

# 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 1

Identifying Structures and Health among Patients with End Stage Renal Disease

# Learning Objectives

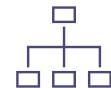
Identify the influences of structures on patient health and clinical encounters



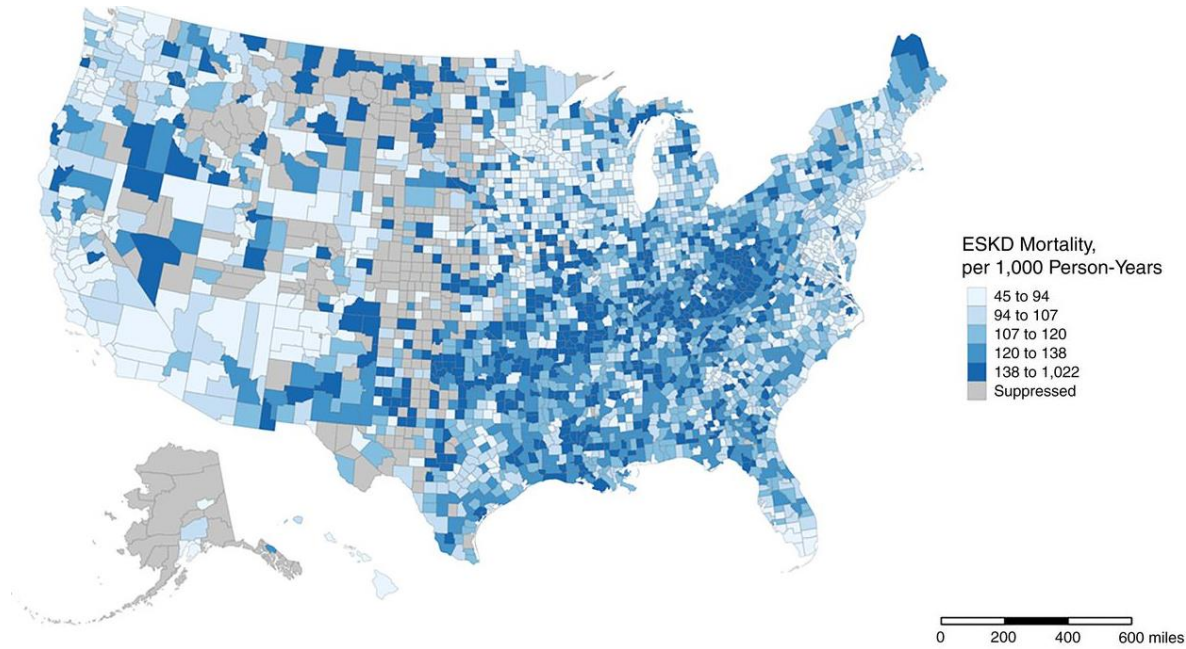
Define structural vulnerability and structural violence, and examine examples of how they influence kidney health



Discuss structural competency as a framework for recognizing patient health and illness as the downstream effects of social structures



# Disparities in ESRD

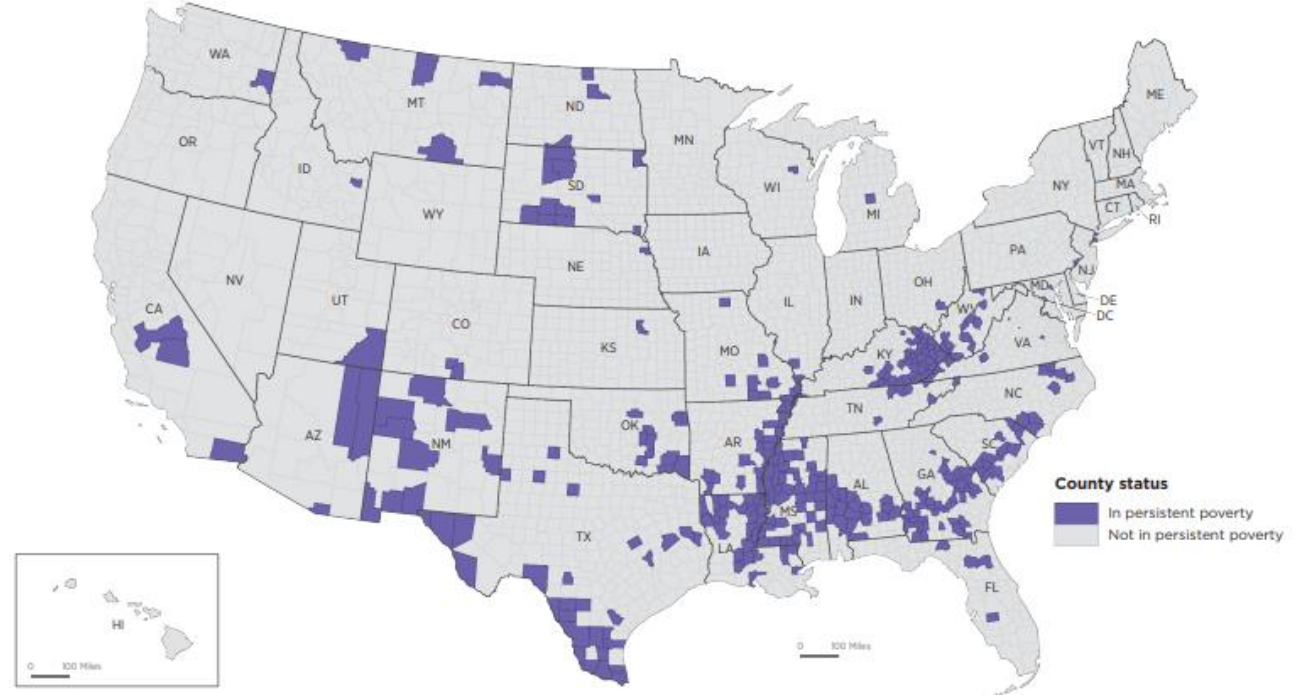


Harding et al., 2022

**Age-standardized ESRD mortality rates (ASMRs) across 2781 counties in the United States, 2010–2018**



Figure 2.  
Counties in Persistent Poverty: 1989 to 2015-2019



Source: U.S. Census Bureau, 1990 and 2000 Censuses; and 2005-2009 and 2015-2019 American Community Survey, 5-year estimates.



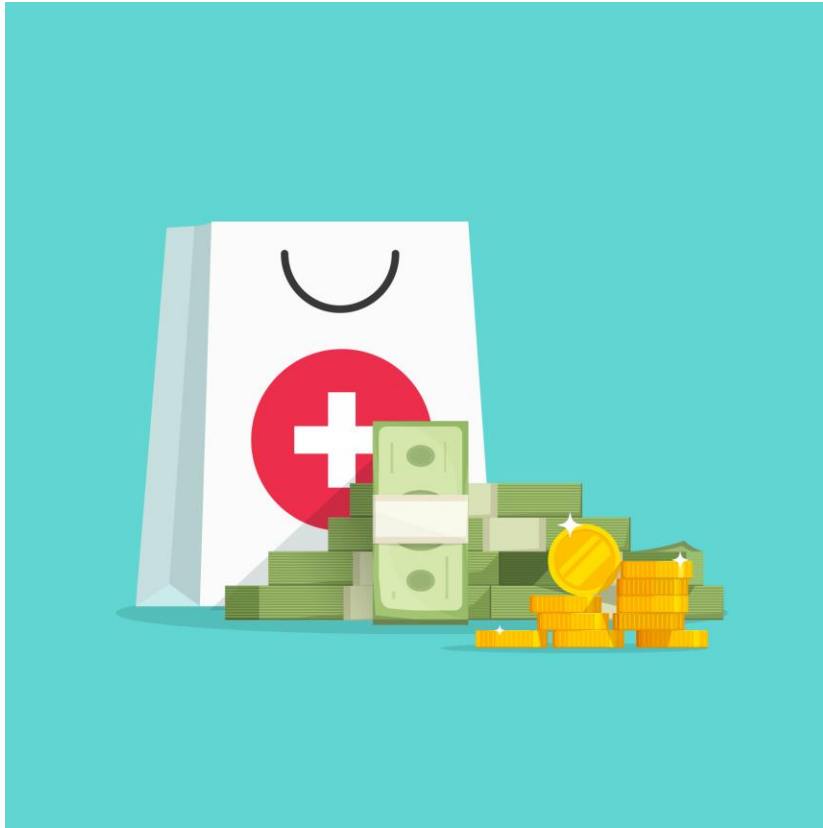
Benshaw, C., Bishaw, A., & Glassman, B. (2023). Persistent Poverty In Counties and Census Tracts. *U.S. Census Bureau*. Retrieved from <https://www.census.gov/library/publications/2023/acs/acs-51.html>.

