AETC AIDS Education & Training Center Program Southeast

Exploring the Clinical Application of the Concept of "Structural Violence"

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Acknowledgements

- Stephen P. Raffanti, MD, MPH

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- The entire staff of the VCCC
- SEAETC

- PATHways Team:

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  Judy Stilke, RN
  Kira Zemanick, RN

Disclosures

- No financial disclosures.
- This talk will, of necessity, include political statements. The transmission and course of HIV are both directly impacted by social forces, and those cannot be examined without discussing the tool that we have developed to manage social power, which is politics. I have no desire to offend any participants.
- Content of this lecture is being prepared for submission for publication.

Objectives

At the end of this talk, participants will be able to:

1. Define “Structural Violence”
2. Consider how changing our language can change our perspective, our research, and our care
3. Appreciate the limits of the concept of Structural Violence as it relates to clinical care
4. Understand the perspective and goals of the VCCC PATHways Program

Defining Terms

- "Clinically Relevant"
  - all of us working in HIV are resource-challenged
  - Many of our patients face barriers to care that interfere with regular clinic attendance
  - The financial goals of the institutions in which we work serve to preclude spending the time with patients that some need
  - We need tools that are effective when delivered in short bursts and do not rely on complex dosing schedules

Defining Terms

"Structural Violence" sounds so foreign to our ears for three reasons . . .

1. We don't often think about social structures
2. We have stereotypical ideas of what constitutes violence
3. AND, this is not a scientific term for a phenomenon that can be measured

Structural

- Having to do with the rules that we choose to set up and follow for our society to run – power.
- Politics is the way that we fight over and distribute power in our society.
- We are acculturated to see the world in almost exclusively individualistic terms

Homeostasis

HOMEOSTASIS:
Stable internal environment of an organism

Organisms are identified as healthy whenever they have stable vital signs

Allostasis

ALLOSTASIS:
Stability of organism in a changing environment

How does the environment affect the health of the individual?

Remember, there are limits to what the fish can change, even though the fish is the one that lives in the bowl . . .

Allostatic Load

Allostatic Load: Cost to an organism over time, in terms of wear and tear, of maintaining allostasis

Toxic Environment -> toxic responses as individuals seek to cope with their surroundings

Violence

Report: 83% Of Player Pianos Set Off By Gunfight

12/07/17 12:16pm • SEE MORE: SCIENCE

The report found numerous instances of a player piano starting up the moment a table was flipped and guns were drawn upon the discovery of an ace up the sleeve of a poker player.

Violence

- "Structural Violence" comes out of religious language, specifically Liberation Theology
  - Goal was to describe what was happening to whole populations of the poor in Central America in the 1960s – 80s
- "Social Marginalization" comes from Epidemiology, so it sounds more familiar
- "Structural Marginalization" may be the best label of the three

Finally, a definition . . .

- Structural Marginalization is a process, not an event or a thing –
  - What happens to people when social rules and processes get in the way of people being able to be a part of their community
    - OR -
  - Things that individuals don't have the power to change but can adversely impact them and make it easier for people to marginalize them
- Never blame the victim

Re-frame the Problem

- From “factors associated with failure to suppress HIV viral load over time include depression and substance use”

- To “psychosocial burden of PLHIV in the Southern US is reflected in higher rates of depression and substance abuse in this population, compared to HIV (-) controls”

Example


People Experiencing Chronic Homelessness
State ID Required to access benefits
Address Required to apply for State ID
Chronically homeless = NO address

So What?

- We have a definition. What are we going to do with it?
- What are some frameworks in the literature that give shape to this idea?

