Looking Upstream

Addressing Social Determinants as Members of the Medical Community

Eloho Akpovi, Vivian Chan, Krissia Rivera Perla (MD21)
We have no disclosures

sadly....
Case Study

Miss Jones, a 37-year-old African American woman who lives in Elmwood, comes into her physician’s office for a routine wellness visit. She’s been a patient at this clinic for 16 months.

They review her lab results and find no improvement in her glucose levels. Although the physician has been consistently working with Miss Jones to improve her health, she will not cooperate.
After discussing the issue with Miss Jones several times, the physician thinks back on some social determinants of health and cultural competency training they received recently to try to find a solution for Miss Jones’ predicament.

They decide to talk to her about:

- Creating a meal plan to reduce her glucose levels
- Completing a “healthy eating” patient education session that is cognisant of the patient’s culture
Why does the physician believe that this intervention will help Miss Jones?
What are some tips for being healthy?
What are some tips for being healthy?
Tips for Staying Healthy: A Lifestyle Approach

1. Don’t smoke. If you do, stop.
2. Eat a balanced diet, include fruits/vegetables.
4. If you drink, do so in moderation.
5. Cover up in the sun and protect your children.
6. Practice safe sex.
7. Participate in appropriate health screenings.
8. Drive defensively; don’t drink and drive.
10. Maintain social ties.
Welcome to PVD!
Where are people living?
Providence Neighborhood Boundaries

Source: Data Spark Rhode Island
Providence Federal and State Highways, Major Streets, and Train Tracks

Source: Data Spark Rhode Island
Providence Median Household Income by Census Tract, 2011-15

Source: Data Spark Rhode Island
Providence Population Living Below the Poverty Line, 2011-15 Census Tract

Source: Data Spark Rhode Island
Providence
Racial/Ethnic
Concentration by 2010 Census Block

Source: Data Spark Rhode Island
Access to Food

Source: Data Spark Rhode Island
Parks and Bike Paths

Source: Data Spark Rhode Island
RIPTA Bus Routes

Source: Data Spark Rhode Island
Providence Hospitals and Health Centers

Source: Data Spark Rhode Island
Providence Physicians’ Offices and Median Family Income by 2000 Census Tract
Subsidized Housing

Source: Data Spark Rhode Island
Density of Children Ages 2-17 With an Asthma Insurance Claim in 2010 or 2011

Source: Data Spark Rhode Island
New Cases of Children Under Age 6 with Elevated Blood Lead Levels as a Percentage of All Screened Children Under Age 6, by 5-Years Intervals

Source: Data Spark Rhode Island
Poverty & Low Birthweight, 2012-2016

Source: Hassenfeld Child Health Innovation Institute
Case Study

The reality:

Unknown to the physician, Miss Jones doesn’t have reliable transportation, so she has to take 2 buses (~50 minutes) to her appointment for what would be a 10 minute drive. The closest grocery store to her home closed 2 years ago and nothing has replaced it.
RIPTA Bus Routes
What are some tips for being healthy?
Tips for Staying Healthy: A Lifestyle Approach

1. Don’t smoke. If you do, stop.
2. Eat a balanced diet, include fruits/vegetables.
4. If you drink, do so in moderation.
5. Cover up in the sun and protect your children.
6. Practice safe sex.
7. Participate in appropriate health screenings.
8. Drive defensively; don’t drink and drive.
10. Maintain social ties.
Tips for Staying Healthy:  
A Social Determinants Approach

1. Don’t be poor. If you can, stop. If you can’t, try not to be poor for too long.
2. Don’t have poor parents.
3. Don’t live in a poor neighborhood.
4. Own a car – but use only for weekends and walk to work.
5. Practice not losing your job and don’t become unemployed.
6. Don’t be illiterate.
7. Avoid social isolation.
8. Try not to be part of a socially marginalized group.
“A shift in medical education...toward attention to forces that influence health outcomes at levels above individual interactions.” – Metzl and Hansen 2014
Today’s Goals

1. Define “Structural Competency” as it pertains to medicine, and put it to practice.
2. Contextualize health using a systems-level approach.
3. Establish guidelines and norms for engaging with Providence communities.
Definitions

**Structural Competency**

The capacity for health professionals to recognize and respond to health and illness as the downstream results of broad social, political, and economic structures.

