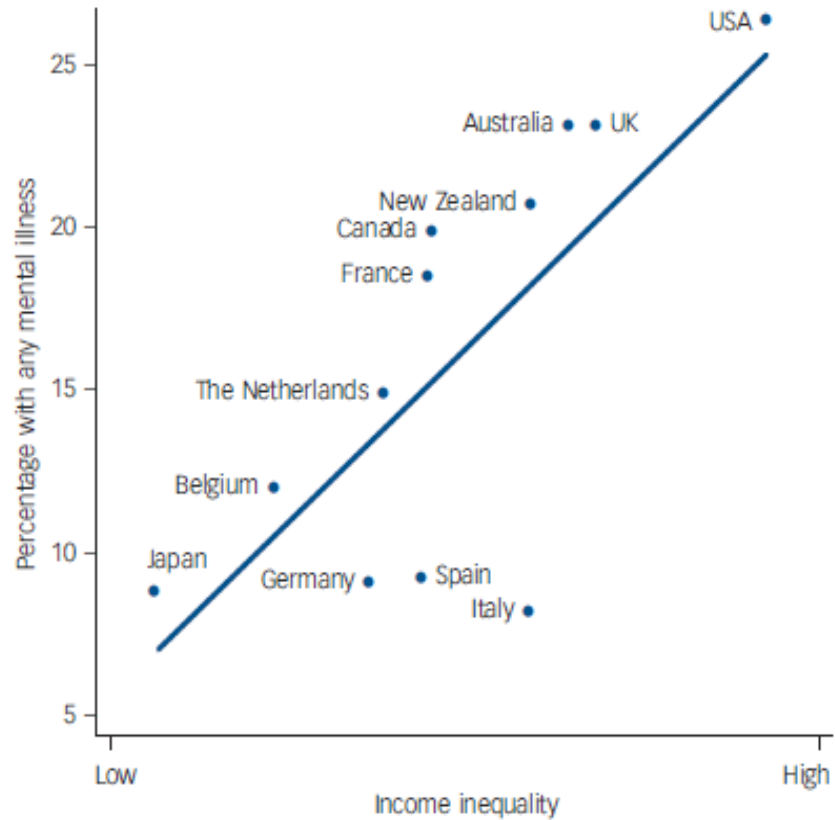


Fig. 1 More people have mental illnesses in more unequal countries.

RACISM AS DETERMINANT OF HEALTH

- Embodied racism

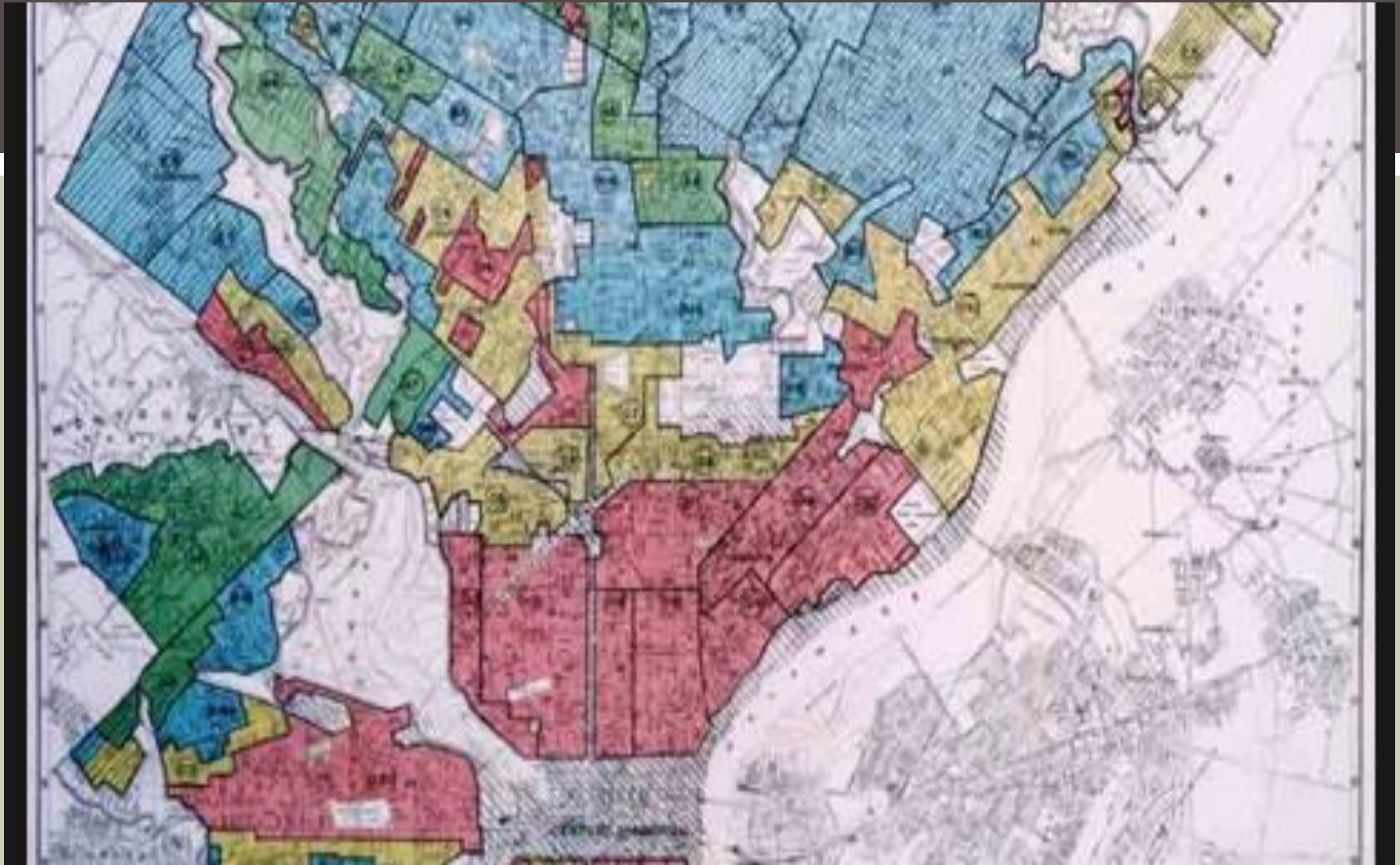
Skin color and hypertension via HPA axis activation:
correlate in US, not in West Africa