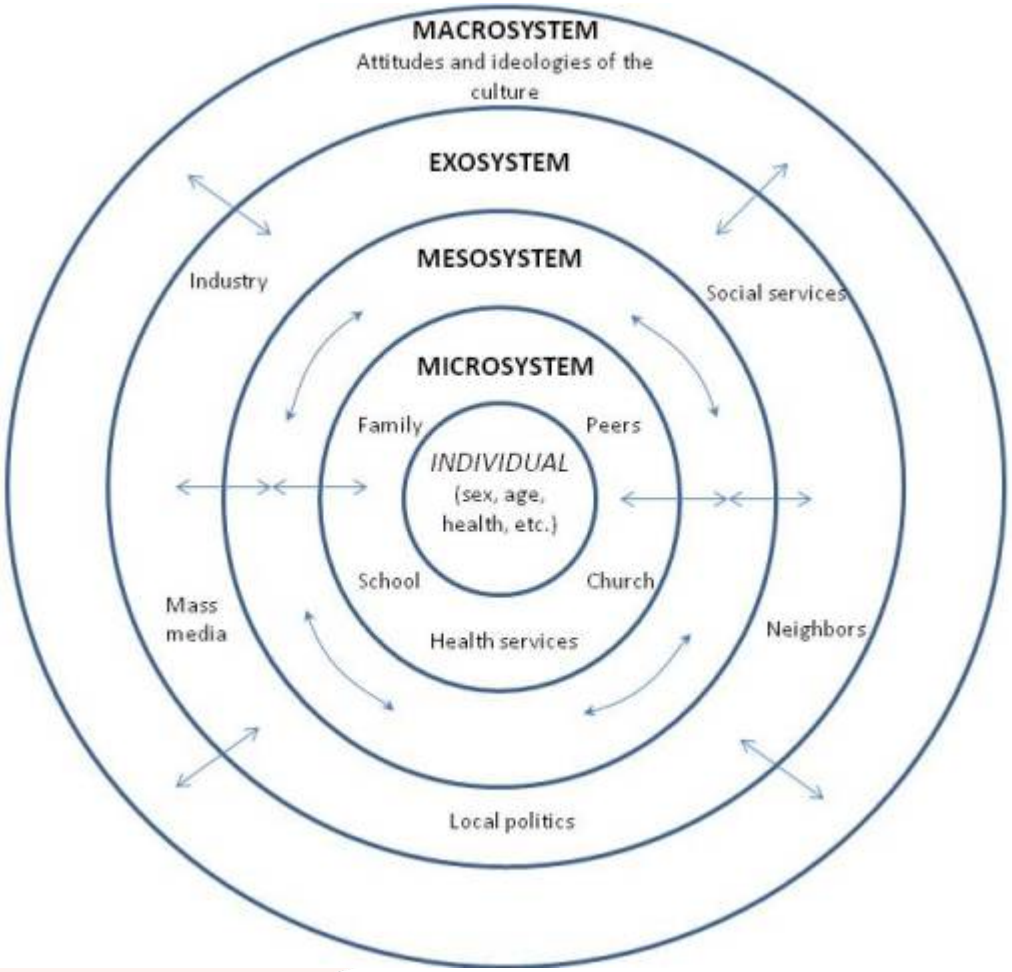
Structural Frameworks

- Social Determinants of Health
  - “The Solid Facts”, WHO
- Syndemic

What's the point?

- The Social Determinants of Health and concept of Syndemic raise our awareness of the psychosocial burdens borne by PLHIV in the Southern US.
- This is a critical perspective, but how to translate into the exam room?

Structural Frameworks



Biomedical Individualism

- Clinicians often focus on behaviors, without considering their context.
- “Stop smoking”, “start exercising”, “cut out sweets and sodas”
- Would you prescribe lasix for LE edema without assessing the underlying pathology?
- How is handing out bus passes or Section 8 vouchers any different?

