

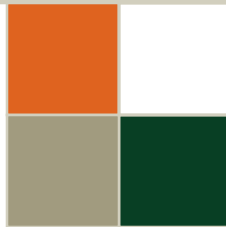
Structural Competency: Framing Mental Health Engagement and HIV Intervention

Sonya O. Boyne, MACP, LMHC
Comprehensive AIDS Program



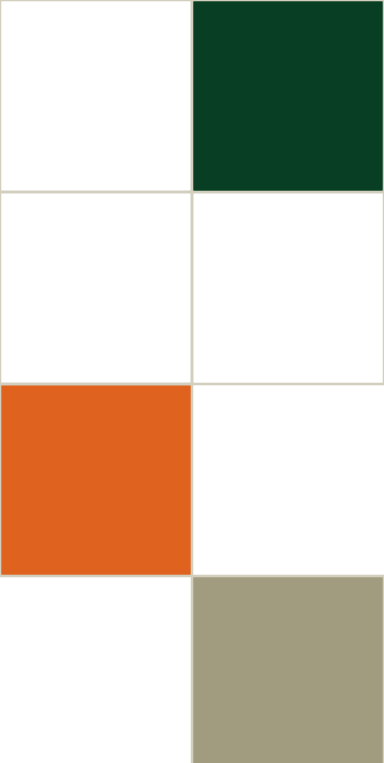
Objectives:

1. Understand the shift between cultural competency, cultural humility, and structural competency
2. Explore social influences on mental health
3. Implement structural competence as a practice of Mental Health engagement and HIV intervention



“The structural factors that shape societies influence the health of populations within those societies.”

Fink, D. S., Keyes, K. M., & Cerdá, M. (2016). Social Determinants of Population Health: A Systems Sciences Approach. *Current Epidemiology Reports*, 3(1), 98–105. <http://doi.org/10.1007/s40471-016-0066-8>



OBJECTIVE 1:

Understand the shift between cultural competency, cultural humility, and structural competency

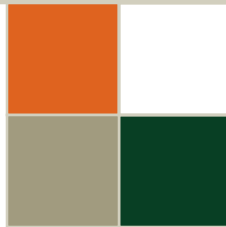
OBJECTIVE 1: UNDERSTAND THE SHIFT BETWEEN CULTURAL COMPETENCY, CULTURAL HUMILITY, AND STRUCTURAL COMPETENCY

What is Cultural Competency?



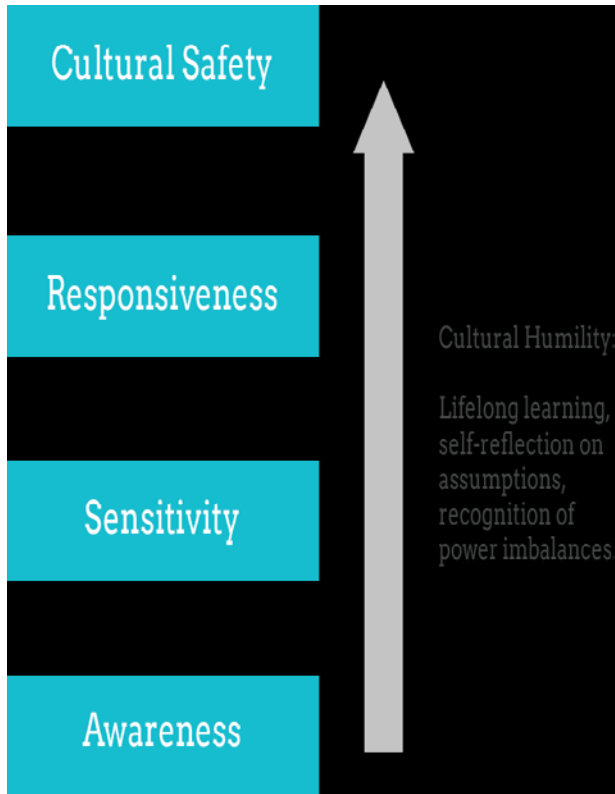
- “Culture” refers to the compilation of race or ethnicity, and characteristics as age, gender, sexual orientation, disability, religion, income level, education, geographical location, or profession.
- **Cultural competence means to be respectful and responsive to the health beliefs and practices—and cultural and linguistic needs—of diverse population groups.**
- Cultural competence develops along a continuum.

