Webinar Guidelines

- You will be listening to this webinar over your computer speakers. There is no need to call in.
- 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

Partners and Sponsors

- The planners, moderators, and presenters for this webinar series do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this presentation.
- 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 Latino(a) Structural Competency Series

- This webinar is being presented live on June 25, 2015, and is being recorded and archived for future viewing.
- You can find Frequently Asked Questions on structural competency and additional readings and resources at: www.advancingcc.org

What is Structural Competency?

Structural competency refers to the capacity of practitioners to recognize and respond to the ways in which broad social, political, and economic structures contribute to the vulnerability and ill health of the individuals and communities we serve.

The Four "Beats" of this Structural Competency Series

1. Historical frames of oppression
2. Present day sociopolitical barriers and challenges to health
3. Activism and advocacy within the community around health
4. Clinical cases

The Latino/a Series

Today's Webinar

Being Structurally Vulnerable: "Deservedness," Latino Migrant Laborers and Health
James Quesada, Ph.D. San Francisco State University, Department of Anthropology
Emiliano Bourgeois Chacón, B.A. Program Coordinator, San Francisco Day Labor Program & Women's Collective
James Shuford, Ph.D. Candidate, University at Albany, SUNY, Department of Anthropology

Other Webinars in the Series

Latin@ Health Disparities: Beyond the Culture Answer
Edgar Rivera Colón, Columbia University

Addressing Suburban Structures: Health and Latino Communities on Long Island
Martine Hackett, Hofstra University

Structural Competency and Latino Health in Upstate New York
Elisa de Jesus, The Ibero-American Action League (Rochester)
Learning Objectives

1. Understand how the use of the concept of Structural Vulnerability informs structurally competent practices
2. Understand how health intersects with other critical factors: employment, housing, education, social support
3. Understand how structurally competent health and human services can be incorporated in programs that serve Latino migrant individuals and communities

Evaluation

Complete the post-test and evaluation here:
http://www.ualbanyphhp.org/eval/sphEval.cfm?id=247

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 series.

Today's Presenters

James Quesada, Ph.D.
Professor and Chair,
Department of Anthropology, San Francisco State University
The concept of **Structural Vulnerability** has emerged out of a recognition that whole populations are vulnerable to social exclusion and poor health simply by virtue of their **social position in society**.

- Presently, Latino migrants are nationally singled out and stigmatized for representing a people who take from and encumber the state and society, to the detriment of legitimate tax-paying citizens.
- This popular provocative narrative essentially questions whether Latino migrant laborers are deserving or entitled to social assistance and health services, and is only the beginning of a whole host of insults Latinos, documented and undocumented endure.
Consequences.....

Living under such circumstances results in poor health.

Understanding the social factors and structural forces that impact the daily lives of Latinos, in other words, what makes Latino migrants structurally vulnerable, is our objective with the additional aim that by understanding how structural vulnerability is produced, meaningful, constructive interventions, policies, and practices might be imagined and enacted.

Structural Vulnerability is a Result of Social Positioning

Social Status
[gender, ethnicity, class, etc.]

Social Conditions
(income generation, housing, food access, etc.)

...intersect and combine to place individuals and communities in involuntarily social positions that subject them to pressures, practices, and edicts that shape their daily quality of life.

A Social Determinants of Health Approach to Defining How Individuals and whole Communities are Structurally Vulnerable
Social Determinants of Health and Social Hierarchies

A Social Determinants of Health approach involves identifying the position of individuals and communities in social hierarchies.

- Social hierarchies include social, economic, citizenship, ethnic, gender, and sexual hierarchies.
- Social hierarchies place people in ambiguous and often hostile relationships with others, and with the State and social institutions, including health services.

Using the Concept of Structural Vulnerability to Describe and Understand the Latino Migrant Health Experience

- Why Latinos have been singled out throughout the country, at this time in history?
- Why is “deservedness” an important aspect of Latino health? How does it go beyond issues and questions of access to health?
- How does immigrant status compound the hardships and difficulties that Latinos needing healthcare experience?
- How does structural vulnerability assist in both Comprehending what Latinos experience—which bears upon their behavior and practices—and Guide effective interventions?

