

Structural Competency Training for Kidney Healthcare Professionals

The End Stage Renal Disease National Coordinating Center (ESRD NCC)

*Using a structurally proficient approach in the field of kidney care plays a significant role in **enhancing patient outcomes** and aiding kidney healthcare professionals in **gaining a deeper understanding of their patients.***



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Module 2

Exploring Structural Competency Within Kidney Health



VANDERBILT
UNIVERSITY
MEDICAL
CENTER

Module 2:

Structural Competency Training: Exploring Structural Competency Within Kidney Health



Elisa J. Gordon, PhD, MPH

Professor, Department of Surgery

Center for Biomedical Ethics and Society

Vanderbilt University Medical Center

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Acknowledgements

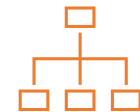
Some of these materials have been borrowed and/or adapted from the Structural Competency Working Group: www.structuralcompetency.org
structuralcompentency@gmail.com

Learning Objectives

Reflect on the strengths and limitations of using the cultural competency and cultural humility approaches to explain disparities in kidney health and health care



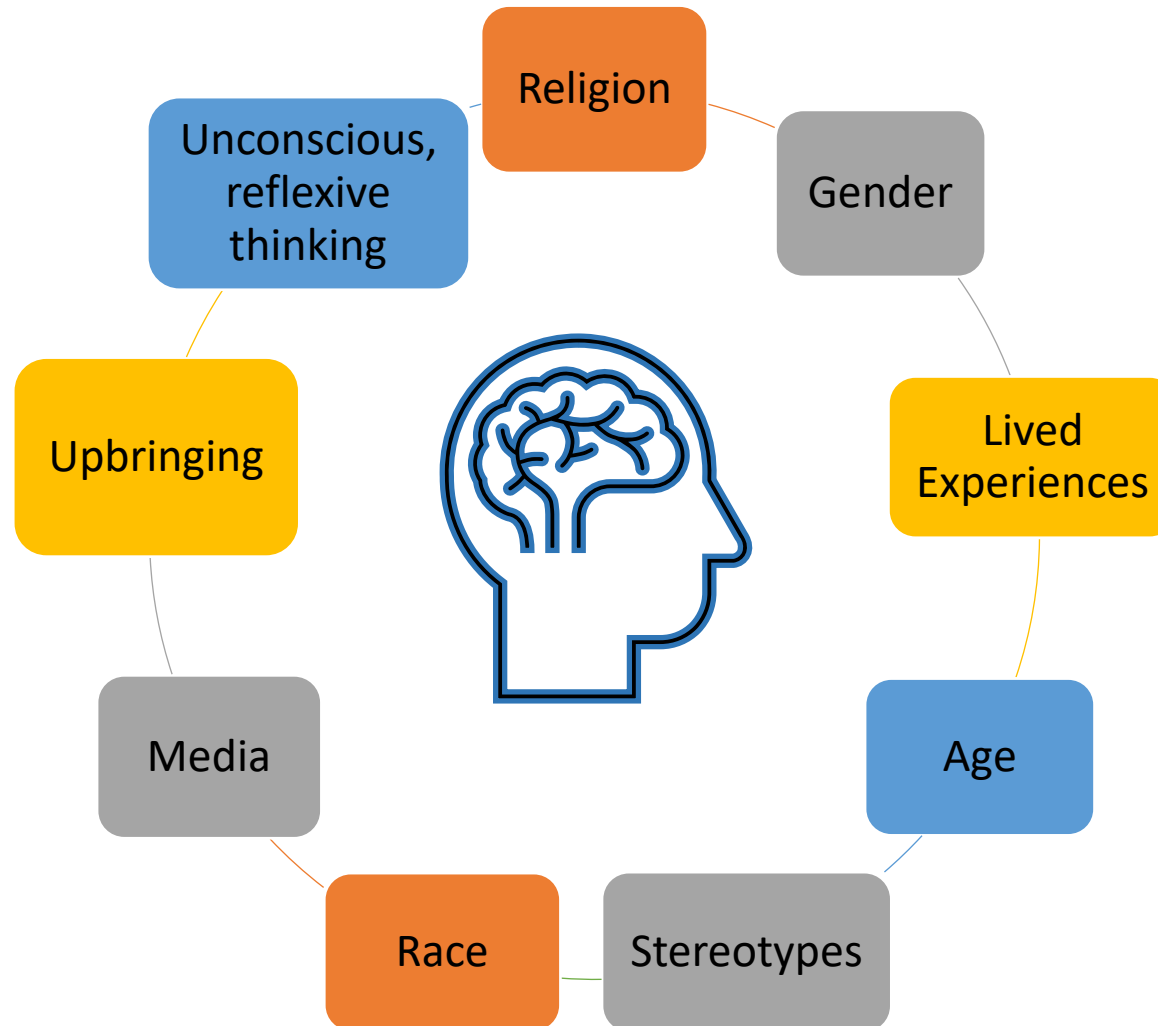
Define structural competency and describe the five goals of a structural competency framework