Dialysis Patients Citizens Education Center (2013). Kidney Health Disparities. Retrieved from <https://www.dpcedcenter.org/news-events/news/kidney-health-disparities/>

Norris, K. (2021). Socioeconomic and Racial Disparities Related to Chronic Kidney Disease and Type 2 Diabetes. *American Diabetes Association*. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK571711/> doi: 10.2337/db20211-19

Snow, K., Patzer, R., Patel, S., & Harding, J. (2022). County-level characteristics associated with variation in ESKD mortality in the United States, 2010-2018. *Kidney360*, 3(5), 891-899.

# Financial Toll of Health Disparities



“Racial and ethnic health disparities cost the U.S. economy **\$451 billion** in 2018.”

-LaVesit et al., 2023

# Social Structures and Health-Related Social Needs (HRSNs)



“Social structures indicate the policies, economic systems, and other institutions that have produced and maintained social inequities and health disparities, often along the lines of *social categories...*”  
-Neff et al., 2017

# Structures in ESRD

## Physical Conditions

- Space issues
- Unstable housing
- Access to care
- High “socially disadvantaged” dialysis units

## Social Conditions

- Financial barriers
- Transportation challenges
- Lack of caregiver support
- Low health literacy

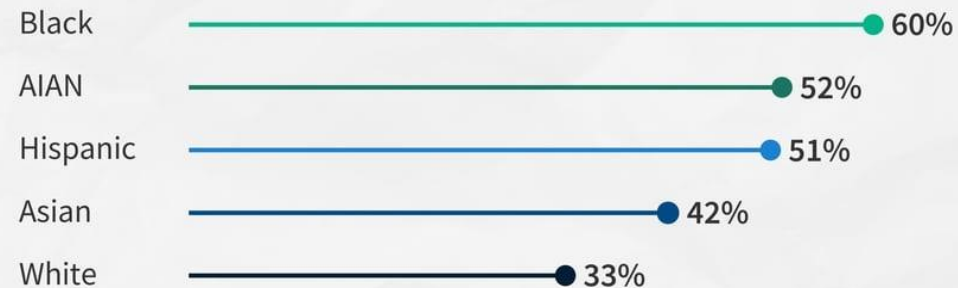


# Structural Violence



## Half or More Hispanic, Black, and AIAN Adults Say They Have To Be Careful About Their Appearance or Prepare for Insults During Health Care Visits

Percent who say they try to prepare for possible insults from a doctor or health care provider or their staff, or feel they have to be very careful about their appearance to be treated fairly, **at least some of the time:**



**Note:** AIAN refers to American Indian and Alaska Native and includes people who identify as AIAN alone and in combination with another race or ethnicity. Among adults who have used health care in the past three years.



# Structural Vulnerability

## Consider these questions...

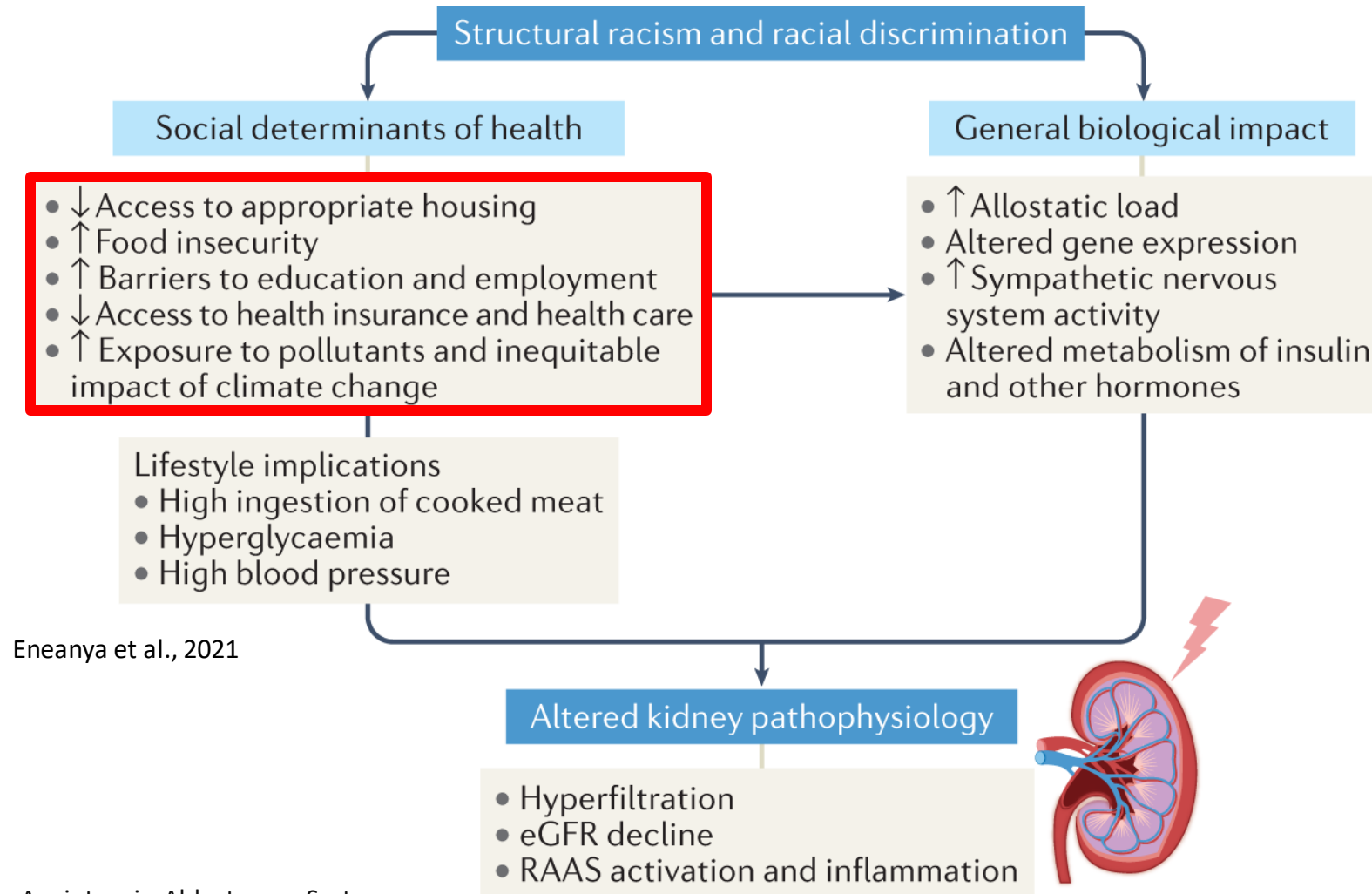
May some service providers assume this patient **deserves his/her plight in life** because of his/her lifestyle or aspects of appearance?

Could the interactional style of this patient **alienate** some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgements?



Is this patient likely to **elicit distrust** because of his/her behavior or appearance?

# Discrimination results in inequities when accessing resources



Eneanya et al., 2021

\*RAAS = Renin-Angiotensin-Aldosterone System

Eneanya, N., Boulware, L., Tsai, J., Bruce, M., Ford, C., Harris, C., Morales, L., Ryan, M., Reese, P., Thorpe, R., Morse, M., Walker, V., Arogundade, F., Lopes, A., & Norris, K. (2021). Health inequities and the inappropriate use of race in nephrology. *Nature Reviews Nephrology*, 18, 84-94.

Kyere, E., Boddie, S., & Lee, J. (2022). Visualizing structural competency: moving beyond cultural competence/ humility toward eliminating racism. *Journal of Ethnic & Cultural Diversity in Social Work*, 31(3-5), 212-224

Structural Competency Working Group ([www.structcomp.org](http://www.structcomp.org))