<https://www.samhsa.gov/capt/applying-strategic-prevention/cultural-competence>



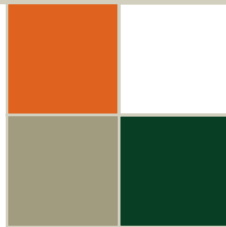
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What is Cultural Humility?



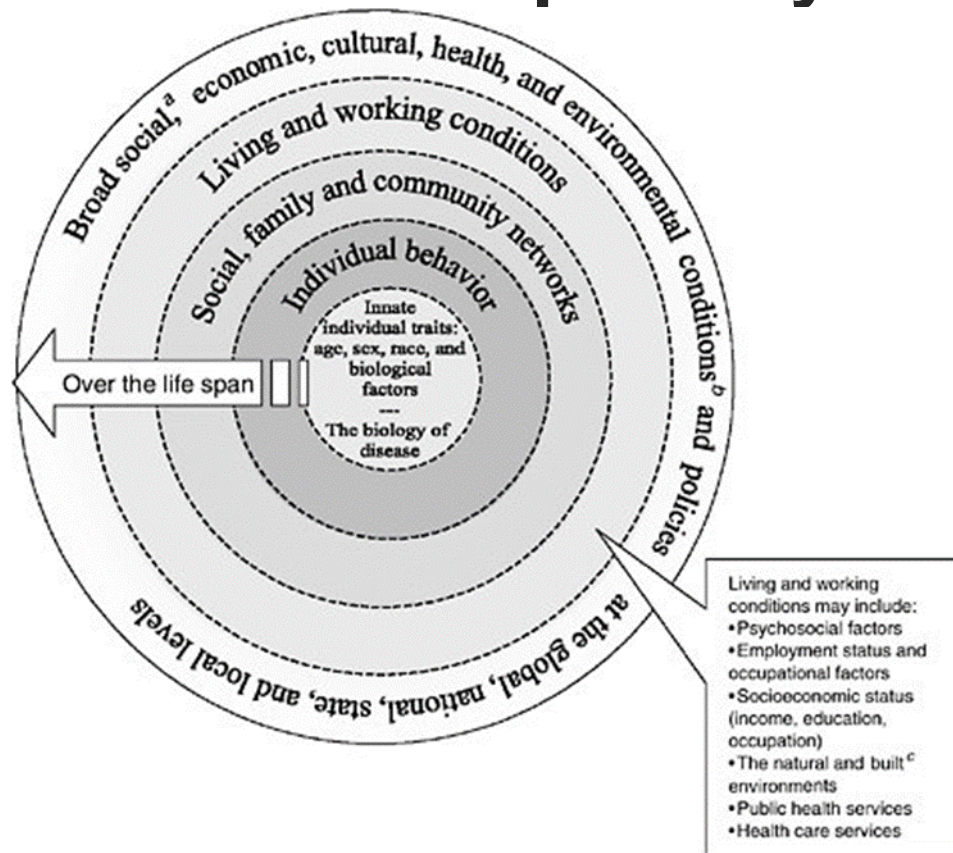
- **Cultural Humility is the “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person.”**
- Cultural Humility focuses on self-humility rather than achieving a state of knowledge or awareness.
- Cultural Humility is formed in the physical healthcare field and adapted for therapists and social workers to increase the quality of their interactions with clients and community members.

Rethinking cultural competence [Laurence J. Kirmayer](#) Volume: 49 issue: 2, page(s): 149-164 Article first published online: April 16, 2012; Issue published: April 1, 2012 <https://doi.org/10.1177/1363461512444673>



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What is Structural Competency?