Explain the relationship between structural competency and the social determinants of kidney disease



Implicit Bias



Stigmatizing Language



Language is
powerful.

Example 1: Insurance Bias

“If you look at every transplant that you’re doing and you’re losing money on it, adding volume doesn’t help anything. ... It’s not all about the money - I don’t want to make that sound like that’s what we’re looking at. But if you don’t look at it, you will lose your program because then you go under.”

“[S]o we have patients that... appear to have Medicare. But as soon as they find out that they weren’t eligible for it, because they were undocumented, we didn’t get paid....[W]e are a private not-for-profit, we do a lot of charity but transplant is not the charity that our program, that our healthcare system provides. And so, I think there’s some anxiety around that for us too.”

Paradigm Shift



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Cultural Competency

“A set of values, principles, behaviors, attitudes, policies, and structures that enable **organizations** and **individuals** to work effectively in cross-cultural situations.”

Cultural Competence Continuum Where Am I?

Continuum of Cultural Competency



0:35 / 11:26 • Cultural C... >

Self-reflexivity

- **Positionality:** acknowledging blind spots to thinking (i.e., female, heterosexual, White, U.S., English-speaking, advantages)
- **Expertise in Humility:** not claiming to be expert in structural competency; I will not have all the answers as there is more to learn
- **Safe Learning Environment:** Intent is to open a safe space by setting expectations that: assume positive intent, respect everyone's opinions, encourage active engagement, different perspectives with respectful disagreement

Critiques of “Cultural Competency”

- Difficulty defining and measuring ‘culture’
 - Designed as training providers for skills in communication
 - Traditionally presented as a cookbook of cultural beliefs and practices to learn, which potentially promoted stereotyping
 - “Positions professionals as presumed members of dominant groups”
 - Does not identify dominant groups
- “Training targets racial/ethnic minority groups, promoting awareness of cultural difference” in order to decrease putative “cultural barriers” to health care
 - Potential unintended consequence: promoting minorities as cultural ‘others’
 - Construct is believed to not account for a critique of 'taken for granted' power structures, challenge dominant culture and cultural systems rather than prioritize becoming 'competent' in the cultures of others

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Curtis E, et al. International Journal for Equity in Health 2019;18:174.