- Institutional racism

- Discriminatory public policies (e.g. War on Drugs)
- Residential Segregation

Ecosocial Theory (Krieger et al)

Pathways to embodiment: cumulative and interactive biosocial
processes of exposure, susceptibility, resistance



**REDLINING (FOLLOWED BY URBAN RENEWAL
AND PLANNED SHRINKAGE)**

Why U.S. Clinicians? Why Now?

- U.S. has highest healthcare costs, poorest health outcomes of peer countries
- National physicians survey: 80% think social drivers of health are central, but don't know how to address them
- Record levels of clinician burnout, drop out from clinical practice, citing structural constraints
- Momentum of ACA's performance based reimbursements – based on population health outcomes
- Trainees demanding health justice (White Coats for Black Lives, sanctuary clinics for undocumented immigrants)

STRUCTURAL COMPETENCY

- New term – “structure” – needed to shift focus above the level of the individual – to institutions (clinical, educational, correctional, etc), communities, policies that determine health
- “Competency” to indicate expanded scope of clinical intervention and responsibility: practitioners can bring symbolic, social and cultural capital to bear (in partnerships)

THE COMPETENCIES

- *Recognizing the structures that shape clinical interactions*
- *Reararticulating “cultural” presentations in structural terms*
- *Observing and practicing structural intervention*
- *Developing Structural Humility (e.g. through collaborations)*

Structural Competency in Mental Health and Medicine

sen - Metzl Eds.



Structural Co
Medicine

A Case-Based Approach
to Treating the Social
Determinants of Health

IN-CLINIC STRUCTURAL INTERVENTION

- Electronic Medical Records
- Medical-Legal Partnerships, Health Leads

The screenshot displays the Health Leads website interface. At the top, a teal navigation bar includes the text "WASHINGTON Medical-Legal PARTNERSHIP" and a menu with "HOME", "WHO WE ARE", "WHAT WE DO", and "RESOURCES". Below this is a hero image of a woman kissing a baby, with a man and a young girl looking on. A blue navigation bar contains the "Health Leads" logo, the tagline "Better health. One connection at a time.", and links for "Solutions for Healthcare Providers", "DONATE", "BLOG", "JOB OPPORTUNITIES", "NEWS & EVENTS", "EMAIL UPDATES", and "CONTACT". A yellow bar below the navigation lists "WHAT WE DO", "LOCATIONS", "GET INVOLVED", and "ABOUT US". The main content area features a list of five articles with a "READ MORE" button at the bottom.

WASHINGTON
Medical-Legal PARTNERSHIP

HOME WHO WE ARE WHAT WE DO RESOURCES

Health Leads
Better health. One connection at a time.