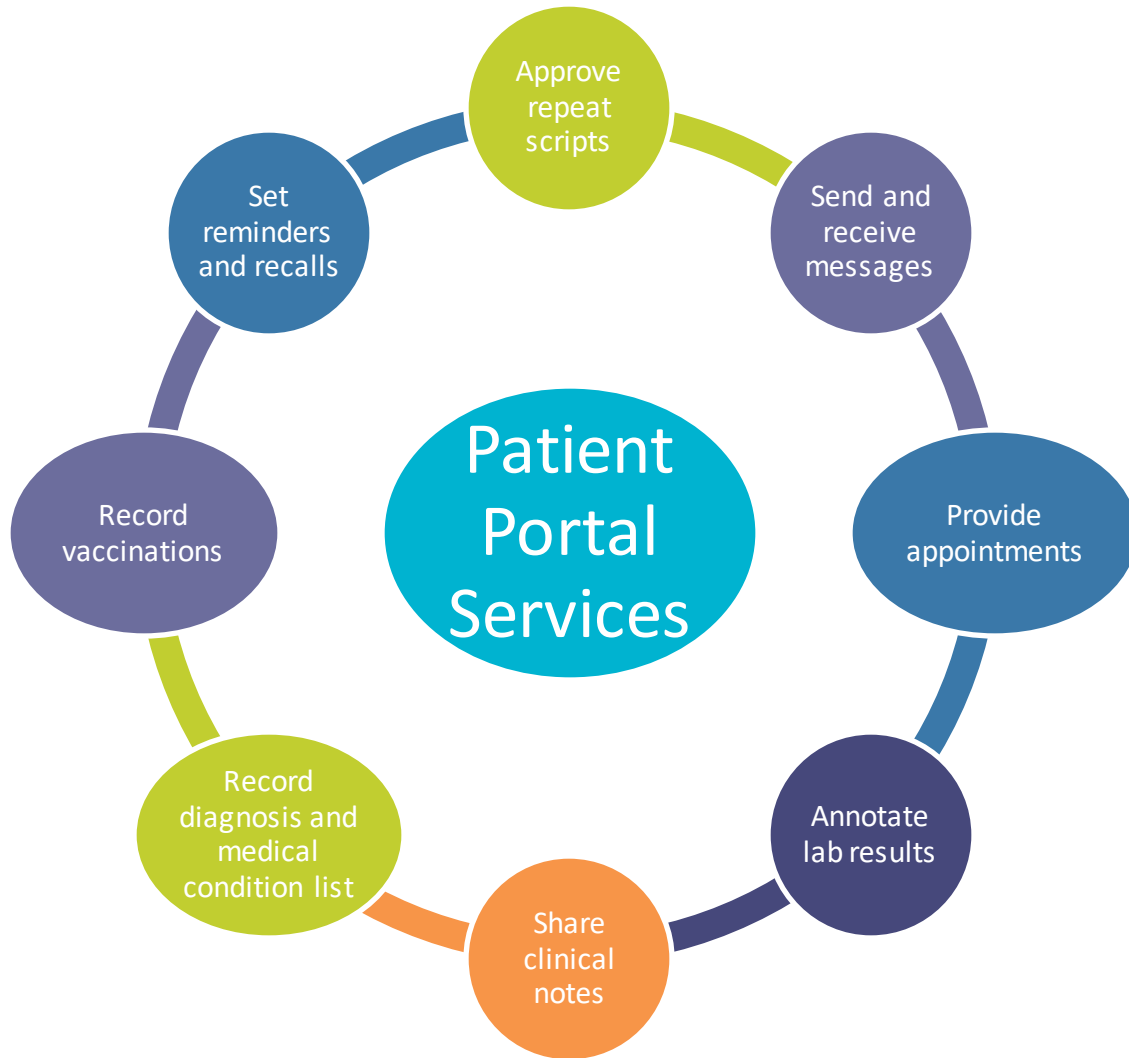
Yegorov YE, Poznyak AV, Nikiforov NG, Sobenin IA, Orekhov AN. (2020). The Link between Chronic Stress and Accelerated Aging. *Biomedicines*, 8(7):198. doi: 10.3390/biomedicines8070198. PMID: 32645916; PMCID: PMC7400286.

# Involuntary Discharge (IVD)

“The burden of IVDs in the United States is disproportionately borne by younger African-American men...”



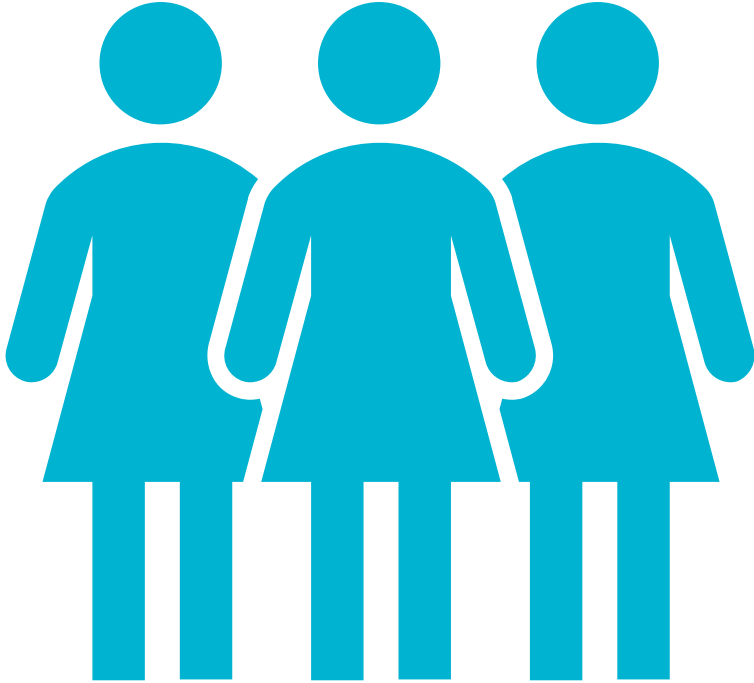
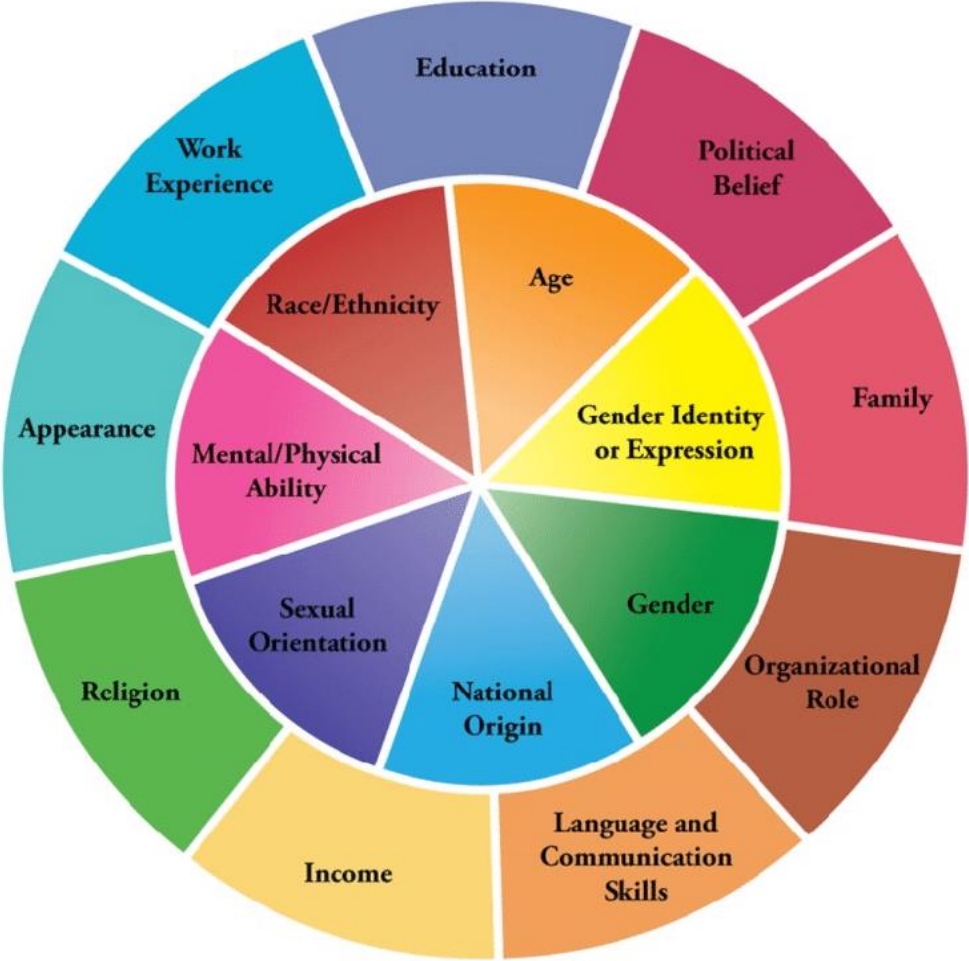
# Digital Literacy and Techquity



“Techquity is the strategic design, development, and deployment of technology to advance **health equity**, and acknowledgement that technology can inhibit advancements in health equity if not implemented *intentionally and inclusively*.”

