Webinar Guidelines

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• There is a chat box located on the lower right side of your screen for the live webinar.
• The live webinar will have a question and answer period at the end but you may type your questions into the chat box at any time.

Chat Box

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• This program is funded by a grant from the New York State Department of Health.
• No commercial funding has been accepted for this activity.
Welcome to the African American and Black Series

- This webinar is being presented live on March 2, 2016. It is being recorded and archived for future viewing.
- You can find answers to frequently asked questions, resources, and instructions on registering for a certificate for this series at: www.advancingcc.org

Presenter Schedule for the Series

- **October 19, 2015**
    - Dr. Mindy Fullilove, Columbia University (available on-demand here)

- **February 1, 2016**
  - Webinar 2. Mass Incarceration and Its Impact on Community Health
    - Robert Fullilove, EdD, Columbia University (available on-demand here)

- **February 29, 2016**
  - Webinar 3. Structural Competency: New Medicine for Inequalities That Are Making Us Sick
    - Dr. Helena Hansen, NYU and the NYS Psychiatric Center

- **March 2, 2016**
  - Webinar 4. Structural Competency: Engaging Stigma and Inequality in Medicine and Medical Training
    - Dr. Jonathan Metzl, Vanderbilt University

The 4 “Beats” of this Structural Competency Program

1. Historical frames of oppression
2. Present day sociopolitical barriers and challenges to health
3. Working with activists and advocates within the community around health
4. Clinical cases
Continuing Education Credits and Evaluation

You can earn CNE, CHES, CPH, or CME credits for this webinar.

Complete the post test and evaluation here: http://www.ualbanyephp.org/eval/SPHeval.cfm?ID=282

Even if you are not earning continuing education credits, we would really appreciate it if you would fill out the evaluation. We value your feedback and are using it in the development of this structural competency webinar series.

Learning Objectives

After this webinar you will be able to:

• Identify the historical origins of Structural Competency
• Describe the structural bases of stigmatizations of mental illness in the United States
• Discuss how the structural origins of stigma vs schizophrenia intersected with political anxieties about race.
• Explain the benefits of training pre-health students in structural competency

Today’s Presenter

Jonathan Metzl, MD, PhD
Director
Center for Medicine, Health and Society, Vanderbilt University
Structural Competency:
Engaging Stigma and Inequality in Medicine and Medical Training

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DIRECTOR, CENTER FOR MEDICINE, HEALTH AND SOCIETY
VANDERBILT UNIVERSITY
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“Structural Competency” in Medical Education

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

Jonathan Metzl, MD, PhD, and Brenna Oviedo

ARTICLE INFO

Abstract

Physicians in the United States have long been trained to assess race and ethnicity in the context of clinical interactions. Medical students learn to identify how their patients’ demographic and cultural factors influence their health behaviors [1]. Physicians and residents receive “cultural competency” training to help them communicate with persons of differing “ethnic” backgrounds [2]. And clinicians are taught to observe the racism of their patients and to define these observations into medical records—“Mr. Smith is a 45-year-old African American man”—as a matter of course [3].
Outline

1) What is structural competency?
2) Case study: the over-diagnosis of schizophrenia in men of color...
3) Operationalizing and assessing structure...
4) Larger implications...

1) Structural Competency

"trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases...also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even about the very definitions of illness and health."

(Metzl and Hansen 2014, p. 128)
Mrs. Hernandez is a 45-year-old woman who went to the hospital with symptoms of weakness, fatigue, and tingling in her left arm and leg. A week ago, while mowing the lawn, she fell and injured her left wrist and arm. She was discharged from the hospital after being diagnosed with a mild knee sprain. However, she continued to experience symptoms of weakness and fatigue.

On her way home, she stopped at a convenience store to buy some snacks. While walking, she noticed a man standing in the street. She recognized him as Mr. Garcia, her neighbor who she had not seen in several months. He looked ill and was having trouble breathing.

Mrs. Hernandez decided to help Mr. Garcia. She called 911 and stayed with him until the ambulance arrived. The paramedics thanked her for her help and took Mr. Garcia to the hospital. The hospital staff informed her that Mr. Garcia had a heart attack and was in critical condition.

Mrs. Hernandez was referred to the hospital's patient navigator, Mrs. Johnson, who assisted her with the hospital's process. Mrs. Johnson asked Mrs. Hernandez about her medical history and any friends or family members who could help her manage her condition.