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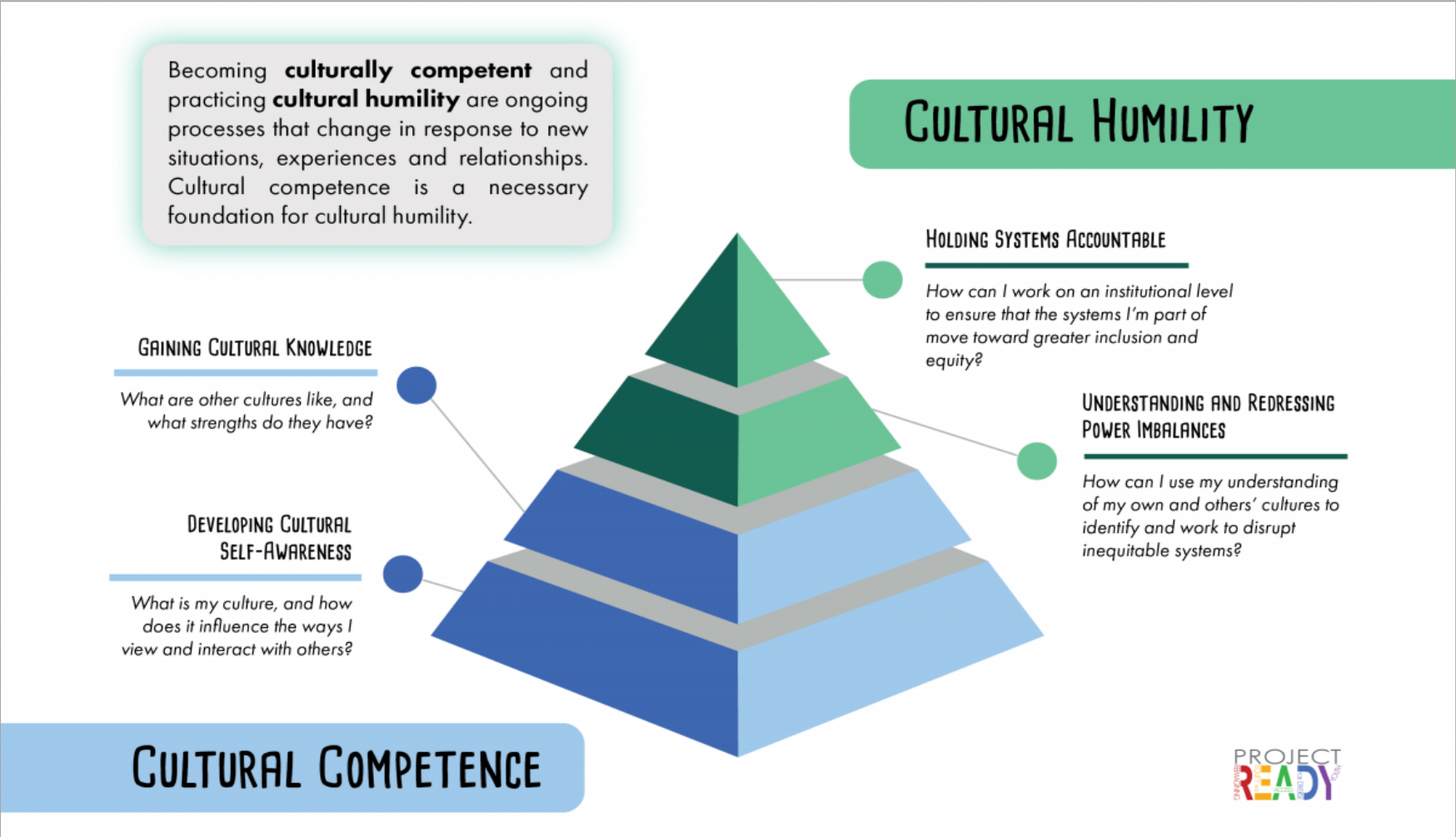
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Cultural Humility

“A commitment and active engagement in a **lifelong process** that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves.”