Krieger's Critique (1994)

- The current healthcare system is interested in targeting the problems it was designed to solve;
- Social determinants are relegated to secondary importance;
- Populations are simply summed groups of individuals;

Krieger's Critique (1994)

- Therefore, it is unavoidable that population problems are reduced to individual problems with pharmacological solutions

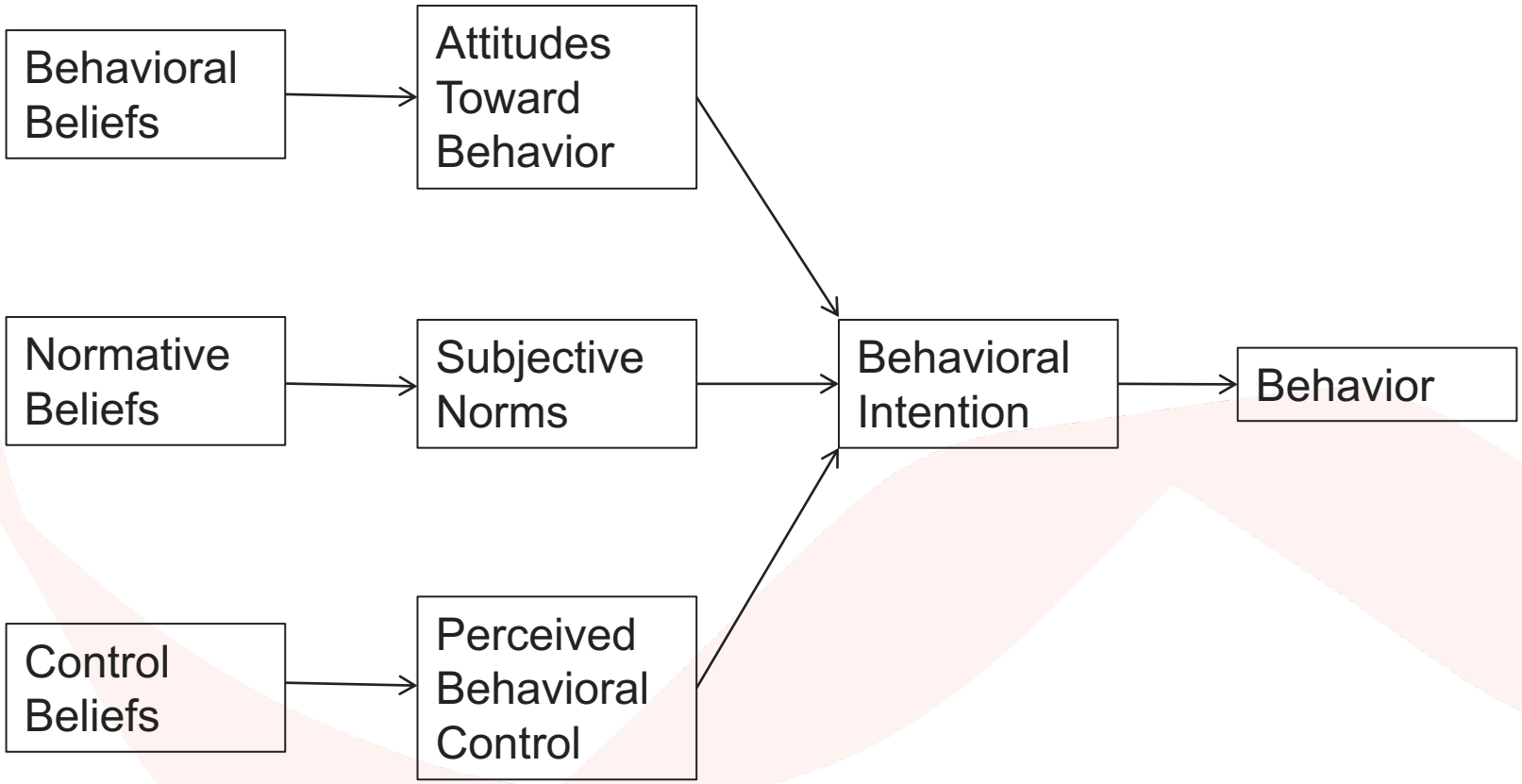
An Unexpected Challenge

- How to find clinically-relevant ground between structural frameworks and biomedical individualism?
- Concept of Cognitive Load
  - How many tones (unidimensional stimuli) can we tell apart?
  - How many multidimensional stimuli can we tell apart?