-HLTH Foundation, 2023

# Intersectionality



## Upstream Tactics

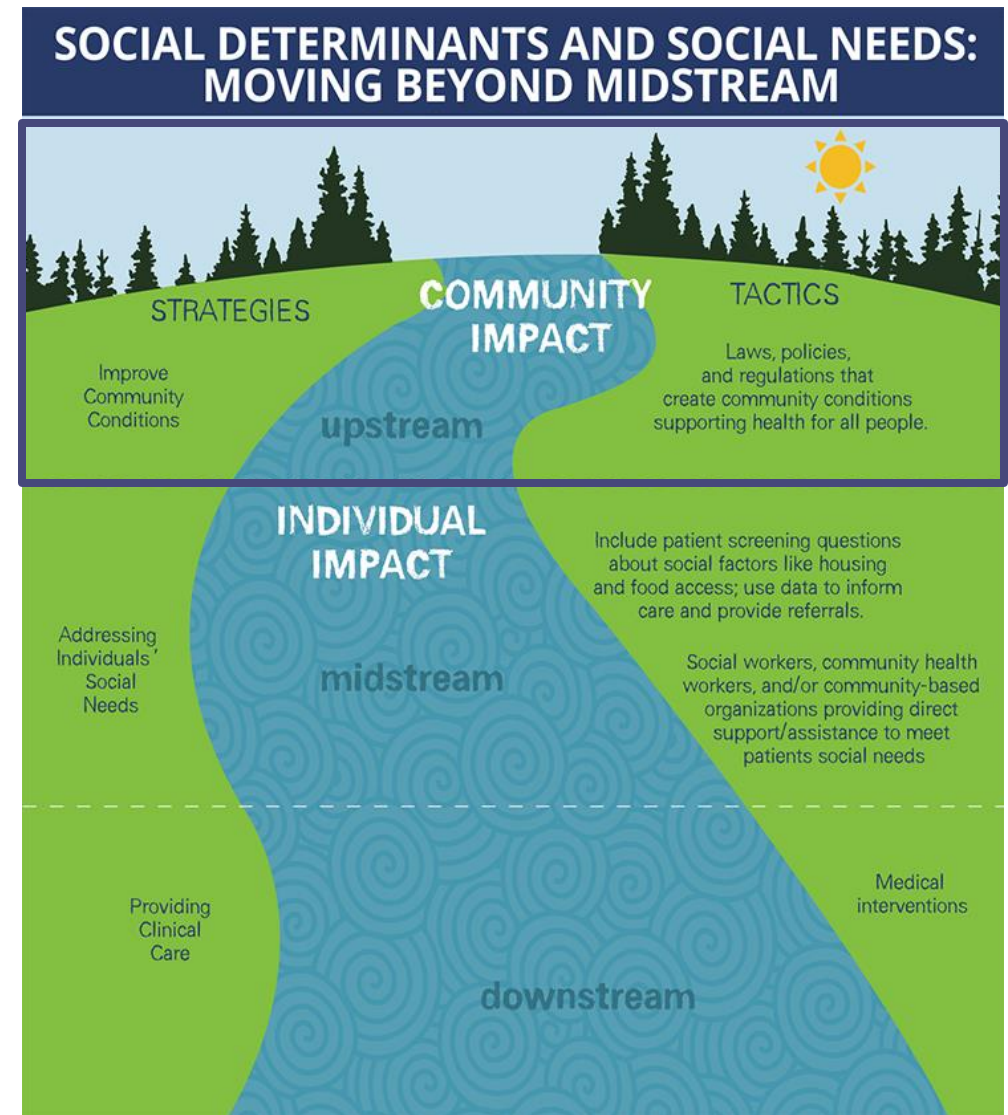
- Laws, policies, and regulations that create community conditions supporting **all kidney patients**

## Midstream Tactics

- Renal social workers, and or community-based organizations providing direct support/assistance to meet patient's needs

## Downstream Tactics

- Culturally and linguistically appropriate (CLAS) patient education material



De Beaumont Foundation and Trust for America's Health, 2019

De Beaumont Foundation (2023). Social determinants and social needs: Moving beyond midstream. Retrieved from <https://debeaumont.org/wp-content/uploads/2019/04/social-determinants-and-social-needs.pdf-.>



**Implicit Bias, Racial Inequality, and Social Determinants of Health:  
Implications for Advancing Kidney Health  
End-Stage Renal Disease National Coordinating Center  
Inaugural Structural Competency Training for Kidney Health Professionals  
January 16<sup>th</sup>, 2024**



David Geffen  
School of Medicine

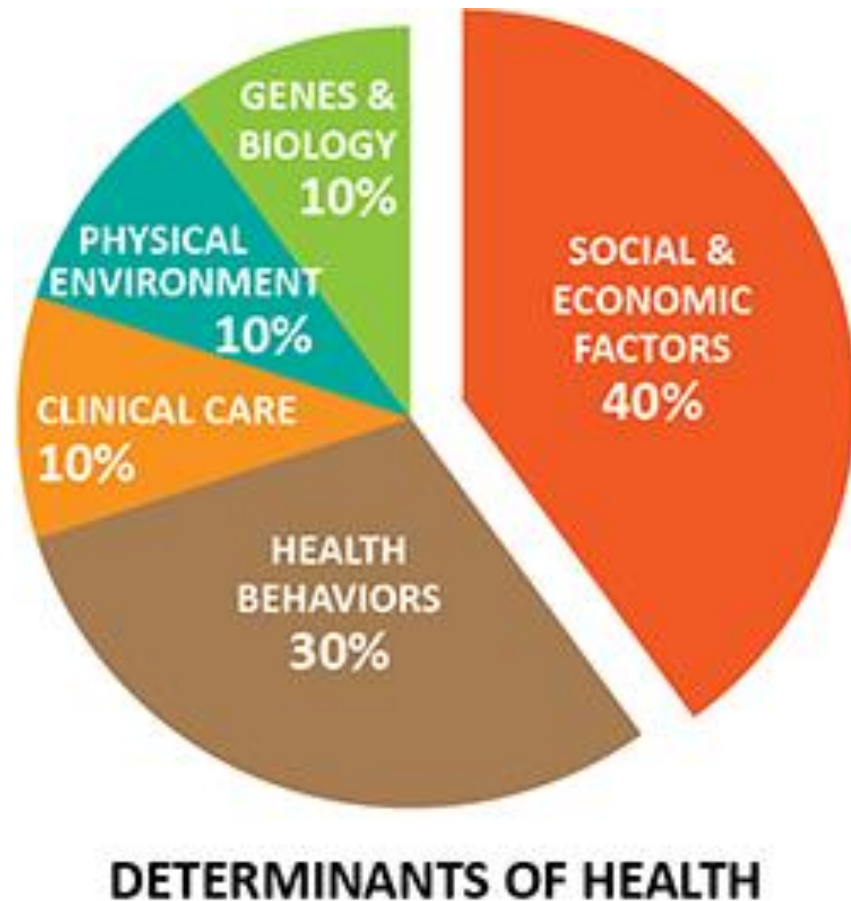
**Building. Belonging. Becoming.**

Keith C. Norris, MD, PhD  
*Distinguished Professor and Executive Vice-Chair  
Dept. of Medicine for Equity, Diversity & Inclusion  
David Geffen School of Medicine – UCLA*

# Learning Objectives

- The Problem: State of CKD/ESKD disparities
- From Implicit Bias to Discrimination
- Racial Inequity, Social Determinants of Health & Structural Competency
- How might understanding these issues help us to advance equitable care for patients with CKD/ESKD