Create a list of five important questions to ask about this case. Provide a brief (1-2 sentence) rationale for each question you formulate.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rationale</th>
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<tr>
<td>What would you ask?</td>
<td>Why would you ask this question?</td>
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<tr>
<td>1. What is Mr. Garcia's condition?</td>
<td>To assess his condition and determine the next steps for his treatment.</td>
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<td>2. Has Mr. Garcia had any previous medical conditions?</td>
<td>To understand his medical history and potential comorbidities.</td>
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<td>3. Who is Mrs. Hernandez's support system?</td>
<td>To identify individuals who can assist her with managing her condition.</td>
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<td>4. What is Mrs. Hernandez's understanding of the hospital process?</td>
<td>To ensure she is informed about her options and the process.</td>
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<tr>
<td>5. What cultural or linguistic barriers may Mrs. Hernandez face?</td>
<td>To address any communication challenges and improve care provision.</td>
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Began to consider ways that medical education, “cultural competency,” and narrative analysis potentially trained clinicians to listen to individualized stories, not to structural ones....
But in the current moment...

We have never known more about the ways in which the pathologies of social systems impact the material realities of people’s lives.

- **Epigenetics**: living in resource-poor environment can produce risk factors for disease that last for generations...
- **Neuroscience**: neuronal linkages between poverty, hampered brain development, and various forms of mental illness...
- **Sociology, economics**: neighborhood effects...

And at the same time, in the United States, we have never invested less in infrastructure, or done less to correct fatal and fatalizing inequities.

- Bridges, roads, clinics, and food distribution programs decay in many urban settings, along with the social programs that sustained them.
- “You can predict the life expectancy of a child by the zip code in which they grow up.”

The social politics of the moment put health care in a particular bind....

- Practitioners ostensibly want to help the persons who come before them in times of need. Yet when “social” issues are at play, they often lack methods or language...
And yet...

Fully 85% of primary care providers and pediatricians polled in a recent RWJ survey agreed with the statement that "unmet social needs are leading directly to worse health for all Americans" while at the same time voicing concern that they did not “feel confident in their capacity to meet their patients’ social needs,” and that their failure to do so “impedes their ability to provide care.”

Structural competency...

We argue that attempts to become competent in the interactions between culture and medicine need also to include literacy in the social, economic, and historical conditions that produce and racialize expressions of illness and health in the first place.

(Metzl and Hansen, Social Science and Medicine)

- "Structure": Carmichael— “I don’t deal with the individual” … silent racism of "established and respected forces in the society" that functioned above the level of individual perceptions or intentions...
  - Implications for illness and health

- "Competency": a play on words; but also a skill-set...
Also important now because health is highly politicized... especially re-structure...

And also... critical thinking about health/society increasingly valued from within medical education

- **MCAT: 4 test sections**
  - *Social and Behavioral Sciences*: The proposed exam will test examinees’ knowledge and use of those concepts, research methods, and theories which provide a solid foundation for learning about the behavioral and socio-cultural determinants of health in medical school — test questions will ask examinees to use knowledge of psychological, sociological, and anthropological theories to understand their impact on health.
  - *Critical Analysis and Reasoning Skills*: Like the current Verbal Reasoning test, this section will test examinees’ ability to analyze and reason through passages in ethics, philosophy, cross-cultural studies, population health, and a wide range of social science and humanities disciplines.

- **AAMC: Core Competencies**
  - Critical thinking, Cross-culturalism, Writing/analysis, Teamwork

- **Medical Practice**:
  - Culture; Commerce

Funding

- **RWJ**: team based competencies?
- **NIH**: social determinates of health?
- **Mellon**: new directions fellowships?
5-part model
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
(Metzl and Hansen 2014, p. 128)

In critical conversation with...
- “Cultural competency…”
- “Social determinants…”
- Both overlook the impact of diagnoses and institutions
- Focused on medicine/med ed

Origins of the concept...
- The Protest Psychosis
- Why are African American men overdiagnosed with schizophrenia?
Schizophrenia

- Schizophrenia is often understood as a biological illness:
  - Dopamine
  - Genetics
    - genetic predisposition combined with an environmental exposure and / or stress during pregnancy or childhood
    - DISC1, Dysbindin, Neuregulin, G72
  - Brain Findings:
    - Significant Loss of Brain Gray Matter: especially in temporal and frontal lobes
    - Enlarged Ventricles
    - Decreased Prefrontal Brain Function
    - Treated with antipsychotic medications

Genetics, Biology: 0.5-1%
Misdiagnosis

- Research consistently shows that African American men (and to a lesser extent Latino men) are disproportionately over-diagnosed with schizophrenia and under-diagnosed with affective disorders as compared to white men.
- African American psychiatric patients receive higher dosages of antipsychotic medications than do white male psychiatric patients and are more likely to be described by their doctors as being hostile or potentially violent.