A Possible Solution

- Concept of Parsimony
  - Generally speaking, the simplest explanation is the best, aka “Occam’s Razor”
- Aarts recommendations:
  - Limit models to three variables
  - Perform data analysis only on subsets within the model

Theory of Planned Behavior



Addressing Structural Marginalization in Clinic

- Strengths-based Care
- Trauma-Informed Care
- Skills-based behavioral health teaching
- First and foremost, you have to acknowledge the humanity and the suffering and frustration of the patient in front of you
  - Does anybody want to be poor, sexually abused, racially discriminated against, socially marginalized, poorly educated or have untreated mental illness?

Addressing Structural Marginalization in Clinic

- What can possibly be done in 15 minutes to counterbalance the problems caused by structural marginalization in some of our patients?
  - Listen to their stories
  - Help connect pain from past traumas with ongoing maladaptive behaviors
    - Substance abuse
    - Impulsivity
    - Risky Sex
  - Teach adaptive coping skills, i.e. BA or DBT

Addressing Structural Marginalization in Clinic

- It's not about the ART – that works fine
- When structural marginalization is the issue, it's about WHY someone CAN'T take the ART (and it's not dysphagia)
- The Solution for Marginalization is Community

Case Study: RN

- AA female, 28 YO, single mother – overwhelmed, isolated, depressed, unemployed, chronic pain - > opioid abuse to ease chronic sense of worthlessness
- Recent admission to Vanderbilt Psychiatric Hospital
- Discharged back into the environment in which she was failing
  - Suboxone Clinic 90 miles away – car unreliable, no gas $
  - She needs to be surrounded with intensive CM, focusing on her as a PERSON, not an HIV infection

PATHways Program

- PATHways is a part of the VCCC
- Nursing-led, interdisciplinary, individualized, intensive care for patients failing to manage their HIV and health secondary to burdens of structural marginalization
- Funded by Ryan White, Part B grant

Measuring the Impact of Structural Marginalization

- PATHways Phenotype provides a validated, robust, easy to implement and understand screening for factors across five domains related to HIV outcomes
- Highlights patient strengths, a critical perspective
- Helps create a team of patient and providers

PATHways Phenotype, Version A

PATHways Phenotype, Initial/New Diagnosis

Assessment Date:	3/28/2018	MRN#:	46340355
DOB:	6/21/1991	HIV Dx Date:	2/23/2018
Race:	Caucasian	Gender:	Male