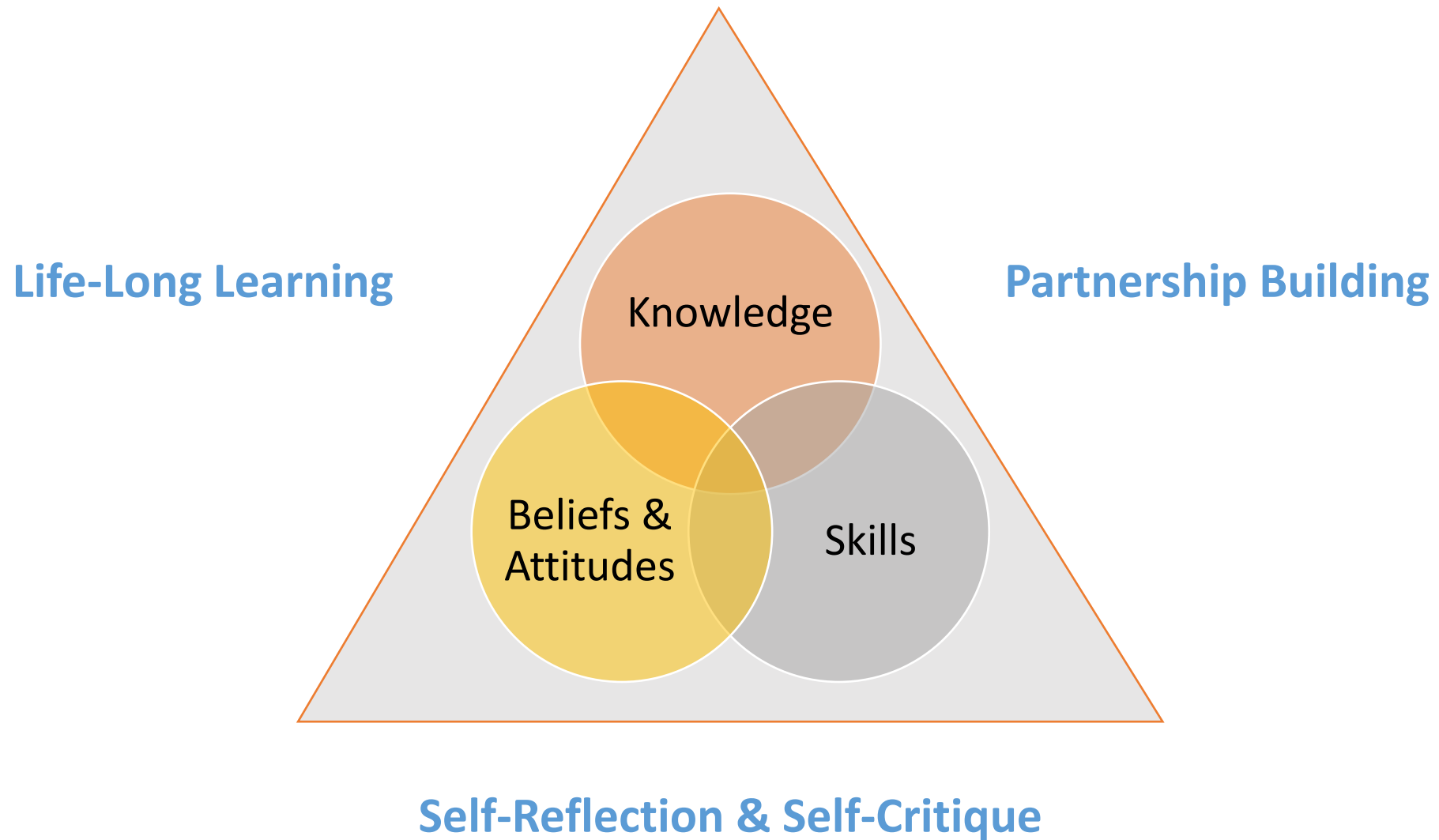
— Tervalon and Murray-Garcia, 1998

Cultural Humility (Cont.)



Davis, S. & O'Brien, A. (2020). Let's Talk About Racism: Strategies for Building Structural Competency in Nursing. *Academic Medicine*, 95 (12S), S58-S65. doi: 10.1097/ACM.0000000000003688.
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Image used with author permission

Structural Humility



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Structural Competency Working Group (www.structcomp.org).

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Structural Competency is the capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures.

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Example 2: Language as Structural Barrier