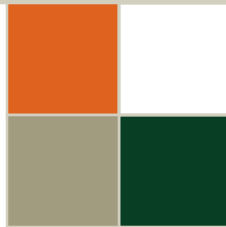
Neff, J., Knight, K.R., Satterwhite, S. et al. Teaching Structure: A Qualitative Evaluation of a Structural Competency Training for Resident Physicians. J GEN INTERN MED (2017) 32: 430. <https://doi.org/10.1007/s11606-016-3924-7>

OBJECTIVE 1: UNDERSTAND THE SHIFT BETWEEN CULTURAL COMPETENCY, CULTURAL HUMILITY, AND STRUCTURAL COMPETENCY

What is Structural Competency?

- Structural Competency emphasize cross-cultural understandings of individual patients, toward attention to forces that influence health outcomes at levels above individual interactions
- Structural Competency in medicine, includes the capability of clinicians to address social and institutional determinants of their patients' health
- Structural Competency recognizes the impact of unequal access to care and unequal resources for navigating the clinical encounter

Hansen, H. & Metzl, J. Structural Competency in the U.S. Healthcare Crisis: Putting Social and Policy Interventions Into Clinical Practice. *Bioethical Inquiry* (2016) 13: 179. <https://doi.org/10.1007/s11673-016-9719-z>

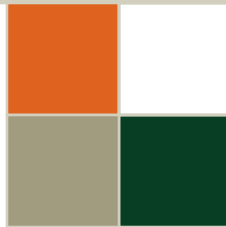


OBJECTIVE 1: UNDERSTAND THE SHIFT BETWEEN CULTURAL COMPETENCY, CULTURAL HUMILITY, AND STRUCTURAL COMPETENCY

What is Structural Competency?

- Structural Competency consists of training in five core competencies:
 - 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
 - 5) developing structural humility

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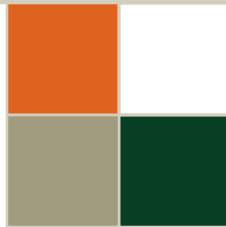


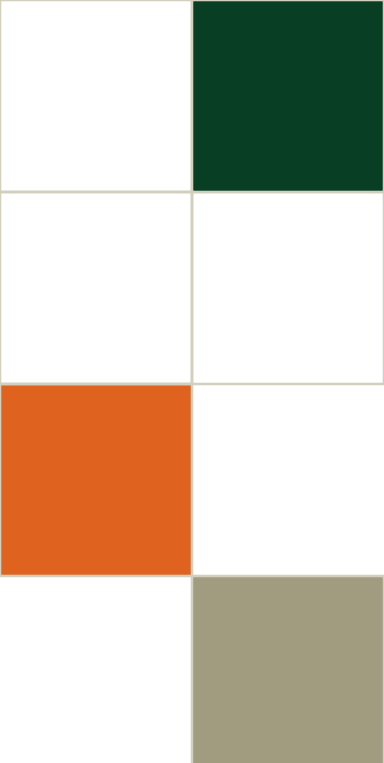
OBJECTIVE 1: UNDERSTAND THE SHIFT BETWEEN CULTURAL COMPETENCY, CULTURAL HUMILITY, AND STRUCTURAL COMPETENCY

What is Structural Competency?

- calls for medical education to highlight the important influence of social, political, and economic factors on health outcomes.
- calls for a “shift in medical education...toward attention to forces that influence health outcomes at levels above individual interactions.”
- requires “structural humility”, inspired by cultural humility, which encourages a self-reflective approach, working in collaboration with patients and communities to develop understanding of and responses to structural vulnerability

Neff, J., Knight, K.R., Satterwhite, S. et al. Teaching Structure: A Qualitative Evaluation of a Structural Competency Training for Resident Physicians. *J GEN INTERN MED* (2017) 32: 430. <https://doi.org/10.1007/s11606-016-3924-7>





OBJECTIVE 2:

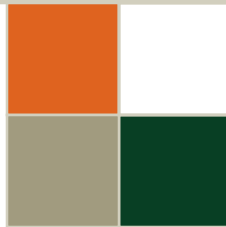
Exploring social influences on mental health

OBJECTIVE 2: EXPLORING SOCIAL INFLUENCES ON MENTAL HEALTH



“A 2013 U.S. Institute of Medicine report presented evidence that the United States has the poorest health outcomes among the industrialized nations despite spending the most on healthcare per capita. The report argued that institutional and social inequalities explained these patterns...”