Components of Structural Competency

1. Recognizing influences of structures on patient health.

2. Recognizing influences of structures on the clinical encounter, including implicit frameworks common in healthcare.

3. Responding to structures in the clinic.

4. Responding to structures beyond the clinic.

5. Developing structural humility (e.g., through collaborations).
Components of Structural Competency

1. Recognizing influences of structures on patient health.

2. Recognizing influences of structures on the clinical encounter, including implicit frameworks common in healthcare.

3. Responding to structures in the clinic.

4. Responding to structures beyond the clinic.

5. Developing **structural humility** (e.g., through collaborations).
Definitions

Structural Humility

A personal guiding principle that:

◉ Emphasizes collaboration with patients and populations
◉ Develops responses to structural vulnerability
◉ Does NOT assume that health professionals alone have all the answers
◉ Provides awareness of interpersonal privilege and power hierarchies in healthcare.

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

Jonathan M. Metz1,*, Helena Hansen2,3

1 Center for Medicine, Health, and Society, Vanderbilt University, Nashville, TN, United States
2 New York University, New York, NY, United States
3 Nathan Kline Institute for Psychiatric Research, Orangeburg, NY, United States

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 factors that influence the extent to which health disparities are passed down through families.
Did we miss something?
Case Study

Miss Jones, a 37-year-old African American woman who lives in Elmwood, comes into her physician’s office for a routine wellness visit. She’s been a patient at this clinic for 16 months.

They review her lab results and find no improvement in her glucose levels. Although the physician has been consistently working with Miss Jones to improve her health, she will not cooperate.
Racial & Ethnic Disparities

Infant Mortality & Annual Household Income

per 1,000 live births

Black or African American, $35,000+  White, <$10,000

16.6  11.2

NCHS 2002
Racial & Ethnic Disparities

Infant Mortality & Education
per 1,000 live births

- Black or African American, Bachelor's degree (BA, AB, BS) | 8.57
- White, 8th grade or less | 6.11

NCHS 2007-2015
Racial & Ethnic Disparities

Infant Mortality & Education

per 1,000 live births

- Black or African American
  - 8th grade or less: 8.32
  - Bachelor's degree (BA, AB, BS): 8.57
  - Doctorate (PHD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD): 5.12

- White
  - 8th grade or less: 6.11
  - Bachelor's degree (BA, AB, BS): 3.24
  - Doctorate (PHD, EdD) or Professional Degree (MD, DDS, DVM, LLB, JD): 2.74

NCHS 2007-2015
Racial & Ethnic Disparities

Infant Mortality & Prenatal Care

per 1,000 live births

Black or African American, 1st Trimester Prenatal Care: 11
White, After 1st Trimester or None: 7.54

NCHS 2007-2015
Racial & Ethnic Disparities

Infant Mortality & Cigarette Smoking

per 1,000 live births

13.2

Black or African American, Non-Smokers

9.2

White, Smokers

NCHS 2002
Social Determinants of Health Inequities

- Education
- Job Opportunity
- Socioeconomic Status
- Environmental Exposure
- Health Behaviors
- Access to Health Services
- Safe & Affordable Housing
- Reducing Violence

RACISM causes RACIAL INEQUITY

HEALTH OUTCOMES
1. Place matters.
2. Systems, not just individuals.
3. Address racism **explicitly**, but not exclusively.
4. This is not just an academic exercise...it has to include the heart.
Rules of Engagement

Things medical students should know before doing work in the community.
1. Learn

*But do not expect to be taught.*
2. Listen

*With the intent of learning, not responding.*
3. Ask “why?”

*Why were you given the opportunity that you have? Why are you speaking? Be critical of your actions. For example, should we be leading this workshop?*
4. “Ally” is a verb

Not a noun. Not a badge of honor. It works in the present.
5. Understand that you have power and know when to use it.

(hint: the answer is not all the time)
6. Take an asset-based approach.

Value local and community expertise, knowledge, and experience.
7. Know that Brown is a center of knowledge, not the center of knowledge in RI.
8. Own impact

Expect to be held accountable for your actions. Welcome criticism. Acknowledge and apologize for harmful actions.
9. Change actions

It’s not enough to apologize and acknowledge your wrong doings, you have to change your future behavior.
10. Consider the medical community’s role

In constructing and supporting systems that create and perpetuate inequality.
Site Visits Food for Thought

Why are you visiting these sites today?

How does each site address health for their population using a structural vs individual approach?
Thank You!

Any questions?