Lack of information in Spanish

Especially for patients who are undocumented

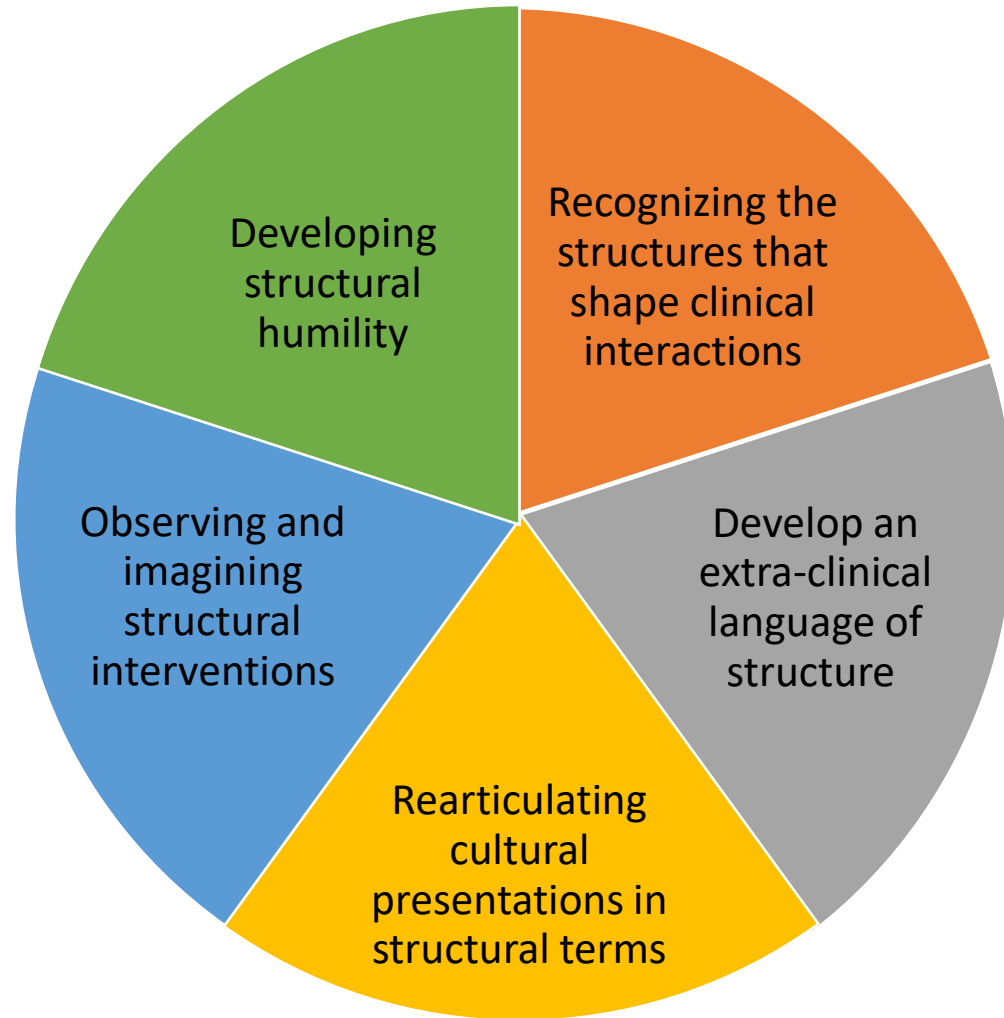
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Example 3: Legal Status as Structural Barrier

“For everyone who has insurance and coverage, they have their nephrologist that treats them . . . People like me that don’t have insurance, we only have the [dialysis] technician and the social worker. . . But just for the simple fact that she knows I don’t qualify [for a transplant], she doesn’t give me the information . . . there is a huge failure to inform people.” [28-year-old man, undocumented dialysis patient]

“I have some relatives and friends who aren’t here legally. . . they’re more nervous about ‘If I step forward [to donate], I’m gonna get kicked out’ . . . I didn’t even try to talk ‘em out of it.” [47-year-old man, recipient]

