



Advancing Cultural Competence
In the Public Health & Health Care Workforce
SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York
Center for Public Health Continuing Education

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Welcome to the Latino(a) Structural Competency Series

- This webinar is being presented live on June 8, 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 that 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

Webinars in This Series

Today's Webinar

Latin@ Health Disparities: Beyond the *Cultura* Answer

Upcoming Webinars

June 16: Addressing Suburban Structures: Health and Latino Communities on Long Island.

Later in June: Structural Vulnerability and Latino Migrant Workers

Later in June: Latino Issues in Small Cities and Rural Areas in New York State

Learning Objectives

- ❖ Identify the difference between a cultural competency and a structural competency approach in public health and healthcare
- ❖ Recognize the importance of structural competency for health disparities reduction in Latino and Latina communities
- ❖ Explain the Latino presence in the U.S. as driven by institutions and social forces
- ❖ Appraise structural competency in light of two case studies

Continuing Education Credits and Evaluation

CNE, CME, CPH and CHES credits are available.

Complete the post-test and evaluation here:
<http://www.ualbanycph.org/eval/sphEval.cfm?ID=244>

Even if you do not intend to apply for 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 series.

Edgar Rivera Colón, Ph.D.



Edgar Rivera Colón is faculty in the Narrative Medicine program at Columbia University. Dr. Rivera Colón is a medical anthropologist and an expert on Latino gay and bisexual male sexual cultures.

Moises Serrano



Moises Serrano is a Sophomore at Sarah Lawrence College in Yonkers, New York. Since he came out as undocumented in 2010, Moises has worked with El Cambio, sharing his story to dispel common immigration myths. Moises is currently working as a Get EQUAL organizer in an effort to bridge the immigrant and LGBT communities.

Latin@ Health Disparities: Beyond the *Cultura* Answer



The past is never dead.
It's not even past.

William Faulkner
1897-1962

Just The Demographic Facts

The nation's Latin@/Hispanic population is diverse. There are 56 million Latinos in the U.S. from more than 20 Spanish-speaking nations. But one group—Mexicans—dominates the nation's Latino population (Pew Hispanic Center).

Latin@ Population by National Origin

Mexicans	34.5 million
Puerto Ricans	5.1 million
Salvadorans	1.97 million
Cubans	1.98 million
Dominicans	1.78 million
Guatemalans	1.3 million
Colombians	1.07 million

(Pew Hispanic Center, 2013).

Latin@ Health Disparities

Compared to Non-White Hispanics

- X 2 As Likely to Have Asthma (Puerto Ricans).
- 65% More Likely to Have Diabetes
- X 2.5 More Likely HIV Diagnosis

PERO... The Latin@ Health Paradox

Hispanics living in the US overall had lower death rates for most leading causes of death and lower prevalences of self-reported cancer, heart disease, and current smoking. (K. Dominguez et al., MMWR, 5/5/15).

Why the Latin@ Health Paradox?

Lower smoking rates among Hispanics, immigration of healthy immigrants, reverse migration of more ill or elderly immigrants, and higher levels of family support might help to explain this mortality advantage for some Hispanic origin groups (K. Dominguez et al., MMWR, 5/5/15).

There Is A Catch

Being born in the U.S. and increasing length of time since arrival in the U.S. are associated with many risk factors and poor health outcomes (K. Dominguez et al., MMWR, 5/5/15).

POP QUIZ



TRUE OR FALSE

- Mexicans are the largest Latino group in the US.
- The Latino Paradox applies especially to US-born Latin@s.
- Latin@s are not a racial group, but suffer the negative effects of structural racism.

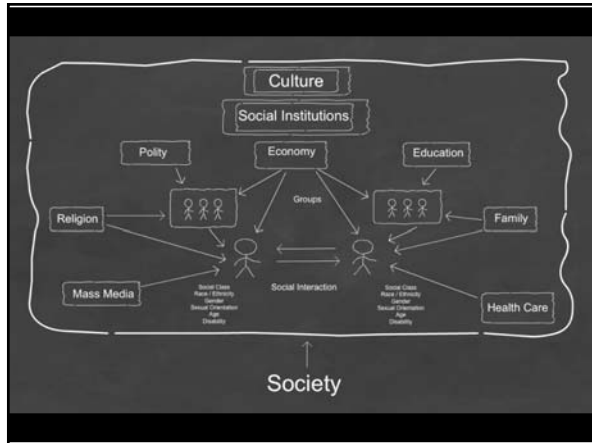
ANSWERS

- TRUE: Mexicans are the largest Latino group in the US.
- SORT OF FALSE: The Latino Paradox applies especially to US-born Latin@s.
- TRUE: Latin@s are not a racial group, but suffer the negative effects of structural racism.