# What are the Major Factors that Drive Health?



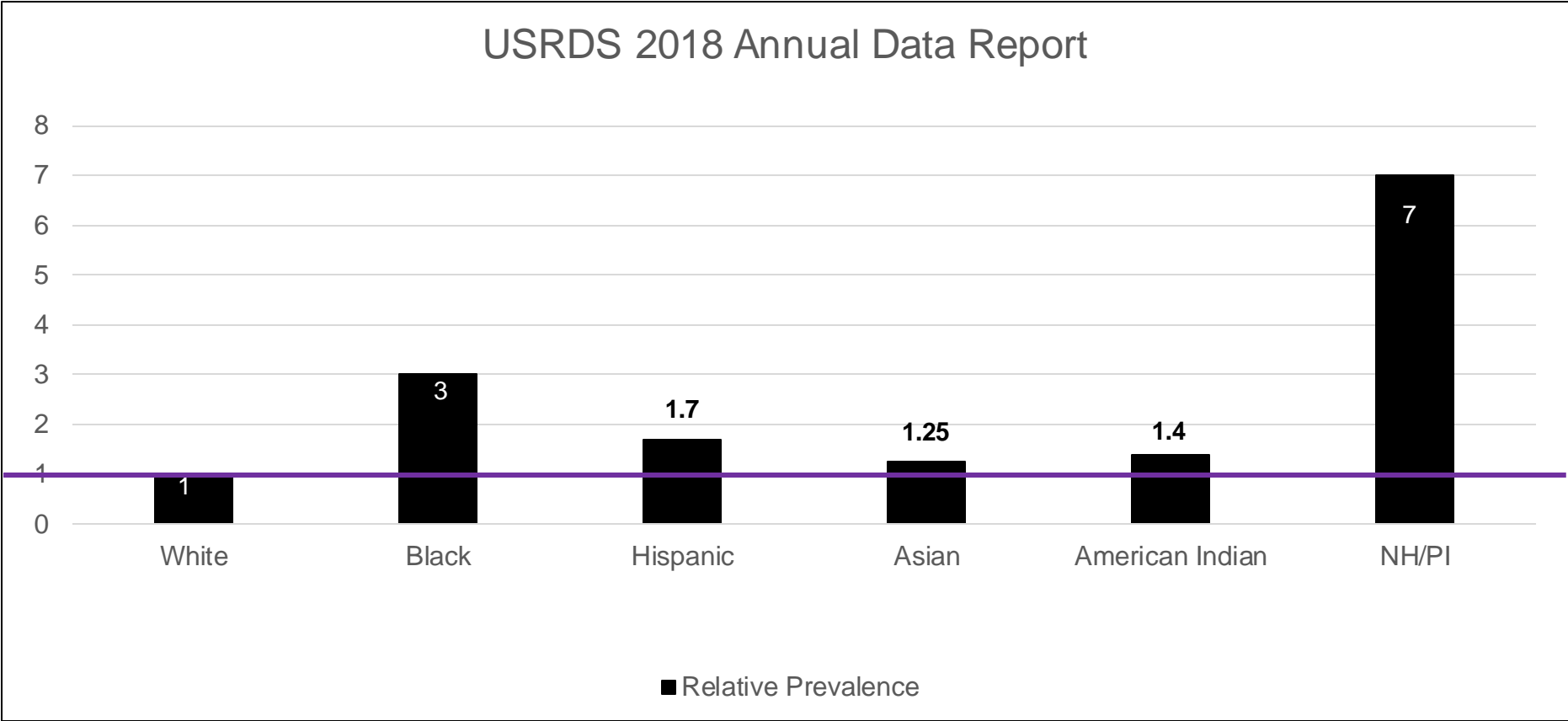
**Social and economic, health behaviors, clinical care, physical environment and much of biology are driven by “structured systems woven into the fabric of our society.”**

**And these are often not equitably allocated for all groups of patients**

Source: Tarlow, AR, *Public Policy Frameworks for Improving Population Health*

**Group Level Disparities in Health occur when there are Group Level Inequities in the distribution of Health affirming resources & opportunities**

# CKD - A major public health problem and one of the most striking examples of health disparities in the United States



**Major risk factors – DM, HTN**  
**CKD is Common, Harmful, Treatable**

# Implicit Bias

Everyone has it.....  
Attitudes, thoughts or stereotypes  
that affect our understanding,  
actions and decisions in an  
unconscious manner;  
are involuntarily formed and are  
typically unknown to us



# Bias → Discrimination

## Bias (conscious or unconscious)

Tendency or inclination toward or against something or someone

### Stereotype

Widely held beliefs, unconscious associations about members of certain groups that are presumed to be true of all members

### Prejudice

Pre-judgement or unjustifiable negative attitude against a group and its members

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### Microaggressions

Subtle verbal and non-verbal insults often done automatically & unconsciously

### Discrimination

Unequal treatment of members of groups based on identity (race, ethnicity, sexual orientation, religion, physical appearance)

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# WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

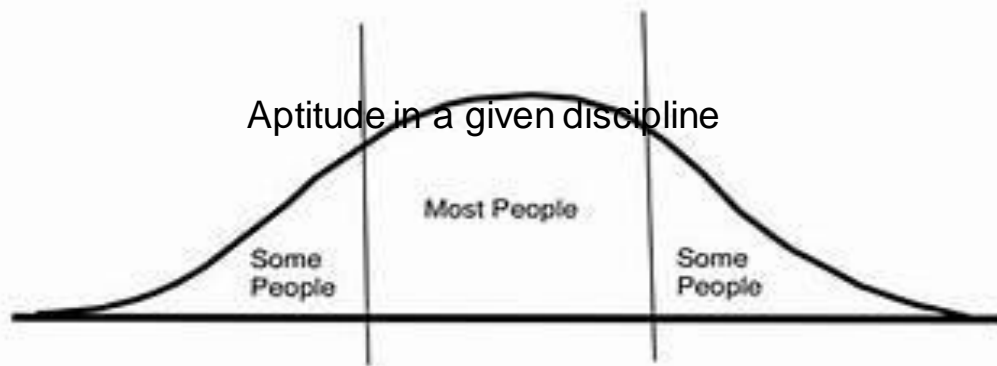
@sylvriaduckworth

# Ongoing Biased Narratives around EDI & Workforce

*She was* confident, assertive, ambitious - she lacks social skills  
*He was* confident, assertive, ambitious - he's a natural leader

*We want diversity, but we also want qualified people*  
- implies some identities cannot be qualified

Bias: WWII (and still today) Black people aren't smart enough to fly as pilots  
Data: Tuskegee airmen with suboptimal training conditions and less preparation were 1.4 times less likely to lose a bomber than than peers.



*Narrative: We want the Best & Brightest*  
Do we want the top 10% with aptitude and talent in health sciences (Best & Brightest) and develop them or do we want the top 10% resourced people able to score top 10% of a test but may be in the top 20-50 percentile of aptitude/skills/potential ?





### Fiona White, MD

*Dr. White can only be described as **motherly**. You know that if you're going to be on call with her there you won't be hungry because she will bring lots of snacks. She is a very **kind, caring** person and it is reflected in how she treats her patients as well as her coworkers.*

- Keith Riggs, MD

 **UTHealth** | **McGovern** #Classof2020  
The University of Texas Health Science Center at Houston Medical School @UTHealthObGyn



### Susan Nasab, MD

*I learned so much from Dr. Nasab. She is so **cool** to be with in the OR, always with a new technique or trick. I appreciated the time she took to teach us and make us better. She is a very **caring** person. Susan is also super **funny**, and has amazing stories. She is going to be an amazing REI!*

- Adekorewale (Wale) Odulate-Williams, MD

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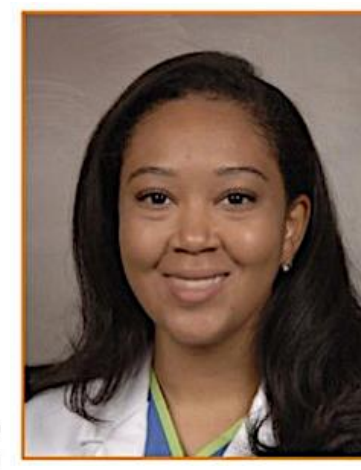


### Chizaram Nwogwugwu, MD

*Dr. Nwogwugwu makes her team feel loved by how she helps us and brings **joy** to a stressful day. Her **small acts of kindness** show that she cares and is there for us. She is **direct and honest**. Not only is she tactful when giving feedback, but she also provides practical solutions and really **helps you to believe in yourself**. I wish I had more time to learn from her.*

- Kelcie Alexander, MD

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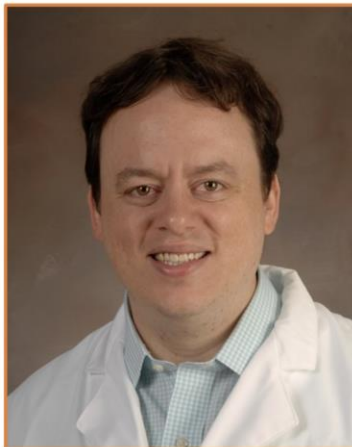


### Ivana Simpson, MD

*Dr. Simpson not only is a **rockstar** in the OR, but also in the workplace where she jams to music. She is a **loveable chief**; her **easy-going** attitude makes her a great person to work with. She is also approachable. Her composure is one of the many qualities I hope to gain. Wish her all the best!*

- Aneesh Kothare, DO

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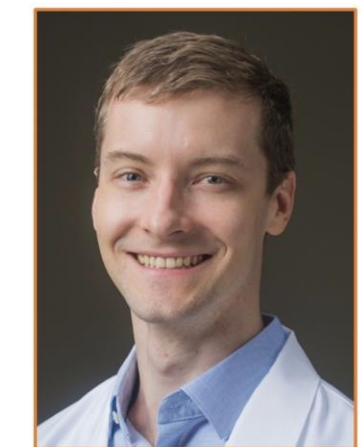


### Clifton O. Brock, MD

*Dr. Brock is **smart, friendly, and caring**. He is also **efficient and analytical**. His work has laid the foundation for large prospective studies that may answer critical questions to predict and prevent complications of monozygotic twins, including death or severe long term disability. He is an **exceptional talent** with **great potential** ahead. We are excited to have him join our Fetal Intervention family!*