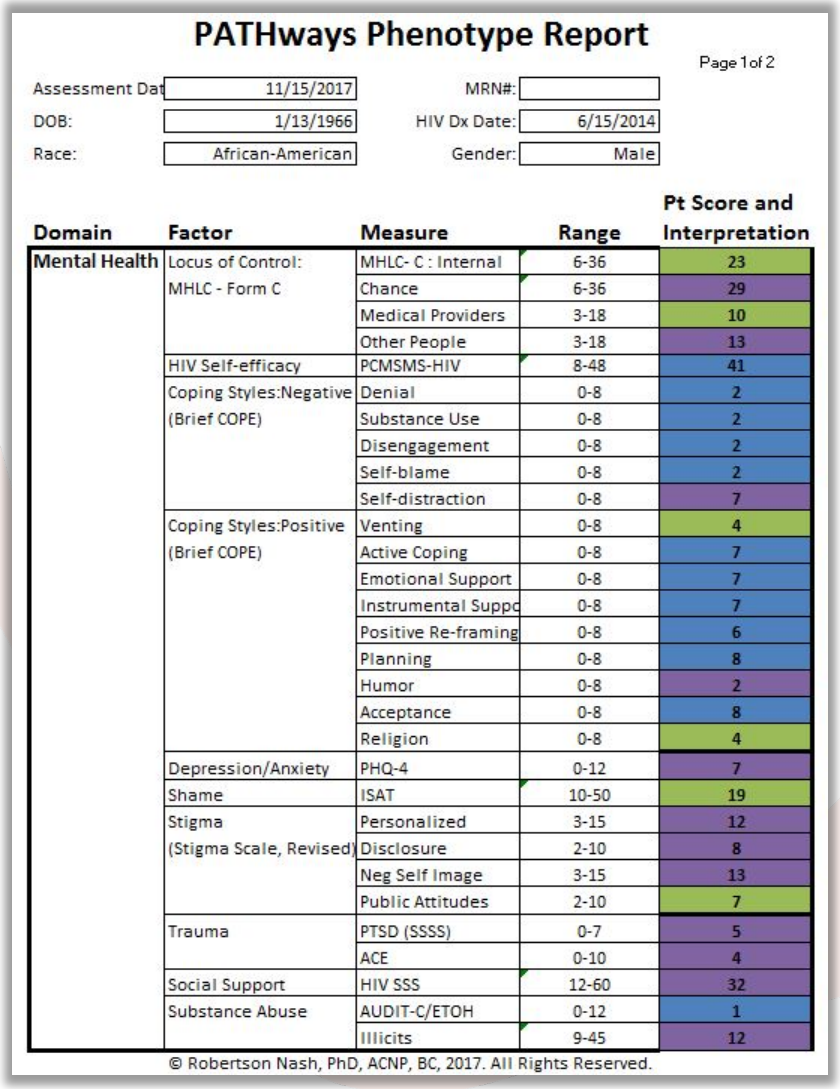
Domain	Factor	Measure	Range	Pt Score and Interpretation
Mental Health	General Self-efficacy	GSE	10-40	29
	Impulsiveness	BIS-8	8-32	16
	Depression/Anxiety	PHQ-4	0-12	6
	Trauma History	ACE	0-10	5
	Alcohol Use	AUDIT-C	0-12	2
	Illicit Use	POST	9-45	18
Clincial Care	VL at last visit	EMR	3/28/2018	25153
	CD4 # last visit	EMR	3/28/2018	339
	Tobacco Use	POST		Y
	Health Insurance	Y/N		Y
Physical Environment	Housing Stability			lives w/family
	Transportation			unstable
Social Environment	Employment		FT/PT/U/D	Unemployed
	Poverty	% FLP (mon income)		0%
Education	Highest Grade Completed			12

Scoring Key:	
PURPLE	Risk: This area should be further assessed and addressed to minimize risk of patient failing HIV care.
GREEN	Baseline: Patient has minimal level of functionality in this area; further assessment recommended.
BLUE	Goal: Patient at goal in this area; these may represent opportunities to build on patient strengths

Recommendations:	
Mental Health:	Refer for care, offer substance abuse resources
Clinical Care:	Monitor medication adherence, offer smoking cessation referral
Physical/Social Environment:	Encourage patient to connect with community service organizations re: housing, transportation, and employment
Education:	Adjust teaching to accommodate patient's education/health literacy level