Being Latino History

Spanish Colonialism to recent arrivals

Latino migration has gone through several waves (Massey, 1995)
Understanding Context: Identity, History and Locality

- Ethnically Heterogeneous
- Multi-Generational
- Documented and Undocumented,
- Social hierarchies: Chicanos, Central Americans, etc.
- Degrees of Americanization.

Being Latino

Identity

- Social relations with other Latinos
- Local relations with other ethnicities
- Relationship with the State (National, State, County, and City authorities, laws, regulations)
- Institutions (schools, law enforcement, health care, etc.)
- Labor Market (labor niche)
- Residential Patterns (de facto & de jure segregation)

Being Latino

Locality

The link between U.S policies toward Latin America and migration from the region barely registers in the popular imagination

Source: Ian Gordon, Map: These are the Places Central American Child Migrants are Fleeing Mother Jones, June 27, 2014.
Free trade agreements and policies have undermined the traditional subsistence agricultural communities, small-scale manufacturing, and the artisanal firms that provide wage employment in the cities and countryside in the non-industrialized world.

Economically and socially unmoored, with viable income-generating alternatives constricted, displaced workers have crossed borders to seek survival opportunities throughout the Americas.


North American Free Trade Act (NAFTA) 1994
Central American Free Trade Act (CAFTA) 2008

Economic and political forces generating migration are invisible to the public, despite the heavy media coverage of violent events.
Once in America

Those who make it to North America predominate in dangerous low-wage jobs in construction, sweat shops, agriculture, and service industries: they tolerate wages and working conditions unacceptable to most native-born workers.

These historical, global factors have rendered Latino migrants especially visible as an outsider ethnic group subject to moral judgment in the United States.

Why Immigration?

The Importance of Life Projects
- Livelihoods
- Attachments (social, emotional, physical)
- Aspirations (Baró, 1996)

- When opportunities to realize Life Projects are thwarted, migration becomes an option, regardless of whether it is considered voluntary or involuntary; one can never anticipate what one will find once in the United States.
- No one leaves their homeland if they are fulfilling their Life Projects.
- If one is able to maintain a viable livelihood and pursue life projects, there is little to no incentive to pick up and leave one's own communities.
The vulnerability of Latino migrants ...

- Is exacerbated by their interactions as economically disenfranchised laborers when society regards them as criminals and devalues their individual and cultural worth.
- This devaluation is a routinized, lived experience shared by Latinos throughout the United States that is not confined to those lacking legal status.
- The Latino threat narrative (Chavez 2008) has come to dominate popular thinking about Latinos and places all of them under social and emotional duress.

Structural Vulnerability
Accounts for the impacts of social structures on immigration patterns, and individuals and communities. It helps... It helps us understand how immigration is both a social determinant and is socially determined.

- Citizenship status determines access to social and health care services in the United States.
- The dynamics of social exclusion and the limits placed on people by citizenship play out on streets and in fields, homes, and clinics. Resulting in:
  - economic scarcity,
  - food insecurity and hunger,
  - exclusion from care, and
  - restrictions on the professional autonomy of healthcare providers

Ultimately, the larger public's health is endangered

- Denial of care and treatment to some threatens the general health and well-being of all.
- A whole sector of the population is being “adversely incorporated,” undermining the foundation of the low-wage labor market and undercutting the general standard of living of the poor.
Deservedness

- A key dimension of a social determinant of health approach
- Not only whether one has access to health care or health insurance but also whether one is able to avail themselves of a host services and resources.
- Who migrants are and why they have arrived are framed toward acceptability or unacceptability, depending on how they are categorized:
  - "economic" and/or "political" migrants,
  - "migrant workers" or "refugees,"
  - "authorized" and "unauthorized" migrants

Structural vulnerability is not a diagnosis

- It alerts the health care provider to the potential need for pursuing a wider range of diagnoses and for targeting resources.
- It can help identify and overcome barriers to adherence that are often clinically invisible and misattributed to the self-destructive will of the patient.
- Improving outcomes and recognizing the external, systemic causes for failures may help counter service provider burnout and negative clinical interactions that are themselves enveloped by political, economic, legal and social policies, practices, rules and edicts.