Reich, A. D., Hansen, H. B., & Link, B. G. (2016). Fundamental Interventions: How Clinicians Can Address the Fundamental Causes of Disease. *Journal of Bioethical Inquiry*, 13(2), 185–192. <http://doi.org/10.1007/s11673-016-9715-3>



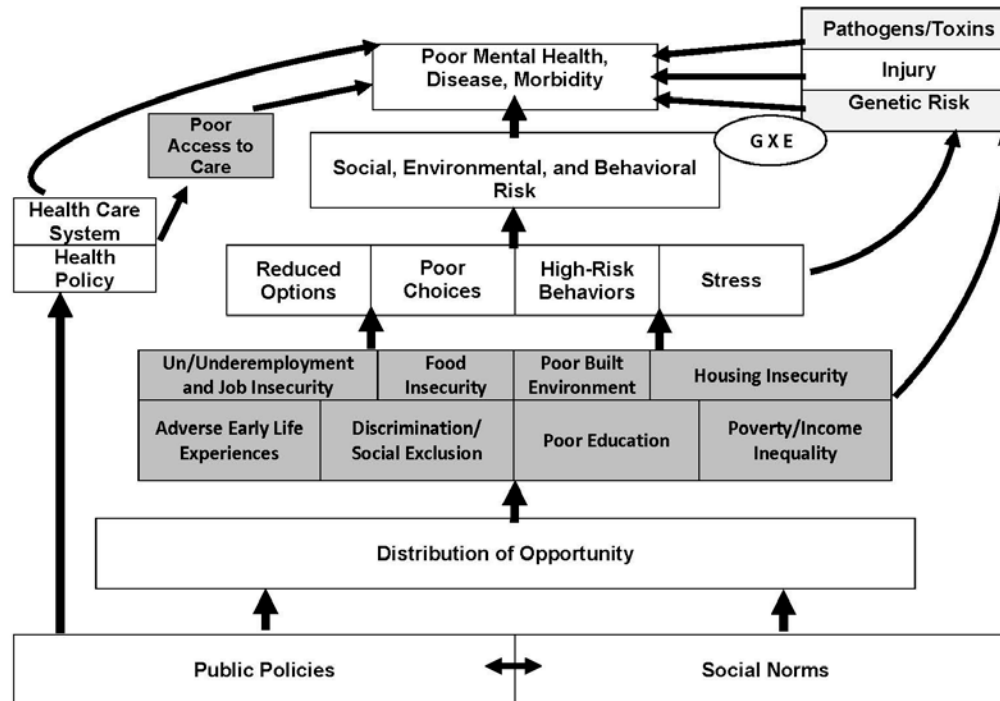
POLLING QUESTION

What do you think is the greatest social factor negatively affecting mental health?

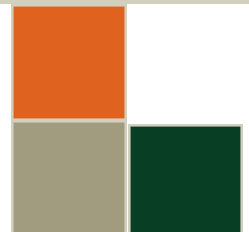


OBJECTIVE 2: EXPLORING SOCIAL INFLUENCES ON MENTAL HEALTH

Social Influences on Mental Health



focus.psychiatryonline.org Focus Vol. 13, No. 4, Fall 2015 The Social Determinants of Mental Health Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H.