But...

- No racial basis for schizophrenia.
- Certain symptoms of schizophrenia might actually reduce a person’s risk of violence over time.
- People with schizophrenia and who are living in the community have a victimization rate 65 to 130 percent higher than that of the general public.

Interventions:

- Training in “Objective” Disease Criteria
- Training in “Cultural Competency”
- Public information campaigns
- Still, misdiagnosis and stigma persist
- Why?
Through the 1950s, psychiatry believed that schizophrenia was a “mild” form of insanity that was largely harmless to society.

Psychiatric textbooks depicted schizophrenia as a condition manifest by “emotional disharmony,” that negatively impacted people’s abilities to “think and feel.”

Mental Disorders: Diagnostic and Statistical Manual (1952): Schizophrenic Reaction, an “emotional disharmony, unpredictable disturbances in stream of thought,” and “regressive behavior.”
Medical journals

1960s-70s

BALLOONING AND DELUSIONS IN WHITE AND NEGRO SCHIZOPHRENICS

M. M. Vincen, M.D., G. C. Williams, M.D., AND
M. R. Keeler, M.D.

Physicians treating Negro and white schizophrenics in the state hospitals of North Carolina were of the impression that the incidence of hallucinations was considerably higher in the Negro than in the white group. This was thought to be of apparent significance for the study.

Table 1 indicates the mental results of the present study.

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FBI Adds Negro Mental Patient to '10 Most Wanted' List. Chicago Tribune, July 6, 1966

“...Leroy Ambrosia Frazier, an extremely dangerous and mentally unbalanced schizophrenic escapee from a mental institution, who has a lengthy criminal record and history of violent assaults, has been added to the FBI’s list of “Ten Most Wanted Fugitives.” He has made many threats to kill and has vowed not to be taken alive...."
1968

DSM II (1968) definition of schizophrenia:

- Indifference
- Impoverishment of interpersonal relations
- Mental deterioration
- Persecutory delusions
- Hostile and Aggressive attitude
- Projection

The manual further explained that “the patient’s attitude is frequently hostile and aggressive…the patient uses the mechanism of projection, which ascribes to others characteristics he can not accept in himself.”

Adjectives used to describe patients with schizophrenia in leading psychiatric journals, 1960-1979

Patients described as Violent Towards Others
In other words,

- Not (just) increase in violent behavior by black men with schizophrenia or lack of cultural competency in doctors...
- Also a series of frame shifts that incorporated racialized notions of violent behavior into definitions of mental illness — in conjunction with shifting awareness about “race”....

3) How to operationalize structural competency?
New MHS Curriculum

Beginning Fall 2014

Core
(3 hours)
- MHS 170 Politics of Health
- MHS 180 Racial and Ethnic Health Disparities
- MHS 201 Fundamental Issues
- MHS 208 American Religious in the World
- MHS 232 Masculinity & Men's Health
- ANTH 242 Biology of Inequality

Concentration Areas
(12 hours)
- Global Health
- Health Behaviors and Health Sciences
- Health Policies & Economics
- Race, Inequality, and Health
- Medicine, Technology, and Arts
- Critical Health Studies

Electives
(21 hours)
- Seven courses not used to satisfy the core course or concentration requirements chosen from approved courses. May include up to TWELVE CREDIT HOURS from the list of BASIC BIOMEDICAL SCIENCES

Disciplinary Requirement
- At least one of the following must be used to satisfy the concentration requirement or electives requirement: ANTH 240, ANTH 290, ECON 211, ECON 212, ECON 224, HIST 200, HIST 210, HIST 215, HIST 270, PSY 248, PSY 249, SOC 237, SOC 248, WGS 240, WGS 241

Curriculum rollout party
4/1 MA in the Social Foundations of Health

MHS 4+1 Program

MHS MA Curriculum

Degree Requirements
- 44 hours coursework (with thesis) or 30 hours coursework (no thesis)
- Comp Exam

Required Courses
- 6100 Colloquium
- 7100 Research Workshop or 7200 Thesis Workshop
- 7000 Research Methods
- Independent research with faculty mentor