The Question is How?

Why Use a Structurally Competent Approach?

- The top 1 percent of healthcare users in the United States account for 22 percent of total health costs; this group includes a growing population of elderly patients, chronic disease patients in poor physical health, and frequent utilizers of emergency rooms and clinics (sometimes derogatorily referred to as "frequent flyers").
- In the absence of clinically accessible effective alternative models, clinicians continue to treat individual patients primarily in a psychological, social, cultural, and class vacuum.
Vignette: Pedro

The vulnerability of Latino migrants is how they are devalued and how being treated and regarded as such becomes routinized, lived experience shared by Latinos throughout the United States is not confined to those lacking legal status.

Pedro is an undocumented 44-year-old Mexican day laborer moving back and forth between homelessness to temporary shelter. He has no steady income; binge drinks at least once a week, and is a recurrent victim of street violence resulting in broken bones—currently a broken nose and black eye. He also suffers from hypertension, hypercholesterolemia and chronic arthritis related to old injuries and overuse in manual labor. He has seen Pedro once before for a similar complaint related to physical trauma. He is a "frequent flyer" at San Francisco’s main public hospital emergency room like many others. He is admitted for acute inpatient care for several days only to be discharged back to the unhealthy streets to repeat the cycle.

The Economics

On a simple economic level, if the average cost of an emergency room visit for an uninsured patient is $1,178 (Caldwell et al. 2013), and the cost of one inpatient night in a California government-funded hospital is $2,590 (Oh 2010), then if Pedro spends 2-3 nights in the hospital approximately once a month, the costs of his healthcare total $76,296 - $107,376 each year.

The young physician knows that Pedro might at best be given a referral to a shelter for one night if he doesn’t get admitted to the hospital, whereas less than a decade earlier they could have provided him with a seven-day hotel stay, a transportation voucher, and a visiting nurse or case manager. Yet, in the current era of cost containment and imposed scarcity...

What if the money spent on in-patient hospitalization was used to establish structurally competent health interventions consisting of multi-disciplinary teams (MDs, Case Managers, Social Workers, Substance Use counselors, etc.) and community based programs established to deal with troubled populations?

What kinds of questions should she ask that would address Pedro’s structural vulnerability in the social history?

If the aim is to provide Pedro with more effective, enduring treatment, this physician must be able to identify from the very moment that he enters the hospital some of the social structural forces at work in his life.

- Indigence
- unstable shelter
- Racism
- anti-immigrant prejudice
- lack of legal status and related fears
- alcoholism

The physician needs first to identify these forces, which are mainly responsible for the production of ill-health outside of the hospital itself
This kind of evaluation could include, in addition to the “usual” social history questions related to risk behaviors:

- What a typical day entails
- How he makes money (financial insecurity)
- How and where he eats (food security)
- Where he sleeps (residence)
- Whether or not he has involved friends and family (quality of social support networks)
- If he has any legal trouble (legal status)
- If he receives any form of government assistance (entitlement status)
- What the perceived safety in his environments (personal security)
- Any access to preventative medical care and primary care and medications (health care access)
- How much formal education he has (educational status)

### Structural Vulnerability Domains and Potential Sample Questions

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td>How do you make money? Do you have any difficulties doing this work? Do you have enough money to live comfortably—pay rent, get food, pay utilities and phone, basic living supplies? Do you run out of money at the end of the month? Do you receive any forms of government assistance? Are there other ways you make extra money or do you depend on anyone else for their income? Have you ever been unable to pay for medical care or medicines at the pharmacy? Do you have access to preventive and primary care?</td>
</tr>
<tr>
<td>Residence</td>
<td>Where do you sleep? How long have you lived there? Is that a stable or reliable place for you to be? Do you feel the place that you live is safe and clean?</td>
</tr>
<tr>
<td>Risk</td>
<td>Are you exposed to any toxins? Are you exposed to any violence? Are you exposed irregularly to drug use?</td>
</tr>
<tr>
<td>Food Access</td>
<td>Do you have adequate nutrition and access to healthy food? What does your regular diet consist of?</td>
</tr>
</tbody>
</table>