Structural Competency

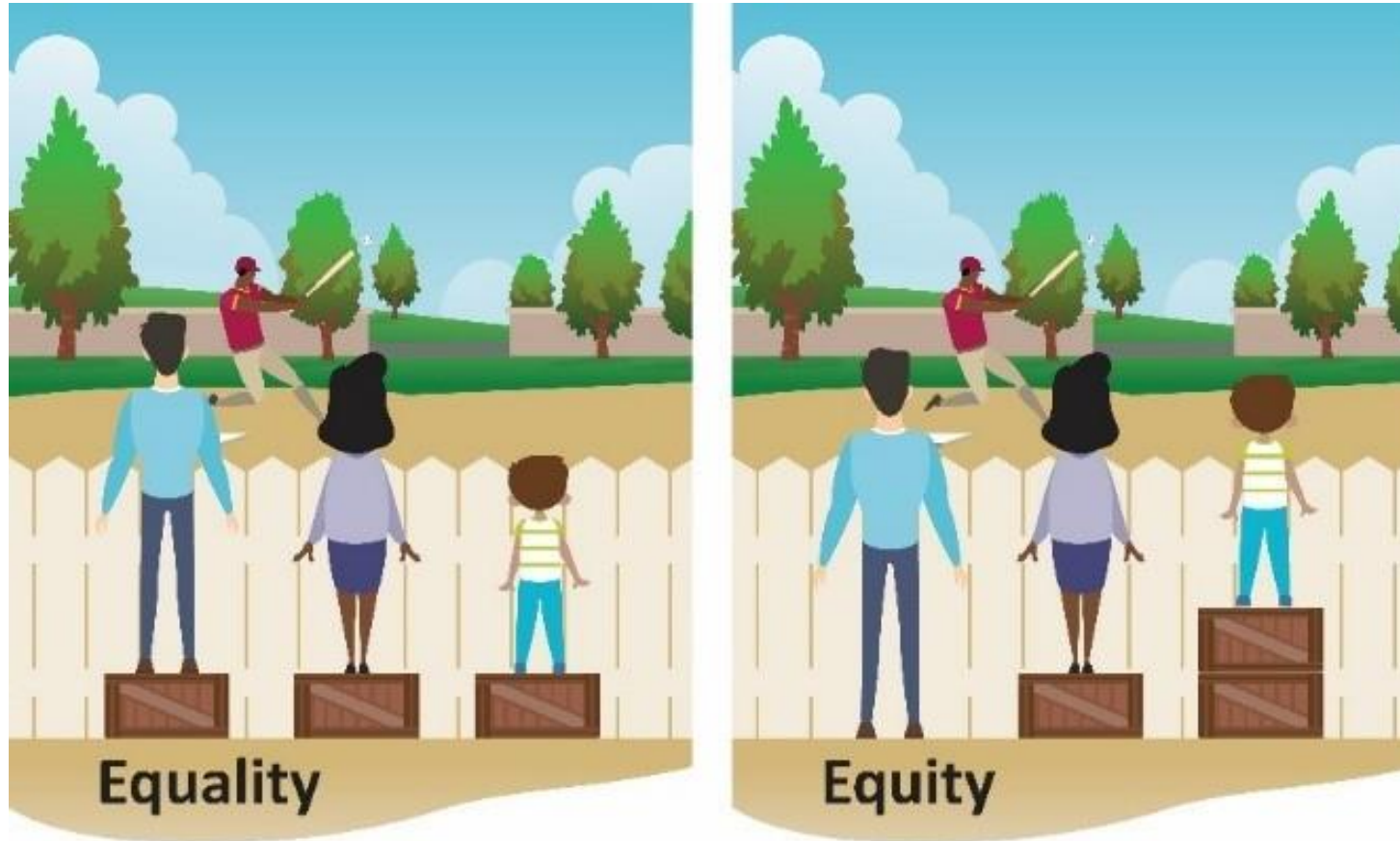


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Importance of Structural Competency

