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# Integrating Structural Competency into Advanced Practice Nursing Care

Katerina Melino, MS, PhD(c), PMHNP, Associate Clinical Professor

Kara Birch, DNP, FNP, PMHNP, Associate Clinical Professor



# Objectives

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- 1) Apply structural competency to APRN practice to recognize and respond to structural inequities affecting patient outcomes.
- 2) Apply critical self-reflection to develop bias awareness necessary for structural competency in clinical practice.
- 3) Synthesize concepts of bias awareness and structural competency for application in clinical practice.

# Meet your patient

A 62yo patient comes into your office to follow up on his type I diabetes, noting he has been testing less regularly and tries to stretch his medication due to cost – stating he's trying to give his youngest child as much as he can to help him finish college.

He is single, the father of two living adult children that he is very proud of, and has one son that died at 22. He works as an LVN at a local care facility and takes two buses to get to and from work each day. He has a community of friends he plays cards with once a month, but lives alone and will go days without talking to anyone when he is feeling poorly. He used to attend church, but stopped after his wife passed away. No other known medical conditions. Does not use substances except for rare cigars.

He was born in Imperial, CA the youngest of 3 children and moved to the LA area to live with his mother and great aunt after his parents were divorced when he was 7. He describes working at an early age and often being alone due to his mother needing to work long hours. His father has a history of HTN and "manic depressive" symptoms. His mother died of a stroke at age 78.



Delaware Today (2022). Nurses in Delaware can now open primary care clinics. <https://delawaretoday.com/life-style/delaware-nurses-private-practice-primary-care/>



**Biopsychosocial**

**Structural**

**Biopsychosociostructural**

# Case Formulation

**Biological**

**Psychological**

**Social**

**Structural**

Predisposing

Precipitating

Perpetuating

Protective

# Structural Competency

**Structural Competency** is the capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.



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## Structural competency: Theorizing a new medical engagement with stigma and inequality



Jonathan M. Metzl<sup>a,\*</sup>, Helena Hansen<sup>b,c</sup>

<sup>a</sup>Center for Medicine, Health, and Society, Vanderbilt University, Nashville, TN, United States

<sup>b</sup>New York University, New York, NY, United States

<sup>c</sup>Nathan Kline Institute for Psychiatric Research, Orangeburg, NY, United States

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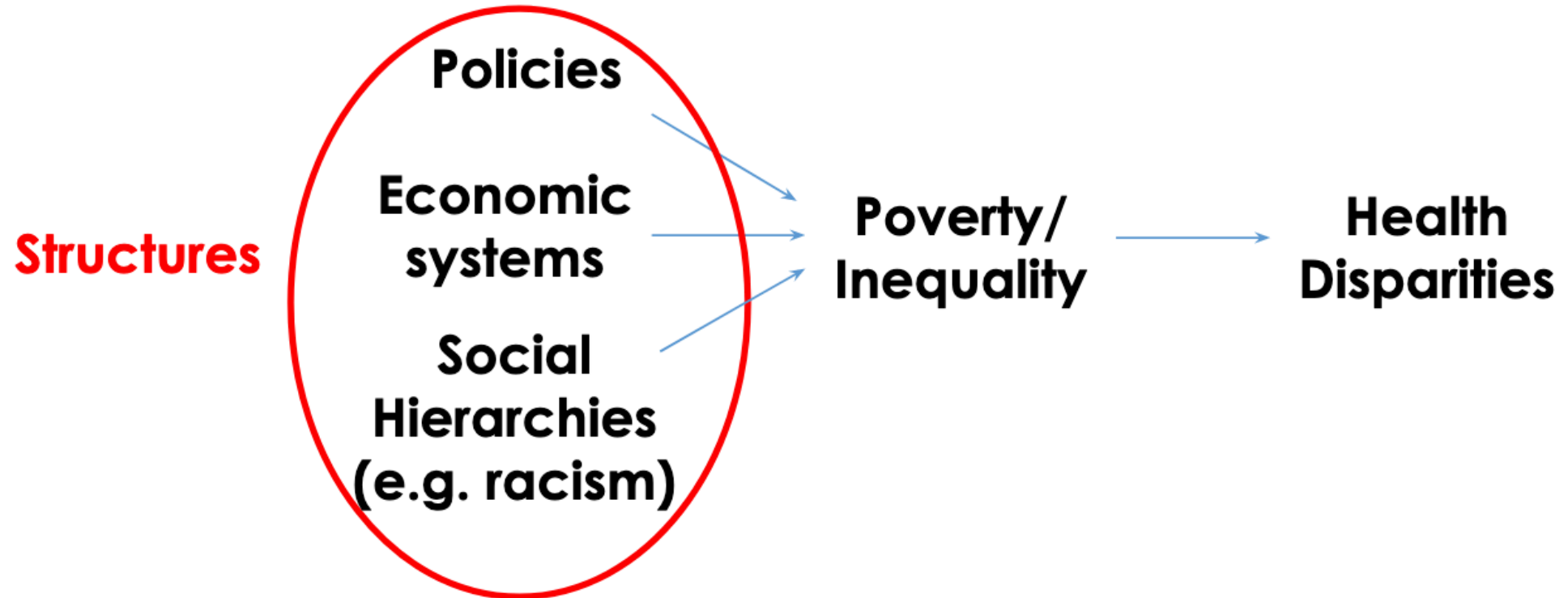
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### ABSTRACT

This paper describes a shift in medical education away from pedagogic approaches to stigma and inequalities that emphasize cross-cultural understandings of individual patients, toward attention to forces that influence health outcomes at levels above individual interactions. It reviews existing structural approaches to stigma and health inequalities developed outside of medicine, and proposes changes to U.S. medical education that will infuse clinical training with a structural focus. The approach, termed "structural competency," consists of training in five core competencies: 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; and 5) developing structural humility. Examples are provided of structural health scholarship that should be

# Structural Awareness







Why integrate structural awareness  
into APRN practice?