Solutions for Healthcare Providers DONATE

BLOG | JOB OPPORTUNITIES | NEWS & EVENTS | EMAIL UPDATES | CONTACT

WHAT WE DO LOCATIONS GET INVOLVED ABOUT US

- 1 We're building the next generation of healthcare leaders.
- 2
- 3
- 4
- 5 Learn about Baltimore alumnus David Wang and his transformative experience with Health Leads.

READ MORE

The Washington Medical-Legal Partnership works towards better health through legal advocacy.

COMMUNITY PARTNERSHIPS

PROJECTS

NEW YORK

The Brownsville Partnership

A Community Approach to Ending Homelessness before It Begins

It's an unlikely alliance: the former NBA player working to fix his troubled neighborhood and the young woman wielding flow charts on how to get there. Greg Jackson and Corinne LeTourneau are part of the Brownsville Partnership (BP), a multi-agency collaborative launched in 2008 to prevent families in this Brooklyn public housing neighborhood from losing their homes. Today, the



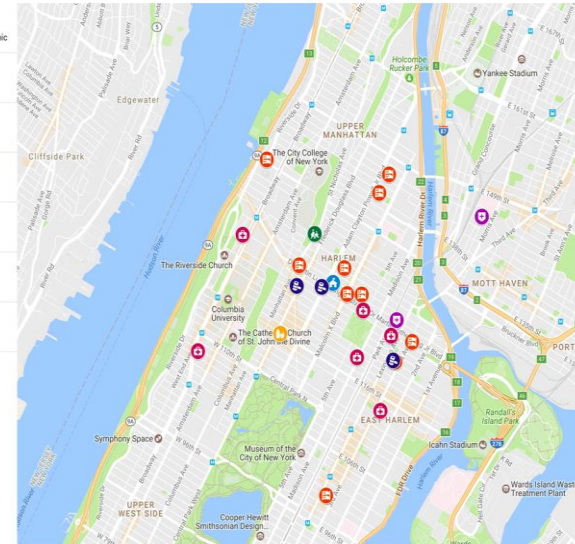
PRECEPT (OMH MPC) HARLEM RESOURCE MAP

- **55 sites visited by psychiatry residents & peer** (e.g. police precinct, prison/jail to community re-entry services, community arts, harm reduction centers, soup kitchens, faith based organizations, club houses)
- **Staff & client interviews, referrals**

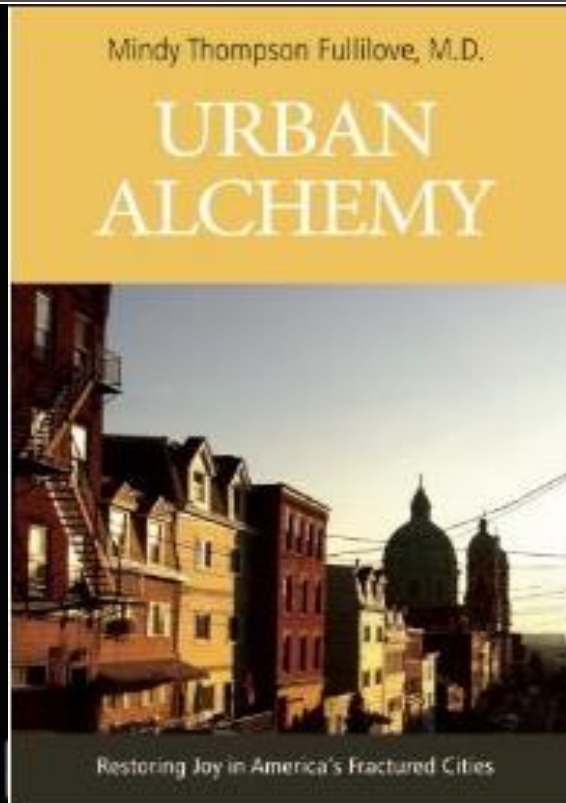


PRECEPT Map

- MPC
Manhattan Psychiatric Clinic
- Housing/ Homeless Services
All Items
- Mental Health Services
All Items
- Addiction Services
All Items
- Criminal Justice Services
All Items
- Peer Training Services
All Items
- Food Services
All Items