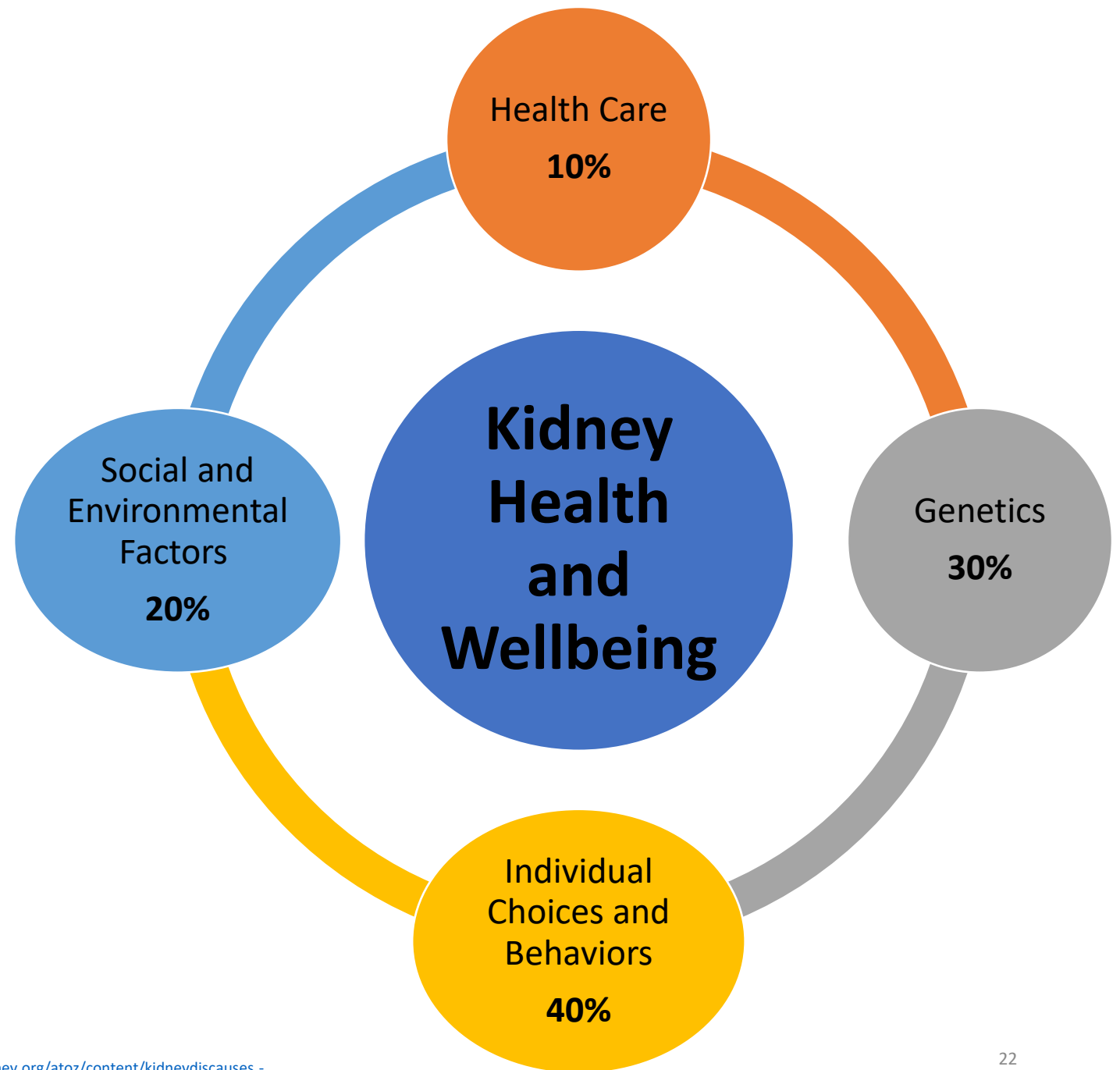


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Social Determinants of Kidney Disease



Conclusion

Paradigm shift encourages providers to consider health care delivery in terms of how health systems, institutions, policies, discrimination, practices **as root causes of health disparities**, and to engage in advocacy in mitigate health inequities

1. How do power differences perpetuate existing health disparities?
2. How do institutional policies foster discrimination in access to healthcare?

Conclusion (Cont.)

Focusing on how implicit bias, racism, and discrimination are integral to social structures means that providers can avoid blaming individual patients and seek to **improve adverse social structures** instead, which can help to better understand patients' needs in order to address them.

Contact

- Elisa.Gordon@vumc.org
- (c) 708-646-7973



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Improving Patient-Centered Care

Precious McCowan

End Stage Renal Disease Patient Advocate, Mentor, and Two Time Transplant Recipient



Patient-Centered Care Examples

- Please share some examples that describe patient-centered care or culturally-centered care.

Patient-Centered Care Key Considerations

- Please share some key considerations to ensure and improve patient-centered care.

See you at the next training!

- Please complete the training evaluation
- Obtain your CE credits via the link on the evaluation form



- Module 3 | Feb 15: Imagining and Implementing Structural Interventions for Kidney Professionals

Register Module 3 of the training
<http://esrdncc.org/en/professional/healthequity>

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