Provider Review: _____

PATHways Phenotype, Complete

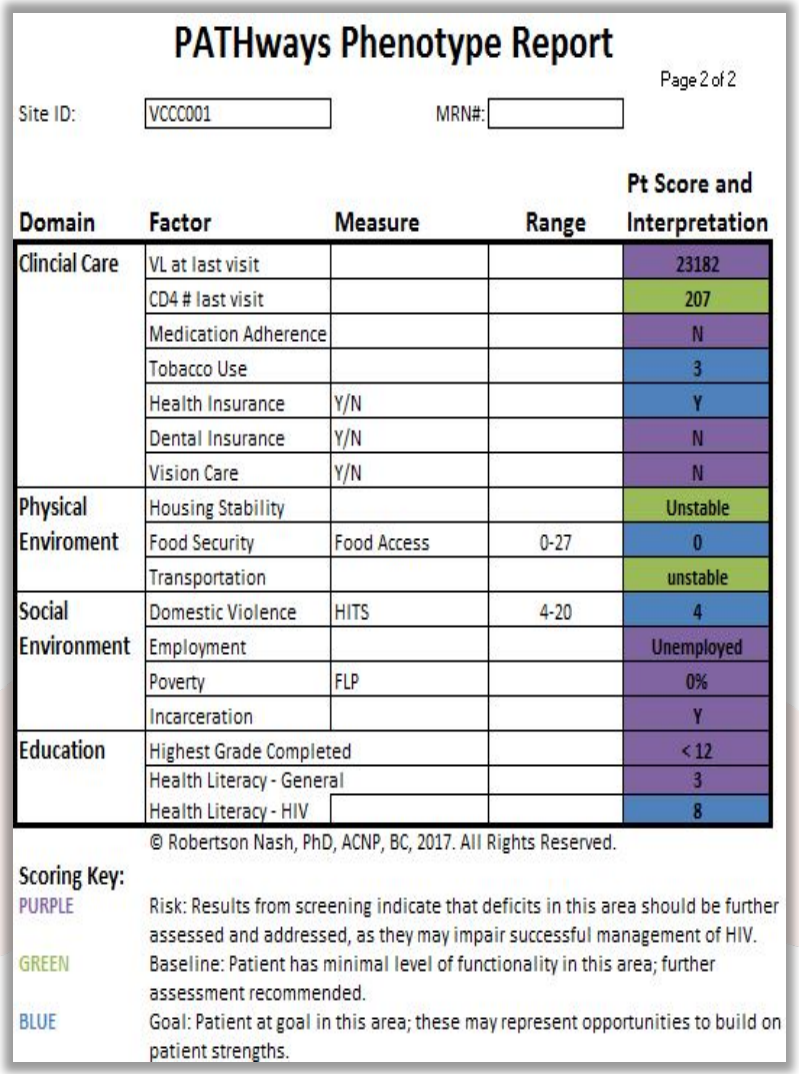


PATHways Phenotype Report

Page 1 of 2

Assessment Dat	11/15/2017	MRN#:	
DOB:	1/13/1966	HIV Dx Date:	6/15/2014
Race:	African-American	Gender:	Male

Domain	Factor	Measure	Range	Pt Score and Interpretation
Mental Health	Locus of Control: MHLC - Form C	MHLC- C : Internal	6-36	23
		Chance	6-36	29
		Medical Providers	3-18	10
		Other People	3-18	13
	HIV Self-efficacy	PCMSMS-HIV	8-48	41
	Coping Styles:Negative (Brief COPE)	Denial	0-8	2
		Substance Use	0-8	2
		Disengagement	0-8	2
		Self-blame	0-8	2
		Self-distraction	0-8	7
	Coping Styles:Positive (Brief COPE)	Venting	0-8	4
		Active Coping	0-8	7
		Emotional Support	0-8	7
		Instrumental Suppo	0-8	7
		Positive Re-framing	0-8	6
		Planning	0-8	8
		Humor	0-8	2
		Acceptance	0-8	8
		Religion	0-8	4
	Depression/Anxiety	PHQ-4	0-12	7
	Shame	ISAT	10-50	19
	Stigma (Stigma Scale, Revised)	Personalized	3-15	12
		Disclosure	2-10	8
		Neg Self Image	3-15	13
		Public Attitudes	2-10	7
	Trauma	PTSD (SSSS)	0-7	5
		ACE	0-10	4
	Social Support	HIV SSS	12-60	32
	Substance Abuse	AUDIT-C/ETOH	0-12	1
		Illicits	9-45	12



PATHways Phenotype Report

Page 2 of 2

Site ID:	VCCC001	MRN#:	

Domain	Factor	Measure	Range	Pt Score and Interpretation
Clincial Care	VL at last visit			23182
	CD4 # last visit			207
	Medication Adherence			N
	Tobacco Use			3
	Health Insurance	Y/N		Y
	Dental Insurance	Y/N		N
	Vision Care	Y/N		N
Physical Enviroment	Housing Stability			Unstable
	Food Security	Food Access	0-27	0
	Transportation			unstable
Social Environment	Domestic Violence	HITS	4-20	4
	Employment			Unemployed
	Poverty	FLP		0%
	Incarceration			Y
Education	Highest Grade Completed			< 12
	Health Literacy - General			3
	Health Literacy - HIV			8

Scoring Key:

PURPLE — Risk: Results from screening indicate that deficits in this area should be further assessed and addressed, as they may impair successful management of HIV.