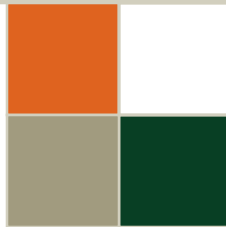
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Social Influences on Mental Health

Health inequalities are differences in health states that arise from differences in

- Biology
- Environment
- Social interactions among people or groups

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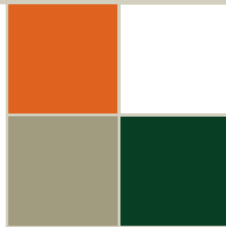


Social Influences on Mental Health

Socioeconomic Status (SES): differential access to resources such as knowledge, money, power, prestige, and beneficial social connections

Social Stratification drives unequal access to new health technologies (life-saving cancer screenings, medications that lower cholesterol, new regimens for diabetes care, and antidepressants that reduce suicide risk)

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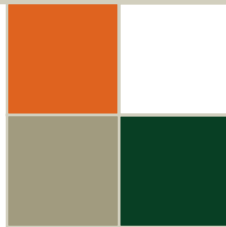
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Social Influences on Mental Health

Health-Relevant Circumstances:

- ✓ may not have immediate health consequences (ie eating two Big Macs)
- ✓ may have lagged health consequences (ie working in a polluted environment)
- ✓ may be associated with only a small elevation in risk (ie failing to secure a seat belt)
- ✓ may only be relevant in a health emergency (ie knowing people who can help you find the best doctor).

Reich, A. D., Hansen, H. B., & Link, B. G. (2016). Fundamental Interventions: How Clinicians Can Address the Fundamental Causes of Disease. *Journal of Bioethical Inquiry*, 13(2), 185–192. <http://doi.org/10.1007/s11673-016-9715-3>



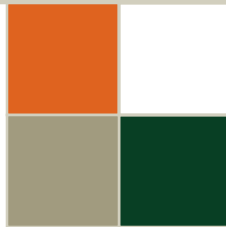
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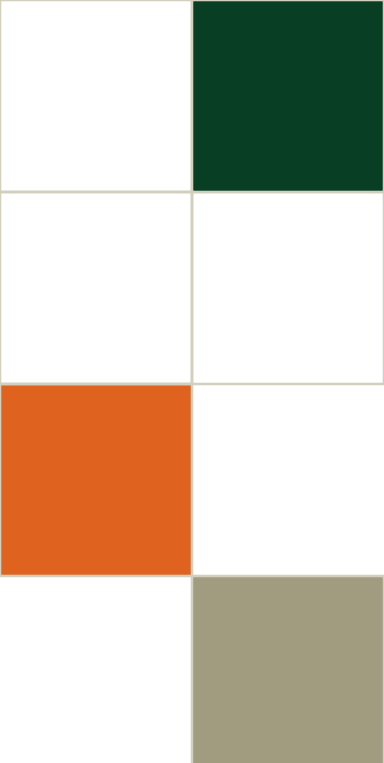
Social Influences on Mental Health

County-level measures gauged by five indicators:

1. the proportion of persons twenty-five years and over with less than nine years of education
2. the proportion of persons twenty-five years and over with at least twelve years of education;
3. the proportion of persons sixteen years and over currently employed in a white collar occupation;
4. the proportion of families at or above the federally-defined poverty level;
5. the proportion of households with access to a telephone

Reich, A. D., Hansen, H. B., & Link, B. G. (2016). Fundamental Interventions: How Clinicians Can Address the Fundamental Causes of Disease. *Journal of Bioethical Inquiry*, 13(2), 185–192. <http://doi.org/10.1007/s11673-016-9715-3>





OBJECTIVE 3:

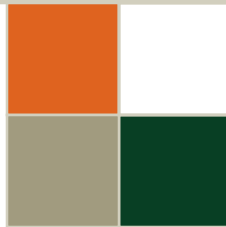
Implementing structural competence as a practice of Mental Health engagement and HIV intervention



OBJECTIVE 3: IMPLEMENTING STRUCTURAL COMPETENCE AS A PRACTICE OF MENTAL HEALTH ENGAGEMENT AND HIV INTERVENTION

“...economic and social policy
is health policy.”