CROSS-SECTOR COLLABORATIONS

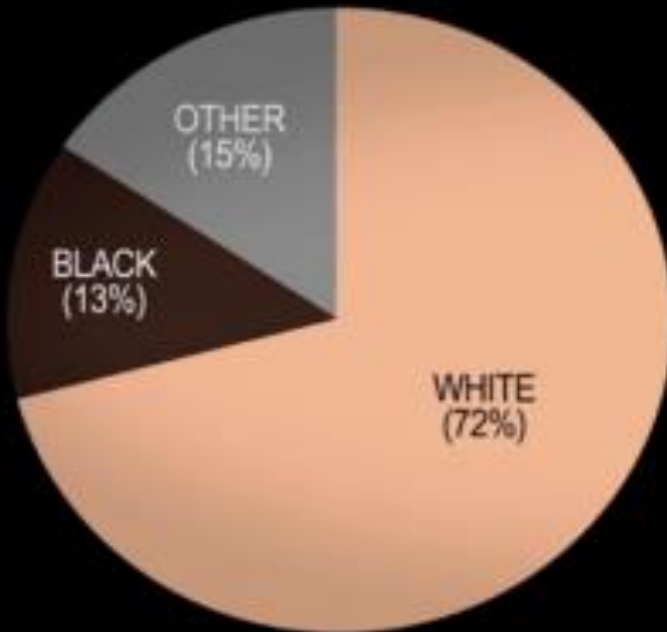


**AUTHOR,
'URBAN ALCHEMY'
AND 'ROOT SHOCK'**

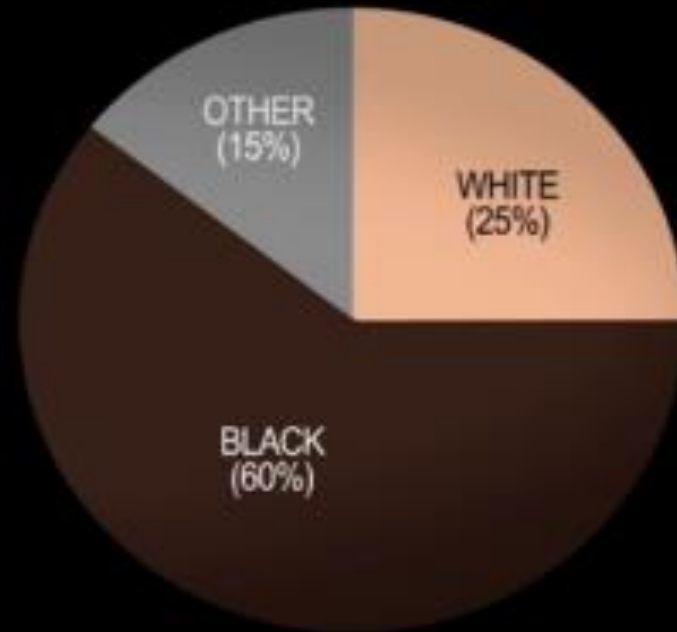


DRUG WAR DISPARITIES

DRUG
USERS



DRUG
PRISONERS



POLICY ADVOCACY



From
**to PUNISHMENT
PUBLIC HEALTH**
Capabilities for a New Ecology of Justice



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2014 SPRING CONFERENCE

Decarceration: A Public Health Approach to Reentry
First Annual Conference on *From Punishment to Public Health* (P2PH)

[REGISTER HERE](#)

P2PH Academy Conference Outline
Wednesday, April 23rd, 2014
Moot Court Room (Rm. 668) at John Jay College

STRUCTURAL COMPETENCY

NEW MEDICINE FOR INEQUALITIES THAT ARE MAKING US SICK

Interested in setting up Structural Competency training or joining the

Follow ...

structuralcompetency.org

OASIS-TTA On-Demand Courses

Fundamentals of Medications for Addiction Treatment (MAT)		
Course Title and Link	Course Length	Credit / Contact Hours
Addiction Overview	30 Minutes	0.5 CME
Demystifying DEA's Role in MAT Regulation & Implementing a Zero Risk Program	1 Hour	1.0 CE 1.0 CME
Opioids as an Emergency	1 Hour	1.0 CE 1.0 CME
Substance Use Navigators: Changing Roles in the Pandemic	1 Hour	1.0 CE 1.0 CME
Buprenorphine		
Course Title and Link	Course Length	Credit / Contact Hours
Starting Treatment: Buprenorphine Induction 101	1 Hour	1.0 CE 1.0 CME
Understanding Buprenorphine Formulations and Clinical Guidelines for Use	1.5 Hours	1.5 CE 1.5 CME
Shared Medical Appointments for MAT Treatment	1 Hour	1.0 CE 0.75 CME
MAT in Special Populations		
Course Title and Link	Course Length	Credit / Contact Hours
Treating Pregnant Women with Opioid Use Disorder	1 Hour	1.0 CE 1.0 CME
Treating Pain and Opioid Use Disorder	1 Hour	1.0 CE 1.0 CME