Why now?



# Foundations

Power

Positionality

Social structures

Structural vulnerability



# Addressing

- Age
- Disability
- Religion
- Ethnic and Racial Identity
- Socio-Economic Status
- Sexual Orientation
- Indigenous Heritage
- National Origin
- Gender





## Activity: *Addressing Practice*

- Introduce yourself and share one part of your identity that you feel comfortable sharing, and how it impacts your practice

# Structural Vulnerability

- Framework for working and engaging with patients
- Consider domains in which an individual is structurally vulnerable
  - Analogous to other health risk factors
- Uses can be both:
  - Preventative medicine
  - Efficient, tailored and holistic treatment and healing

**Chart 1**  
**Structural Vulnerability Assessment Tool\***

Domain	Screening questions and assessment probes*
Financial security	<p><b>Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?</b></p> <ul style="list-style-type: none"> <li>• How do you make money? Do you have a hard time doing this work?</li> <li>• Do you run out of money at the end of the month/week?</li> <li>• Do you receive any forms of government assistance?</li> <li>• Are there other ways you make money?</li> <li>• Do you depend on anyone else for income?</li> <li>• Have you ever been unable to pay for medical care or for medicines at the pharmacy?</li> </ul>
Residence	<p><b>Do you have a safe, stable place to sleep and store your possessions?</b></p> <ul style="list-style-type: none"> <li>• How long have you lived/stayed there?</li> <li>• Is the place where you live/stay clean/private/quiet/protected by a lease?</li> </ul>
Risk environments	<p><b>Do the places where you spend your time each day feel safe and healthy?</b></p> <ul style="list-style-type: none"> <li>• Are you worried about being injured while working/trying to earn money?</li> <li>• Are you exposed to any toxins or chemicals in your day-to-day environment?</li> <li>• Are you exposed to violence? Are you exposed regularly to drug use and criminal activity?</li> <li>• Are you scared to walk around your neighborhood at night/day?</li> <li>• Have you been attacked/mugged/beaten/chased?</li> </ul>
Food access	<p><b>Do you have adequate nutrition and access to healthy food?</b></p> <ul style="list-style-type: none"> <li>• What do you eat on most days?</li> <li>• What did you eat yesterday?</li> <li>• What are your favorite foods?</li> <li>• Do you have cooking facilities?</li> </ul>
Social network	<p><b>Do you have friends, family, or other people who help you when you need it?</b></p> <ul style="list-style-type: none"> <li>• Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways?</li> <li>• Is anyone trying to hurt you?</li> <li>• Do you have a primary care provider/other health professionals?</li> </ul>
Legal status	<p><b>Do you have any legal problems?</b></p> <ul style="list-style-type: none"> <li>• Are you scared of getting in trouble because of your legal status?</li> <li>• Are you scared the police might find you?</li> <li>• Are you eligible for public services? Do you need help accessing these services?</li> <li>• Have you ever been arrested and/or incarcerated?</li> </ul>
Education	<p><b>Can you read?</b></p> <ul style="list-style-type: none"> <li>• In what language(s)? What level of education have you reached?</li> <li>• Do you understand the documents and papers you must read and submit to obtain the services and resources you need?</li> </ul>
Discrimination	<p><b>[Ask the patient] Have you experienced discrimination?</b></p> <ul style="list-style-type: none"> <li>• Have you experienced discrimination based on your skin color, your accent, or where you are from?</li> <li>• Have you experienced discrimination based on your gender or sexual orientation?</li> <li>• Have you experienced discrimination for any other reason?</li> </ul> <p><b>[Ask yourself silently] May some service providers (including me) find it difficult to work with this patient?</b></p> <ul style="list-style-type: none"> <li>• Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments?</li> <li>• Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care?</li> <li>• Is this patient likely to elicit distrust because of his/her behavior or appearance?</li> <li>• May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?</li> </ul>

# Structural Vulnerability Assessment Tool

- Financial Security
- Residence
- Risk Environment
- Food Access
- Social Network
- Legal Status
- Education
- **Discrimination**

Bourgeois P, Holmes SM, Sue K, & Quesada J. (2017). Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care. *Academic Medicine*, 92(3): 299-307

# Activity: SVAT Discussion

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- What areas do you feel confident in applying to your practice?
  - What might be areas of growth in your practice (learn more about, assess more thoroughly)?
  - What is a manageable, concrete next step you could take to implement this tool (or aspects of this tool) into your clinical setting?
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## Integrating into Practice

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- Share and debrief



A large, gnarled tree trunk is the central focus, with a sculpture of a hand gripping it in the middle. The background shows a park-like setting with other trees, a paved path, and a bench. The overall tone is natural and contemplative.

Questions?

CANP

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