- Dr. Ramesh Papanna, MD, MPH

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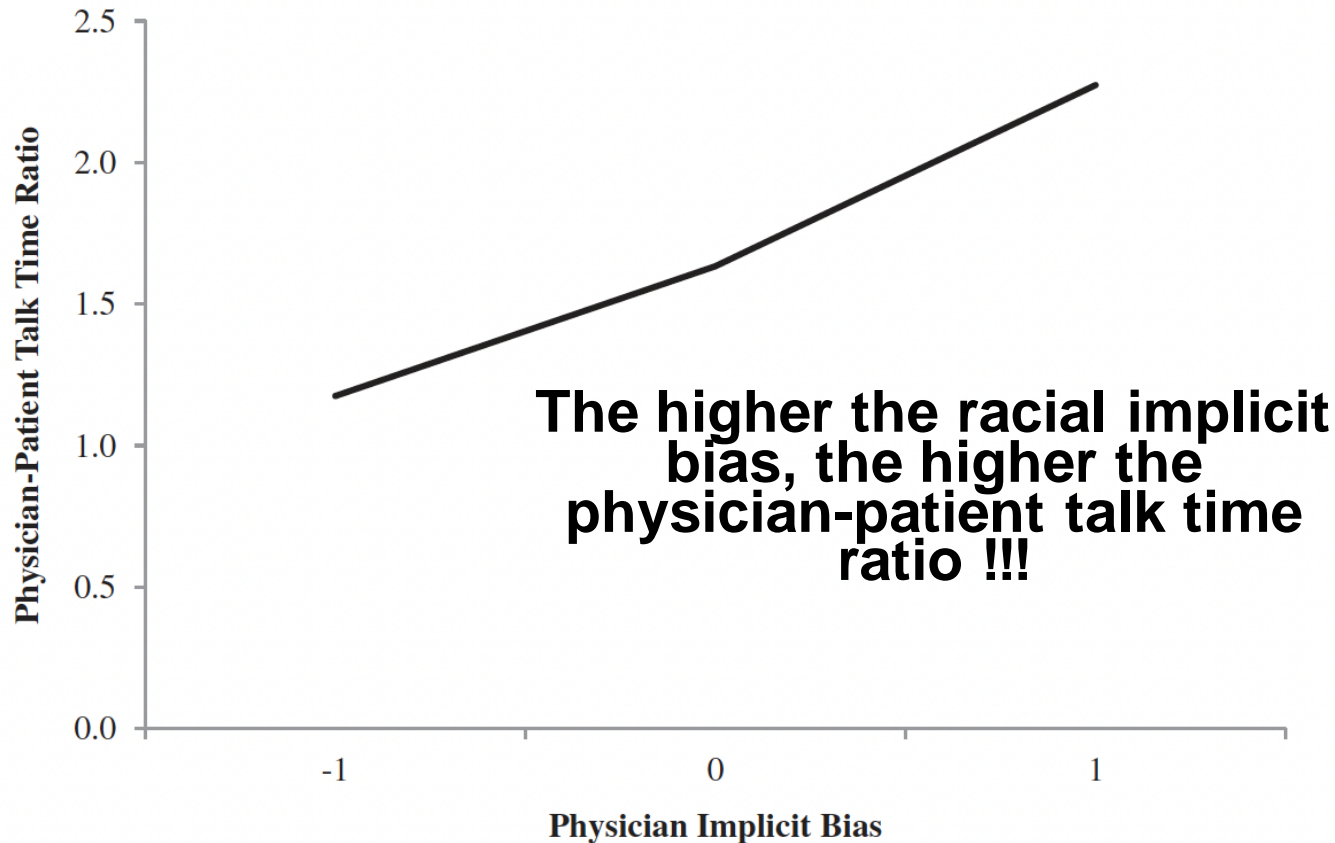
### Eric Bergh, MD

*Dr. Bergh is a **compassionate and brilliant** person with a **passion for information technology**. During his Fetal Intervention fellowship, he has performed >250 procedures, guided by the best - Drs. Ken Moise & Tony Johnson. He has developed multiple novel studies, and continues to do research which will lay the foundation for developmental outcome studies in fetal disease. We are all proud of his accomplishments and thrilled to have him join the Fetal Center team as faculty.*

- Dr. Ramesh Papanna, MD, MPH

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# Racial attitudes, physician-patient talk time ratio, and adherence in racially discordant medical interactions



## Impact

- More verbal dominance
- Less answering questions
- Lower patient positive affect
- Poor ratings of interpersonal care

# What about CKD ?

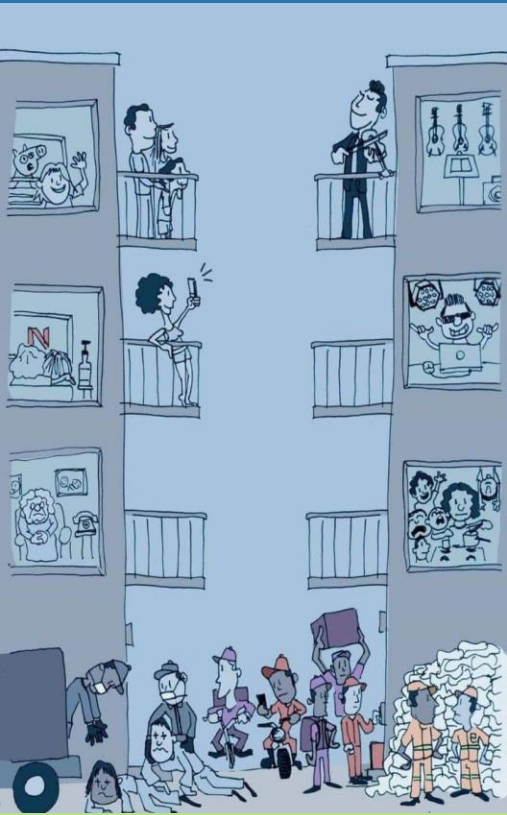
## Let's look at Discrimination



# COVID-19, SDoH & Health Disparities

## Minoritized Groups, Dialysis Patients > infections, hospitalizations & deaths

Residential segregation, underfunded school systems, poverty, chronic discrimination

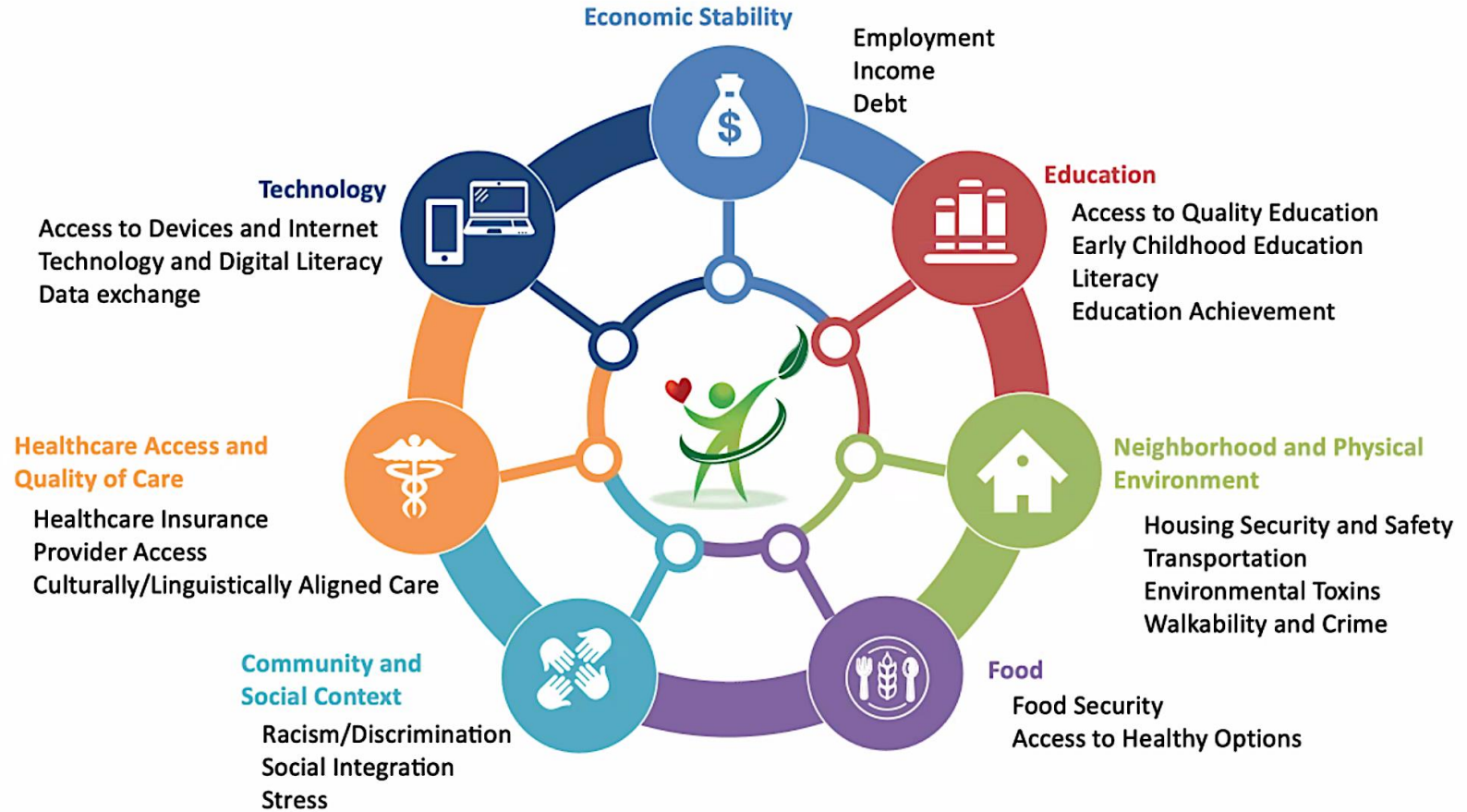


Increase Risk of Exposure

High Chronic Disease Burden

Lack of Access to Quality Care

Narrative to keep the status quo: People at the bottom don't work hard and/or are genetically inferior