GREEN — Baseline: Patient has minimal level of functionality in this area; further assessment recommended.

BLUE — Goal: Patient at goal in this area; these may represent opportunities to build on patient strengths.

Mental Health Characteristics of VCCC New Patients

Mental Health Characteristics of Newly-diagnosed Patients Engaging in Care at the Vanderbilt Comprehensive Care Clinic, 08/01/2017 – 03/30/2018 (N = 114)

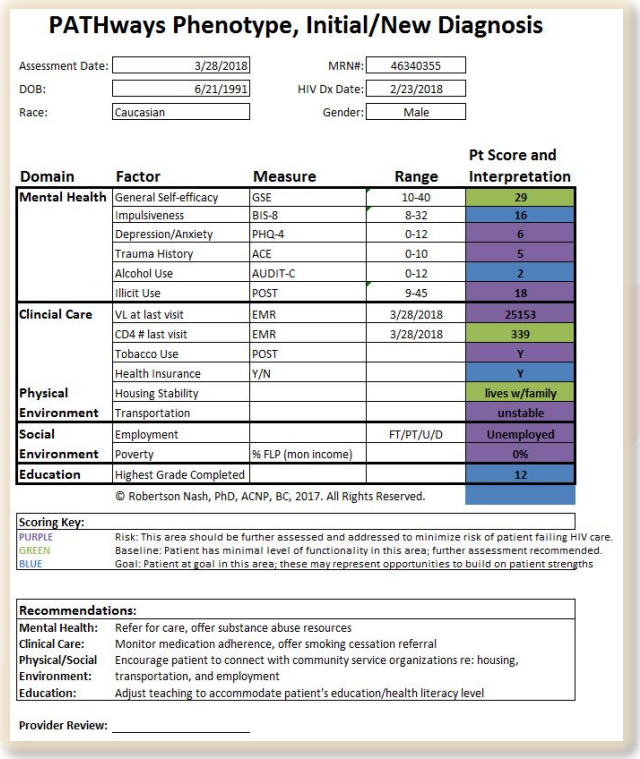
Factor	Measure	Number Completed	Risk (#/%)	Baseline (#/%)	Risk + Baseline	Goal (#/%)
General Self-efficacy	GSE	72	3 (4.17)	35 (48.61)	38 **(52.78)**	34 (47.22)
Impulsiveness	BIS-8	73	5 (6.85)	13 (17.81)	18 **(24.66)**	55 (75.34)
Depression/Anxiety	PHQ-4	105	38 **(36.19)**	28 (26.67)	66 **(62.86)**	39 (37.14)
Trauma History	ACE	89	21 **(23.60)**	13 (14.61)	34 **(38.20)**	55 (61.80)
Alcohol Use	AUDIT-C	68	8 (11.76)		8 (11.76)	60 (88.24)
Illicits Use	POST	73	44 (60.27)		44 **(60.27)**	29 (39.73)

Interpreting a Genotype

Drug Class	Drug	Evidence of Resistance
NRTI	Epivir/3TC	None
	Emtriva/FTC	None
	Ziagen/ABC	None
NNRTI	**Sustiva/EFV**	**Resistant (K103N)**
	Intelence/ETR	None
PI	Prezista/DRV	None
	Reyataz/ATV	None

Interpreting a Phenotype

- What are the guidelines for first-line ART for victims of Childhood Sexual Abuse?



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Provider Review: _____

Final Thoughts

- Structural Marginalization is real and powerful
- Fish have to live in the fishbowl, but they have limited power to change it
- Community is an attitude, not an intervention
- PATHways is community in action, and we are showing that this works!

Questions?

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