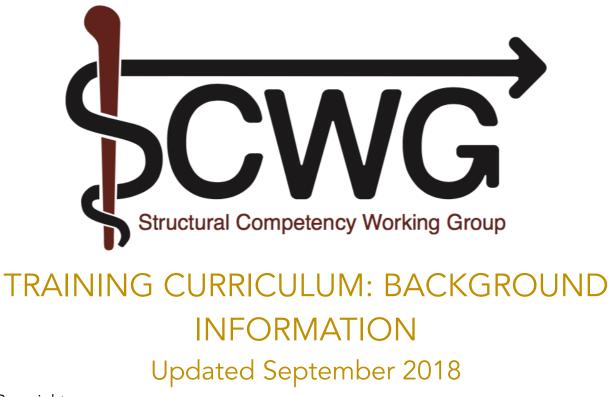
STRUCTURAL COMPETENCY: A Framework for Recognizing & Responding to Social, Political & Economic Structures to Improve Health



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Training Preface

About the Curriculum

To promote health equity and provide appropriate patient care, it is imperative that health care providers serving vulnerable and underserved communities be aware of the factors that influence the health of their patients. Structural competency training is designed to strengthen the capacity of health care providers to recognize and respond to patient health and illness as the product of broad social, political, and economic structures. This curriculum expands upon themes sometimes discussed under the rubric of cultural competency, cultural humility, and the social determinants of health. Structural competency encourages providers to respond to structural issues at various levels, from individual interactions with patients to broader social and political interventions.

Structural Competency Working Group

Located in the San Francisco Bay Area of California, the Structural Competency Working Group (SCWG) is a collective of clinicians, researchers, public health professionals, students, educators, and other community members. The goal of the SCWG is to promote the training of health professionals in structural competency. The SCWG develops and disseminates open-use structural competency curricula. We have conducted trainings with students and practitioners of medicine, nursing, social work, and public health, among other disciplines.

Intended Audience

While the concepts included in this training curriculum could apply to many health-related organizations, it was initially developed specifically for clinicians and clinical trainees. It has since expanded and is now relevant to multidisciplinary healthcare audiences, including, but not limited to:

- Clinic or hospital administrative and management staff
- Health care professionals and trainees including nurses, clinicians, mental health care providers and students in any of these fields
- Staff involved with health outreach and support, including case managers, patient navigators, receptionists and medical billing staff.

Information for Facilitators

Using this Structural Competency Training Manual



This is intended to be a document that facilitators can use to deliver the structural competency training. The curriculum includes:

- 1. Facilitator guidelines (Appendix N),
- 2. A summary of helpful terms and concepts (Appendix O),
- 3. A companion compendium of required readings for the facilitator (Appendix G), and
- 4. A companion Participant Workbook (Appendix L) that includes all of the handouts required for training participants.

The curriculum was developed for a four-hour training, including breaks. The curriculum is organized as follows:

- Welcome and Introduction
- Module 1: Structures and Health
- Module 2: The Origins of Structural Competency
- Module 3: Responding to Harmful Structures in and Beyond the Clinic
- Conclusion and Evaluation

Each module starts with a section overview that provides an at-a-glance snapshot of the basic information that facilitators need to know in order to implement the module. These include timing, learning objectives, methods of instruction, supplies, required facilitator readings, and a list of corresponding participant workbook pages and PowerPoint slides. Inside each module there are detailed, step-by-step guidelines and facilitator notes for delivering the content and carrying out activities.



Training Supplies and Preparation Checklist

Use the checklist below to prepare for the training. This checklist includes the supplies needed and the preparation required for each module.

Training Supplies	Facilitator Preparation
 Flipchart paper Markers Masking tape Appendix N: Facilitator Guidelines Customized Training Agenda Appendix L: Participant Workbook Appendices H, I, J and K 	 Complete the required reading for each module. Review the Participant Workbook (Appendix L). Print one copy of Appendix L: Participant Workbook for each training participant. Write key structural competency concepts and definitions on flipchart paper prior to presenting. Display the definitions on the wall in the room.



Recommended Training Agenda (Time: 4 Hours)

Welcome and Introduction (15 minutes)

- Facilitator and Participant Introductions
- Training Overview and Positionality
- •___Agenda and Group Agreements

Module 1 (100 minutes): Structures and Health (Appendix I slide deck)

- Section 1: Social Structures and Health (35 minutes)
 - o Define Structures
 - o Review epidemiology illustrating the distribution of health disparities
 - o Patient Case
 - Exercise: Participants read chart note and discuss patient case
 - Arrow Diagram 1: Discussion of this patient's life trajectory and structural influences on this trajectory
- Section 2: Structural Violence and Structural Vulnerability (25 minutes)
 - o Definition & discussion of concept
 - Illustration of concept via examples of structural racism: mass incarceration and redlining
 - Definition of "structural vulnerability" and "intersectionality"
 - o Reflection: Participants reflect on, write, and discuss influence of structural violence/vulnerability in cases from their clinical or personal experience
- Section 3: Naturalizing Inequality (40 minutes)
 - o Definition/discussion of concept, including "implicit frameworks"
 - o Exercise: Participants read passage, identifying the implicit frameworks/ naturalization of inequality
 - o Examples of naturalizing inequality in health literature/ practice

BREAK (10 minutes)

Module 2 (45 minutes): The Origins of Structural Competency (Appendix J slide deck)

- Section 1: Cultural Competency and Cultural Humility (5 minutes)
 - o Intentions and limitations
- Section 2: Structural Competency and Structural Humility (20 minutes)



- o Motivation behind and definition of structural competency
- o Five goals of structural competency
- o Naming the framework
- o Relationship of structural competency to social determinants of health
- Section 3: Why is Structural Competency Important for Providers to Learn? (20 minutes)
 - o The importance of structural competency for providers to improve performance and patient outcomes, and to empower providers to advocate for change
 - o Flint, MI example of provider advocacy
 - o The structural influences on the practice of healthcare
 - o Reflection exercise: What structures were influencing the provider in the patient case reviewed in Module 1?
 - o Arrow Diagram 2: Present provider's personal trajectory and major structural influences
 - o Trainees reflect upon and discuss structural influences on their own practice

Module 3 (60 minutes): Responding to Harmful Structures in and Beyond the Clinic (Appendix K, slides 1-17)

- Section 1: Structurally Competent Interventions (15 minutes)
 - o Examples of structural responses to disparities in health
- Section 2: Levels of Intervention (5 minutes)
 - o Introduce Levels: Individual, Interpersonal, Clinic/Institutional, Community, Policy, and Research
- Section 3: Imagining Structural Interventions (25 minutes)
 - o Trainees brainstorm and discuss strategies for responding to harmful structural influences at various levels
 - o Trainees reflect and write individually on their intentions
- Section 4: Beloved Community (5 minutes)
 - o Introduce the concept of beloved community and explain its importance for structurally competent practice
- Section 5: Putting Theory into Practice (10 minutes)
 - Trainees identify at least one intervention strategy to implement to address structural causes of ill health

Conclusion and Evaluation (10 minutes) (Appendix K, slides 18-20)



Structural Competency Training Curriculum: Background Information