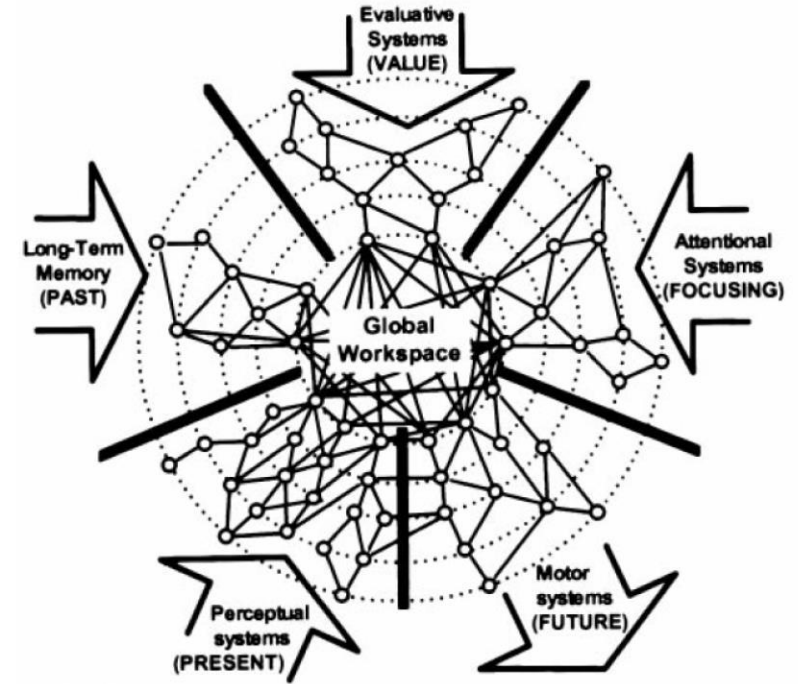
Brazilian artist Bruno lyda Saggese



# Poverty/Discrimination/Microaggressions/More → Psycho-Bio-Social Stress (distress) → Poor Cognitive & Biologic Processing

The addition of racism, sexism, classism, homophobia & other discriminatory systems

Even stress of Dialysis or impending Dialysis

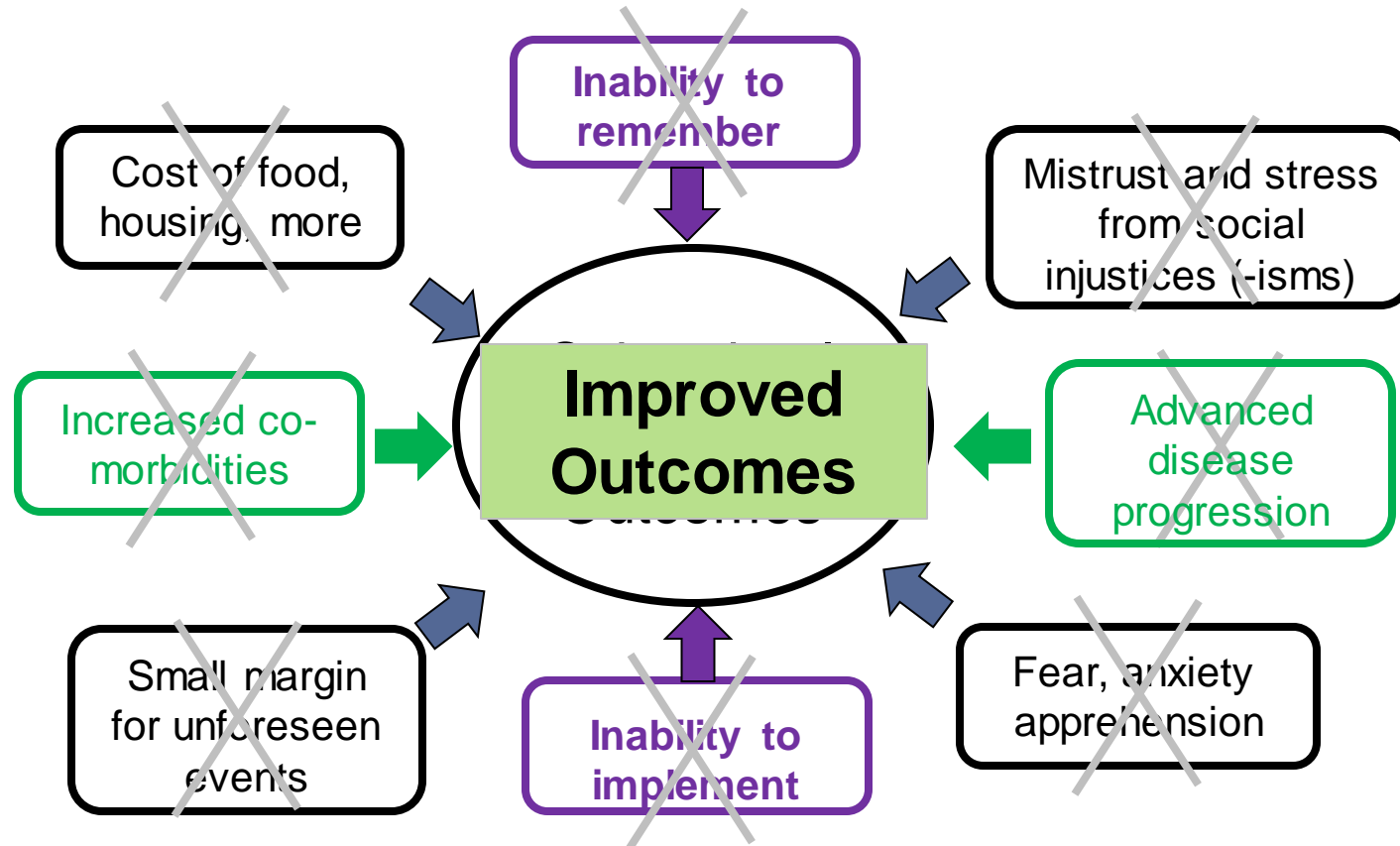


Stressors Lead to:

- 1) Realignment of workspaces that impedes **cognitive processing & core executive functions**
- 2) Maladaptive biologic processing - (to survive)

Biologic Processing: Chronic Inflammation, Oxidative Stress, Immune Dysregulation, Neuro-hormonal activation, Epigenetic changes