KEY QUESTION

WHAT IS STRUCTURAL RACISM?





Social Structure

Social Structure refers to the way in which a society is organized into predictable relationships.

Structural Racism

Structural racism refers to the **ideologies, practices ... and institutions** that operate at the macro level to produce...differential access to power and to life opportunities along racial and ethnic lines (Edna A. Viruell-Fuentes et al)

A Culturally Competent Organization

- A defined set of values and principles.
- Demonstrate behaviors, attitudes, policies and structures that enables them to work effectively cross-culturally (National Center for Cultural Competence).

What Are the Limits of This Approach?

- Culture which is not embedded in history and the dynamics of economic and political power cannot explain fully Latin@ health disparities.

Key Reflection Question

- Is cultural competency simply a tool for managing diversity and providing more efficacious health services or is it part and parcel of a community empowerment process?

We Are Here Because the US Was There



US Marines in Nicaragua: 1912-1933



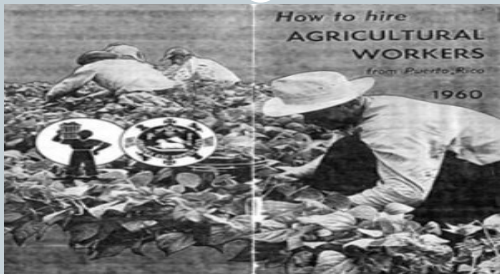
Harvest of Empire

- Watch a segment from the documentary Harvest of Empire

Structural Drivers of Latin@ Presence in the US

- Labor recruitment for low-wage work in farming, manufacturing, and services (e.g., Bracero programs).

PR Bracero Program



MMM ... GOOD?



Structural Drivers of Latin@ Presence in the US

- **Forced migration as a result of US economic & foreign policy decisions (e.g., Central Americans, Dominicans, etc.).**

The Civil War in El Salvador



Leads to Mass Migration to the US



Structural Drivers of Latin@ Presence in the US

- Incorporating Mexican populations in California & Southwest via territorial conquest: “We Didn’t Cross the Border. The Border Crossed Us.”

1848: A Good Year for Territorial Expansion

- After some delay, the [Treaty of Guadalupe Hidalgo](#) was concluded with Mexico, wherein the United States took possession of nearly all the territory now included in the states of New Mexico, Utah, Nevada, Arizona, California, Texas, and western Colorado for \$15,000,000 and U.S. assumption of its citizens’ claims against Mexico.

Structural Drivers of Latin@ Presence in the US



We Need a Super Framework



The Need for Structural Competency

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

Case Study # 1 Hunts Point & Asthma



A Structural Competency Approach?

Run-down buildings have helped make the South Bronx the asthma capital of New York and one of the most afflicted regions in the nation ... Urban Health Plan doctors are seeking to raise awareness of the impact housing conditions have on the asthma epidemic in Hunts Point and Longwood (Lorraine Ryshin, The Hunts Point Express, 3/16/14).

Key Question

What other extra-clinical actions that our Urban Health Plan colleagues can take to respond to the asthma rates of the residents in Hunts Point?

Mothers on the Move



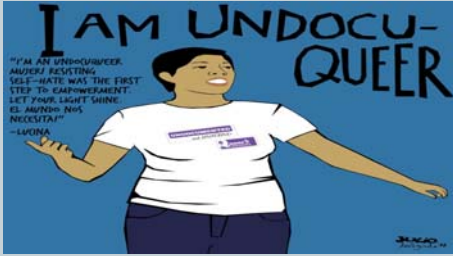
Making Enduring & Ethical Alliances



LGBTQ Health Disparities

Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience (CDC).

Case # 2: UndocuQueer



Moises Serrano



Moises Serrano

Forbidden: Undocumented & Unafraid in Rural America

UndocuQueer

Moises Serrano is an undocumented activist and aspiring American citizen. Since he came out as undocumented in 2010, Moises has worked with El Cambio, sharing his story to dispel common immigration myths. Moises is currently working as a Get EQUAL organizer in an effort to bridge the immigrant and LGBT communities.

Telling Many Latin@s Stories

Watch a clip from the documentary
Forbidden: Undocumented and Queer in Rural
America

<https://vimeo.com/113951261>

Moises Serrano (Photo: K Mull)



WRAP UP

- ❖ Identify the difference between a cultural competency and a structural competency approach in public health and healthcare
- ❖ Recognize the importance of structural competency for health disparities reduction in Latino and Latina communities
- ❖ Explain the Latino presence in the U.S. as driven by institutions and social forces
- ❖ Appraise structural competency in light of two case studies

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