MHS Courses Offered 2014-2016

- Fall 2014: 302 Research Workshop, 310 Interdisciplinary Research Methods, 312 Informatics for Global Health Professionals, 315 Leadership Development in Global Health, 320 Special Topics: Economics for Future Healthcare Professionals
Mental Health and Social Integration: Refugee Agricultural Partnership Program of the Center for Refugees in TN (CRIT)

Renee Martin-Willett, MA Candidate MHS
2014-2015 Community Scholar, Meharry-Vanderbilt Alliance Community Engaged Research Core (CERC)

Growing our faculty

- 6.5 tenure-track faculty hires over the past three years
- Current search ongoing for a new assistant professor
- 3 senior lecturers
- 2 staff persons

In the media
Events around campus
Structural interventions

Immersion projects...

Dispatches: Documenting Bodies in the 20th Century South. Bridging Emmett Till’s open casket to the politics of eugenics in Nashville, the grotesque in Deliverance to the symbolism of Scarlett O’Hara, this consideration of southern bodies will consist of two parts: close study of literary, scholarly, and cultural product, followed by a fieldwork-based road trip, pursuing evidence of, and complications to, established southern narratives. Starting with Nashville’s Fisk University and State Capital memorials, destinations can include the Lorraine Motel in Memphis; Sister Janette Durand’s faith-based, standalone health clinic in Jonestown, MS; sites tying 1927lood (and Jim Crow-based conscription) to Hurricane Katrina; the Delta Health Center in Mound Bayou, MS (the nation’s first FQHC); the museum and Bioethics center at Tuskegee University.
Medical Education

MCAT: 4 test sections

- Social and Behavioral Sciences: The proposed exam will test examinees' knowledge and use of these concepts in social and behavioral sciences, research methods, and statistics which provide a solid foundation for learning about the behavioral and socio-cultural determinants of health in medical school... test questions will ask examinees to use knowledge of introductory psychology and sociology concepts to demonstrate their scientific inquiry and reasoning, research methods, and statistics skills.

- Critical Analysis and Reasoning Skills: Like the current Verbal Reasoning test, this section will not test specific subject-matter knowledge. The proposed test will ask examinees to analyze and reason through passages in ethics and philosophy, cross-cultural studies, population health, and a wide range of social science and humanities disciplines.

AAMC Criteria...

- Writing
- Critical Thinking
- Teamwork
- “Cultural Diversity”
Curricular evaluation

1. How key structures influence health:
   a. Socioeconomic status
   b. Social and physical environment
   c. Healthcare infrastructure

2. Health as not just biological imbalances but socially constructed phenomena
   a. Goes beyond cultural competency’s emphasis of difference, cross-cultural communication, healing beliefs, and bias
   b. Avoids conflation of structural violence and cultural difference

An interesting paradox: Recent data show that in New York’s healthiest county, 20% of adults are obese. In New York’s least healthy county, the obesity rate is 28%.

Create a list of some important/interesting questions to ask if you are gathering information about Daniel’s case. Provide a brief (1-2 sentences) rationale for each question you formulate.

Demonstrate understanding of...

1. How key structures influence health:
   a. Socioeconomic status
   b. Social and physical environment
   c. Healthcare infrastructure

2. Health as not just biological imbalances but socially constructed phenomena
   a. Goes beyond cultural competency’s emphasis of difference, cross-cultural communication, healing beliefs, and bias
   b. Avoids conflation of structural violence and cultural difference
Curricular Evaluation

- 2015 MHS seniors, N=107
  (2015 MHS graduating majors N=127)

- 2015 nonMHS premed seniors N=80
  (2014 nonMHS med school applicants N=168)

9. The following statements inquire about your undergraduate coursework. For each item, indicate how well you think you were prepared in each area through your program of study at Vanderbilt. (Mark one for each item.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Poor Preparation (1)</th>
<th>Fair Preparation (2)</th>
<th>Average Preparation (3)</th>
<th>Good Preparation (4)</th>
<th>Excellent Preparation (5)</th>
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<tr>
<td>Oral communication skills</td>
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<td>Understanding of the relationship between socioeconomic factors, health and medicine</td>
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<td>Overall knowledge about the Affordable Health Care Act controversies</td>
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Self-reported Knowledge

- Relationship SES & Health
- Knowledge Healthcare System
- Knowledge ACA
- Navigate controversial issues

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
In your opinion, what are the three most important influences on people’s health?

- Social economic
- Education
- Genetics
...Mrs. Hernandez may live in a food desert and be unable to obtain the necessary fresh vegetables and fruit to improve her diet. Secondly, her inability to communicate with the physician and healthcare team may leave her feeling isolate and alone. This isolation could negatively impact her adherence to her treatment plan...