### Social Network

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Status</td>
<td>Do you have any legal troubles? Do you fear any repercussions related to your legal status? Are you eligible for public services?</td>
</tr>
<tr>
<td>Education</td>
<td>Are you able to read? In what language(s)? What level of education have you reached?</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Have you experienced discrimination based on your skin color, your accent or where you are from? Have you experienced discrimination based on your gender or sexual orientation? Have you experienced discrimination for any other reason?</td>
</tr>
<tr>
<td>Health Status</td>
<td>The clinician could ask themselves if this person is likely to be considered by others as someone not to be trusted because of aspects of their appearance, ethnicity, accent, addiction status, personality, or other traits. The clinician could ask themselves if other people are likely to assume that the patient deserves their plight in life or their sickness due to any of their traits. The clinician could ask themselves if other people are likely to assume that the patient does not deserve top-quality health care due to any of their traits.</td>
</tr>
</tbody>
</table>

6/25/2015
How can a Structurally Competent social and health practice be incorporated into a program that serves Latino migrants?

The San Francisco Day Labor Program & Women’s Collective
Emiliano Bourgois – Chacón, Program Coordinator

The San Francisco Day Labor Program & Women’s Collective (DLP and Collective) serves over 300 day laborers and domestic workers yearly, as a job development program, community gathering space, and a front line social services and referral office for immigrant low wage workers. The program finds immigrant workers access to dignified, living wage work, and arms them with the skills and resources they need to meet their personal goals, become economically upwardly mobile, and positively integrate into society.
**Health** intersects with other critical factors:

- employment
- education
- social support

Health is intimately related to one's ability to fulfill one's social function and provide for one's family. Health must be oriented towards positioning clients towards achieving that function. This is a health that combats Structural Vulnerability.

To properly address health, we must first understand the basic demographics of the population we work with. The same is true to effectively find employment, provide education, or organize politically.

---

**Domestic workers**

- Women in their 20s – 50s, living with or in direct communication with their children and husbands
- Live in stable housing, paying rent
- Receive house cleaning jobs, many of which are recurring. Over time, they fill their schedules to the point that they can't accept more work from us
- Provide for their families, maintain a nuclear family, to the degree that is possible when undocumented

---

**Day Laborers**

- Men in their 20s – 60s, many not live with nor be in direct communication with their children or wives
- Live in emergency shelter or homeless long-term housing
- Receive gardening, painting, demolition, and moving jobs, which typically end in one, two, or three days, and do not recur organically
- Do not gain enough income to provide for themselves or their families
What are our members’ needs? Their immediate concerns?
Consistently, they collectively insist that their primary need is: finding more work.

But every day, the challenges and crises that we are called to tend to have to do with everything else:

- Wage theft advocacy
- Emergency shelters
- Stable housing
- A supportive peer group
- Clothing donations
- Access to healthy food
- Medical care
- ESL learning
- Obtaining identification
- Job training
- Stronger labor protections
- Political advocacy

In many instances, our health interventions are highly ineffective, because we haven’t yet discovered how to implement health services in a structurally competent way.

Enrique Jimenez, alcoholism and trauma crossing the border

- How are we going to help Enrique heal? Where does it start? What will it take?

The DLP and Colectiva is a place where health services are offered in an intentional and strategic way with other support services. Health is used daily to address other, non-health issues, that determine the well-being of immigrant workers.

A positive health initiative: Healthy San Francisco, through weekly on-site clinic

- Direct access, culturally competent, relationship building
- Major surgeries for DLP members, Jaime Ruiz stops smoking, gets hand treated after losing finger, referrals to clothing, food dispensaries, dental work
- What is this health program lacking at the DLP?
Truly effective health initiatives have been deeply incorporated into what it means to participate in the DLP and Colectiva, what it is to be a member.