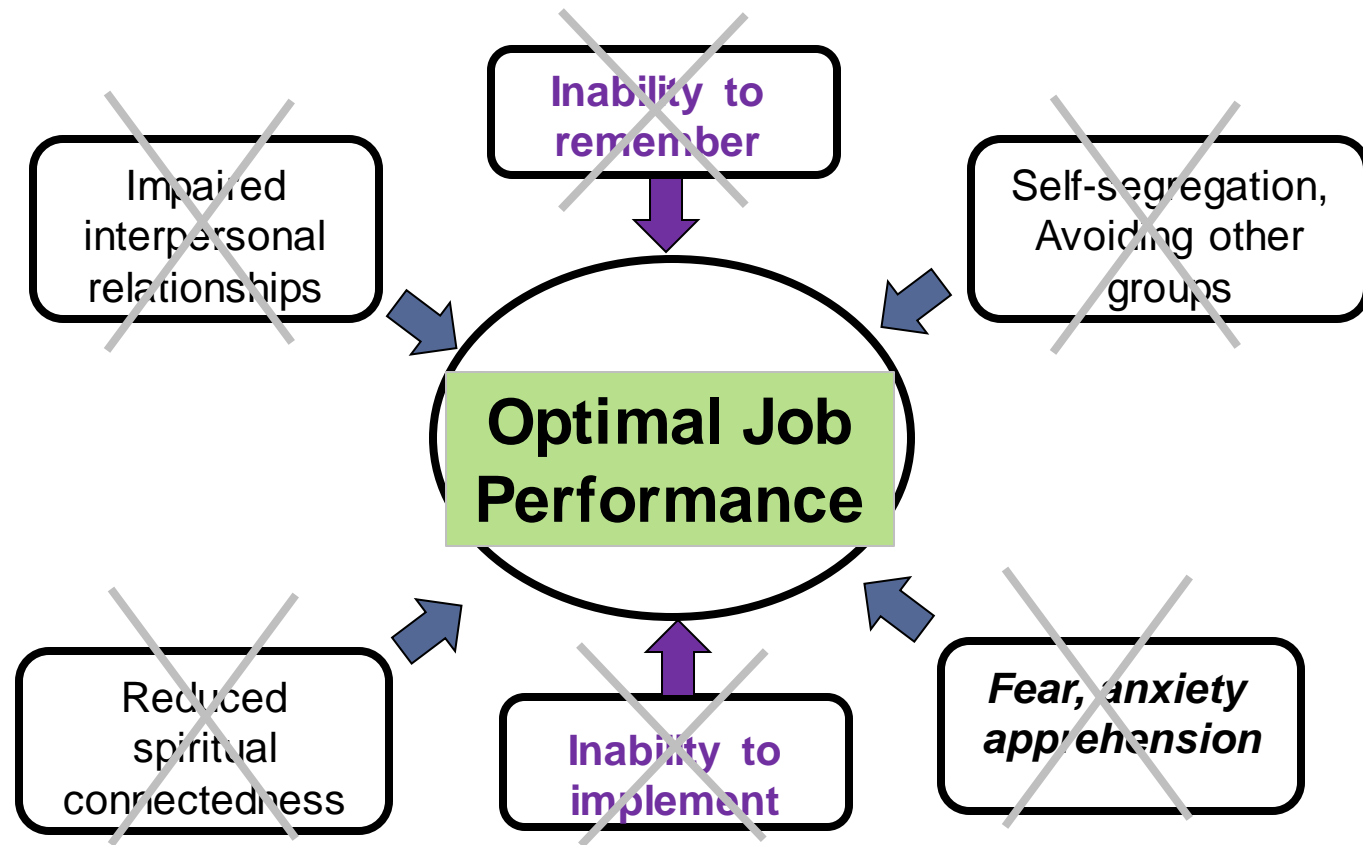
# Patients: What might happen if/when an “under-resourced/marginalized” CKD/ESKD patient makes it to their visit/Rx & then goes home?



Which ball(s) are your under-resourced/marginalized and disproportionately minority patients likely to drop

- Rent, food, electricity, childcare, elder care or
- Provider recommendations, f/u visit, meds/other?

# Workforce: What might happen if CKD staff/trainees/providers have the usual work/life stress & the additive stress of work/life discrimination/isolation?



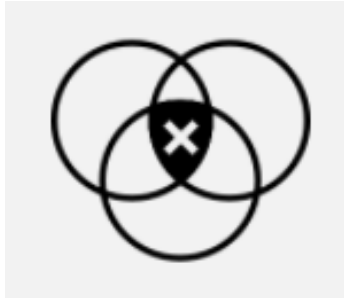
Which ball(s) are your staff, students, trainees, faculty likely to drop if your institution is not a safe space?

**These are some of the reasons why we worry about bias and more - and to address these we need Diversity, Equity and Inclusion Initiatives**

# The Way Forward



# For Countering Bias & Racism (all isms)



## **Common Identity Formation:**

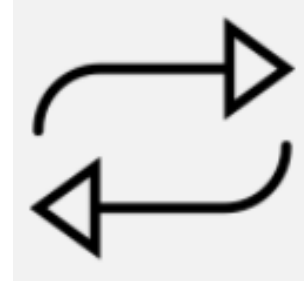
Inquire about possible common group identities between you and the patient (shared values)



## **Perspective Taking:**

Think first not what's wrong with them, but what did "we" do to them

Recognize it could be you



## **Consider the Opposite:**

Pause and look for evidence for the opposite of a negative image you may have assigned them.



## **Counter-Stereotypical Exemplars:**

Focus on individuals you admire/respect in the same demographic as the patient

Focus on treating patients/peers/staff as individuals and not as a group-level category where bias resides



**Health Care & Structural Competency:** Ability of health care providers & trainees to recognize and respond to health and illness as largely driven by the downstream effects of 'upstream' broad social, political, and economic structures.

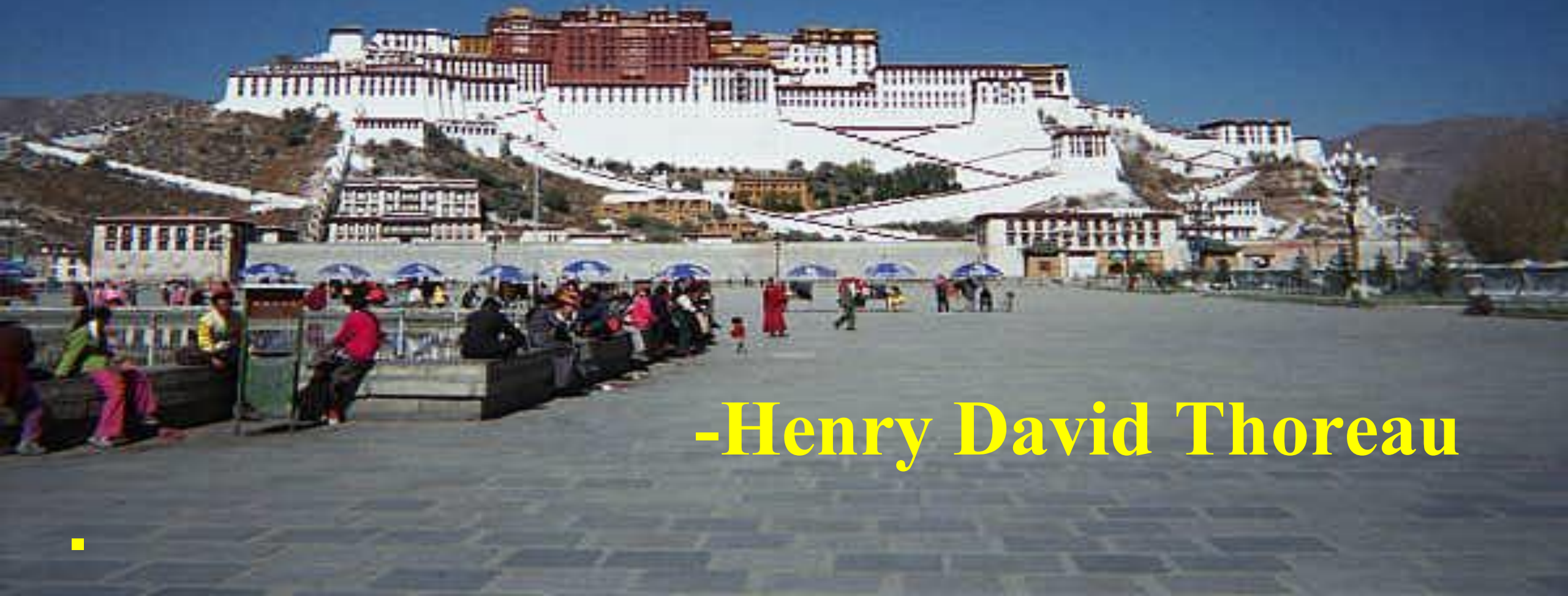


# Examples of Structural Competent Approaches: Health Equity-Minded CKD/ESKD Health System Interventions

Low SES	Partner to create solutions: Medical-Financial Partnerships, Medical-Legal Partnerships, behavioral health services and more to help mitigate the impact of low SES on CKD/ESKD outcomes
Poor Nutrition	<ul style="list-style-type: none"><li>• EHR alert based on patient address to identify living in a food desert &amp; possible resources</li><li>• <b>Dietician trained in structural competency and equity for culturally appropriate foods &amp;</b> to connect qualified patients to Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants &amp; Children (WIC), or local senior food services</li><li>• Consider clinic-based food pantries</li></ul>
Limited Green Space	Connecting patients to local CBOs, churches, etc. with walking groups or other structured exercise activities such as the Diabetes Prevention Program



**It's not what you look at that matters, it's  
what you see.**



**-Henry David Thoreau**

***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.

# See you at the next training!

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



- Module 2 | Jan 30: Exploring Structural Competency within Kidney Health
- Module 3 | Feb 15: Imagining and Implementing Structural Interventions for Kidney Professionals

Register Module 2 and Module 3 of the training  
<http://esrdncc.org/en/professional/healthequity>

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