(MHS student)

...Since Mrs. Hernandez is a foreigner, she may not necessarily trust or listen to an American doctor. Also, the language barrier may have caused Mrs. Hernandez to not listen to the doctor...” (Premed science major)
Factors that explain disparities in Childhood Obesity

- Individual
- Cultural Competency
- Structural Competency

Directions: Choose the three factors which best explain the findings above. Explain your answer in the space provided below.

Access to healthcare
Cultural background
Genetic factors
Health delivery system
Health insurance
Institutional racism
Social policies

Explain why the 3 factors you selected above are important for understanding state differences in rates of overweight and obese children.
Southern comfort food is a hallmark of the South. Greasy, fried, and buttered goods are a must. Therefore, I chose cultural background as one of the most important factors in contributing to the high obesity rates...Individuals dictate their own choices and lifestyle.  
(Premed science major)

Low family income often forces parents to work multiple jobs and with lack of education and money, diets usually consist primarily of meat or other 'filling' foods which are affordable.  
(MHS major)
Cultural background is important for understanding obesity in the South, since traditional southern foods are often high in fats and sugars. Reliance on this traditional diet and reluctance to move towards healthier food options... Secondly, income is strongly correlated with obesity, with lower income populations exhibiting higher rates of overweight and obesity than wealthier populations. Since many of the poorest states in the US are located in the South, income is an important factor... Finally, the South has a long history of racism, which is still present in the form of institutional racism. Acts of institutional racism and structural violence can become internalized and adversely affect individual health, potentially contributing to the obesity trends seen here.

(MHS major)
"...For heart disease, there is no difference between groups in aggregate structural and cultural competency factors selected. However, there are differences when we look at the different factors.

MHS students are more likely than non-MHS students to select the more distal structural competency factors: health delivery system, institutional racism, & neighborhood.

Non-MHS students more likely than MHS students to select the most proximal/ individual structural competency factors: individual income, health insurance status. MHS students more likely than non-MHS students to select both institutional racism and physician bias...."
This drug shows a white, middle aged, seemingly middle-class white mother. Therefore, men, older/younger people, other races of people, and people who lack substantial monetary means may feel excluded by this advertisement. However, this advertisement MAY know that a large population of people who live with depression, may very well be white, middle-aged, women who are mothers. Therefore, they know how to target that large population so that they can make more money off of their product.

(MHS student)

Economic factors are huge - pharmaceutical companies love to make money by pushing their drugs...

(Premed science major)

From an economic perspective, the pharmaceutical company designs the message to attract people's interest. Socially and culturally, there may be a stigma against mental illnesses, but maybe the desire to be a more active, engaging mother or father is enough to outweigh the negative perspective of going to the doctor for treatment of a mental illness...

(Premed science major)

Overall...

MHS students are more likely to address structural factors to explain health outcomes:

- MHS students report structural determinants of health. We observed key differences in participants' responses to “What are the three most important influences on people’s health?” MHS students were significantly more likely than non-MHS students to identify SES (42% and 17%, respectively) and other environmental or societal factors (69% and 39%, respectively). MHS students were significantly less likely than non-MHS students to identify diet and exercise (47% and 19%, respectively). See Table 10.

- MHS students were more likely to select structural factors in their explanations of racial disparities in heart disease.

- MHS students’ explanations of rates of obesity in US South indicated more structural competency. This refers to the open-ended explanations. MHS group more likely to address both individual level factors (e.g., individual income or poverty, educational level, health insurance status) as well as societal level factors (e.g. neighborhood factors, food deserts, racism, history, lack of sidewalks, health delivery system, education, lack of clinics/doctors, social policies, etc.)
And finally - larger goals...

- Identifying key social determinants of health that should be the focus of clinical interventions
- Training students to implement structural interventions
- Partnerships with community organizations and health relevant sectors/agencies to design interventions.
- Enhancing the role of medical practitioners in crafting public policy

Changing the language of medical politics...
In other words - what are the schizophrenia issues of today?

• More broadly construed...
• Other forms of institutional oppression about which doctors need to be aware?

Over time we aim to promote skills that help us rise to the temporal challenge of our time: how to treat persons in times of need, and at the same time recognize how social and economic determinates, biases, inequities, and blind spots shape definitions of health and illness long before doctors or patients enter examination rooms.

Thank you!
Contact Information

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