Hansen, H. & Metzl, J. Structural Competency in the U.S. Healthcare Crisis: Putting Social and Policy Interventions Into Clinical Practice. *Bioethical Inquiry* (2016) 13: 179. <https://doi.org/10.1007/s11673-016-9719-z>



POLLING QUESTION

What percentage of your clients have a dual diagnosis of a mental health disorder and HIV?

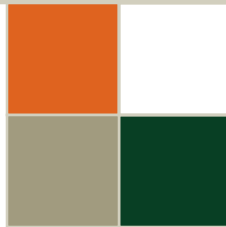


OBJECTIVE 3: IMPLEMENTING STRUCTURAL COMPETENCE AS A PRACTICE OF MENTAL HEALTH ENGAGEMENT AND HIV INTERVENTION

STRUCTURAL COMPETENCY AS A CONTRIBUTOR TO MENTAL HEALTH

- requires collaborations among medical practitioners, policymakers, and community members to treat social and structural determinants of health
- directs clinical training and healthcare systems to intervene at the level of social structures, institutions, and policies that must be altered to improve population health and promote health equity.
- requires intellectual resources from healthcare systems outside of the United States and from fields outside of clinical medicine, including the social sciences and population health.

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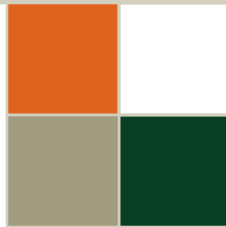
OBJECTIVE 3: IMPLEMENTING STRUCTURAL COMPETENCE AS A PRACTICE OF MENTAL HEALTH ENGAGEMENT AND HIV INTERVENTION

STRUCTURAL COMPETENCY AS A CONTRIBUTOR TO MENTAL HEALTH AND HIV INTERVENTION

Can be done on multiple levels:

1. in interactions with patients in clinics
2. as collaborators with community organizations and non-health sector agencies;
3. as advocates for health-promoting public policies at local, national, and international levels, drawing on their influence as “health experts” to make the health impact of policies visible and actionable

Hansen, H. & Metzl, J. Structural Competency in the U.S. Healthcare Crisis: Putting Social and Policy Interventions Into Clinical Practice. *Bioethical Inquiry* (2016) 13: 179. <https://doi.org/10.1007/s11673-016-9719-z>





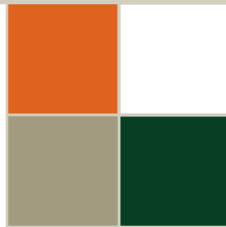
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STRUCTURAL COMPETENCY AS A CONTRIBUTOR TO MENTAL HEALTH

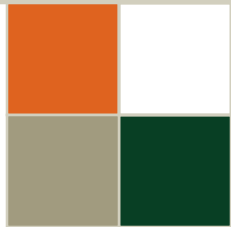
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Q & A



Resources

Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3— Motivational Interviewing as a Counseling Style.

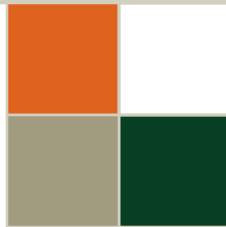
https://cdpsdocs.state.co.us/epic/epicwebsite/resources/mi_communities_of_practice/4_processes/4_processes.pdf

Motivational interviewing techniques Facilitating behaviour change in the general practice setting. Kate Hall, Tania Gibbie, Dan I Lubman. Reprinted From Australian Family Physician Vol. 41, No. 9, September 2012.

Motivational interviewing techniques: Facilitating behaviour change in the general practice setting. Kate Hall, Tania Gibbie, Dan I Lubman. Volume 41, No.9, September 2012 Pages 660-667

Teaching Motivational Interviewing to Primary Care Staff in the Veterans Health Administration. Michael A. Cucciare, Nicole Ketroser, Paula Wilbourne, Amanda M. Midboe, Ruth Cronkite, Steven M. Berg-Smith, John Chardos. J Gen Intern Med. 2012 Aug; 27(8): 953–961. Published online 2012 Feb 28. doi: 10.1007/s11606-012-2016-6
PMCID: PMC3403134

