

Year 1: Structures and Health

Goal: To build a shared language around structures that promote inequity, their effects on health, and frameworks for exploring health outcomes.

- **To identify examples of structures that promote inequities and understand the influence of these structures on health and the provision of care.**
 - Define the structures that
 - Define race, ethnicity, and culture, and their implications on health and health care
 - Explain why race is a social construct and the implication for racialized medicine and health outcomes
 - Recognize and describe institutional cultural issues that affect health status
 - Define Poverty and analyze the cycle of poverty and how it affects communities and health status
 - Define Health Disparity/Inequality
 - Use Healthy People 2020 and other resources to make concrete the epidemiology of health-care disparities.
 - Gather and use local data as examples of SDOH.
 - Identify and discuss key areas of disparities described in Healthy People 2020 and the Institute of Medicine's Report, Unequal Treatment

- **To define structural violence and structural vulnerability and identify examples of how they influence health outcomes and healthcare**
 - Define structural vulnerability, intersectionality, structural violence and structural racism
 - Critically explore structural racism as an example of structural violence
 - Discuss the influence of structural violence/vulnerability in cases from their clinical or personal experience

- ***To identify the processes through which inequality is naturalized and examine three implicit frameworks: culture/ stereotypes, individual implicit bias, institutional bias.***
 - Identify how physician bias and stereotyping can affect medical decision-making and the interaction with patients, families, communities, and other members of the health-care team.
 - Recognize how physician biases impact the quality of health care
 - Describe strategies for reducing physician's own biases
 - Identify the impact of institutional bias impacts processes and decision making in healthcare
 - Describe the origins and potential implications of racialized medicine

Year 2: Structural Competency Framework

Goal: To adopt a structural competency framework as a tool to unveil the influences of structures that promote inequity on patient health and healthcare practice

- ***To understand and use the structural competency framework to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.***
 - To define structural competency and structural humility
 - Discuss the limitation of "cultural" competency and cultural humility frameworks
 - To explain the relationship between structural competency and the social determinants of health.
 - Gather and use local data as examples of the relationship between structural competency and SDOH
 - To critically analyze the role of "frameworks" in medicine as lenses through which to see medical practice.
 - To describe the five goals of the structural competency framework.
 - *Recognize the influence of social structures on patient health;*
 - *Recognize the influence of social structures on the practice of health care;*
 - Explore how structures effect not only patient health, but also the medical system, providers, and trainees.
 - Discuss what social structures might be present in their own training
 - *Respond to the influences of social structures in the clinical setting;*
 - *Respond to the influences of social structures beyond the clinic; and*
 - *Practice structural humility*
 - Discuss the critical need for collaborating with patients and communities in developing an understanding of and responses to structural vulnerabilities.
- **To provide health care professionals with the concepts and vocabulary necessary to fully engage in informed conversations and advocacy around structural violence and vulnerability.**

Year 3 and Year 4: Identifying and Imagining Structural Interventions

Goal: Be able to identify and use tools that help practitioners take action to address health and illness as the downstream effects of broad social, political, and economic structures.

- **To identify six levels of intervention that we can use to recognize and implement action steps that respond to structural violence, structural vulnerability, and the naturalization of inequality.**

- *Individual*
 - Work to address one's own implicit and explicit biases, prejudices and assumptions
- *Interpersonal*
 - Recognize power imbalances between patients and providers and,
 - Amongst members of the medical team
 - Identify ways to address/mitigate the power imbalances
- *Clinic/ Institutional*
 - Identify any structurally harmful issues within the institution or clinic that influence the delivery of care to patients and the broader community.
 - Identify ways to address/mitigate these issues
- *Community*
 - Discuss the role of community building as a powerful force for change and also to help prevent burn-out and isolation
 - Practice collaborating with patients and communities in developing understanding of and responses to structural vulnerabilities
- *Research and Policy*
 - Critically analyze how academic and organizational research creates, organizes and integrates new knowledge
 - Interrogate how institutions develop rules and regulations in managing health in the public sphere
- **To describe at least one historical and/or contemporary national or local example of an intervention that addressed structural violence and vulnerability.**
- **To identify a challenge during a clinical rotation and a strategy for at least one of the six levels of intervention that is applicable in a provider setting.**