- The biggest barrier to powerful and effective health initiatives is a weak relationship to the workers at the center.
- Colectiva Health and Safety Training and the History of Domestic Workers
- Effective campaigns, incorporated directly into economic independence and redefinition of position in society
- Grupo Sol self-esteem group
- Grappling with childhood traumas, the changing gender roles as the primary provider, building self-esteem and solidarity

Migrant Farm Workers in New York State

James Shuford,
Ph.D. Candidate, Department of Anthropology
University at Albany, SUNY

Farmworkers as a Structurally Vulnerable Population
Who Are Farmworkers in New York?

• 80% of farmworkers in New York are Latino (primarily Mexican), with the next largest population being Jamaican at 12% (O’Barr 2011).
• Farmworkers in NY’s average hourly wage is $7.59 (O’Barr 2011).
• The typical annual income of farmworkers in New York and the US is below the federal poverty level.
• While most Jamaican and a few Mexican workers have H2A work visas, the vast majority of farmworkers in New York and the US are undocumented.
• Because of the combination of poverty and lack of formal citizenship status, 85% of farmworkers are uninsured (NYS DOH 2007).

What Is It Like To Work As A Farmworker?

• Farmworkers typically work 60-80 hours a week.
• Most of the work in the fields is done either bent over at the waist or crawling on hands and knees, involving repetitive motion for long periods of time often in exposed, difficult weather conditions.
• Additionally, a substantial amount of farm work is done in packing houses with loud, dangerous machinery, or on dairy farms where large, unpredictable livestock pose serious risks to injury.
• Access to transportation is a common difficulty, and for those that live in barracks-style housing on the farm, they are stuck in the camps when not working in the fields.
• Finding jobs during the off season is a challenge and a large source of stress and financial burden.

What Are The Barriers To Care For Farmworkers?

<table>
<thead>
<tr>
<th>Barriers To Accessing Care</th>
<th>Barriers To Providing Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>Immigration Policy</td>
</tr>
<tr>
<td>Transportation</td>
<td>Economy</td>
</tr>
<tr>
<td>Finances</td>
<td>National Politics</td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
</tbody>
</table>
HRHCare and Community Health Clinics

HRHCare was founded in the ’70s to address the needs of the underserved African American population in Peekskill, NY.

Community Health Centers developed out of the civil rights movement and the War on Poverty during the 60’s to address the inequalities in health care access that urban and rural poor populations struggle with (Lefkowitz 2007).

FQHC’s offer a model to analyze structural competency in practice over a long period of time.

The Importance of Outreach Workers

The Basics:
- Transportation
- Medical Interpretation
- Health and Safety Education
- Case Management

The Nuances:
- Developing relationships with growers, farmworkers, and their families
- Seeing and talking to patients about the context of their lives
- Building networks of care with specialists and other providers who “get it”

Possibilities in Assessing Structural Vulnerability

- In order to assess the structural vulnerability of a patient, it is essential to get to know the context of their lives.
- While it is unrealistic to have a brigade of outreach workers at every clinic, a lot of the work they do can be transferred and modified to the clinic setting.
- As the movement towards Patient Centered Medical Home (PCMH) is gaining traction, in part through the ACA, patient satisfaction and experience of care is increasingly being recognized for its importance in healthcare and positive health outcomes.
- Assessing and understanding the structural vulnerability of patients as individuals and as members of underserved populations is essential to achieving optimal health outcomes.
References


Partners and Sponsors

- The planners, moderators, and presenters for this webinar series do not have any financial arrangements or affiliations with any commercial entities whose products, research, or services may be discussed in this presentation.
- This program is funded by a grant from the New York State Department of Health.
- No commercial funding has been accepted for this activity.

Evaluation

Complete the post-test and evaluation here:
http://www.ualbanyphhp.org/eval/sphEval.cfm?id=247

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 series.