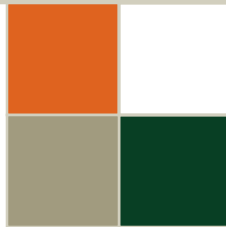
Barriers and facilitators to patient retention in HIV care Baligh R. Yehia, Leslie Stewart, Florence Momplaisir, Aaloke Mody, Carol W. Holtzman, Lisa M. Jacobs, Janet Hines, Karam Mounzer, Karen Glanz, Joshua P. Metlay, and Judy A. Shea. BMC Infectious Diseases (2015) 15:246 DOI 10.1186/s12879-015-0990-0



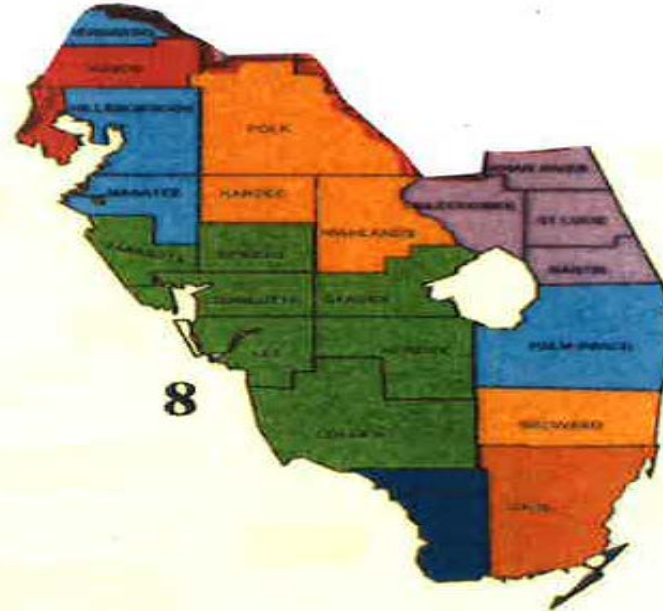
This Presentation and resources are made possible by AETC grant award U1OHA29295 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U. S. Department of Health and Human Services (HHS).

The information presented is the consensus of HIV/AIDS specialists within the SEAETC and does not necessarily represent the official views of HRSA/HAB

The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.



Florida Counties



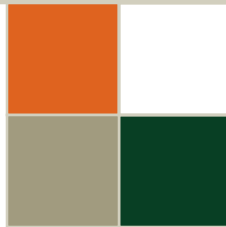
The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents.

[*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.*](#) Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.*](#) Updated March 5, 2015.



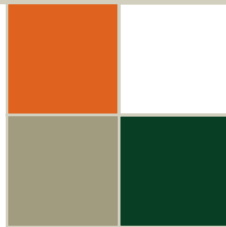
TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

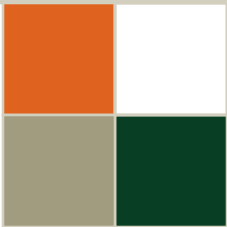
Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.



FOR MORE INFORMATION, PLEASE
VISIT:

<http://hivaidsinstitute.med.miami.edu/partners/se-aetc>



National HIV/AIDS Clinicians' Consultation Center UCSF – San Francisco General Hospital

Warmline

National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

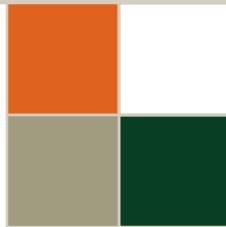
PEPline

National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline

National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu



Need Additional Information?

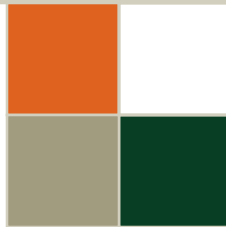
Contact the South FL SE AIDS Education and Training Center

Franklin Monjarrez, Program Manager:

fbm20@med.miami.edu

Tivisay Gonzalez, Program Coordinator:

tgonzalez1@med.miami.edu



Thank you!

