STRUCTURAL VULNERABILITY CHECKLIST

From: Bourgois P, Holmes SM, Sue K, & Quesada J. (2017). "Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care." *Academic Medicine, 92*(3): 299-307.

Chart 1

Structural Vulnerability Assessment Tool[a]

Domain	Screening questions and assessment probes[b]
Financial security	**Do you have enough money to live comfortably—pay rent, get food, pay utilities/telephone?** • How do you make money? Do you have a hard time doing this work? • Do you run out of money at the end of the month/week? • Do you receive any forms of government assistance? • Are there other ways you make money? • Do you depend on anyone else for income? • Have you ever been unable to pay for medical care or for medicines at the pharmacy?
Residence	**Do you have a safe, stable place to sleep and store your possessions?** • How long have you lived/stayed there? • Is the place where you live/stay clean/private/quiet/protected by a lease?
Risk environments	**Do the places where you spend your time each day feel safe and healthy?** • Are you worried about being injured while working/trying to earn money? • Are you exposed to any toxins or chemicals in your day-to-day environment? • Are you exposed to violence? Are you exposed regularly to drug use and criminal activity? • Are you scared to walk around your neighborhood at night/day? • Have you been attacked/mugged/beaten/chased?
Food access	**Do you have adequate nutrition and access to healthy food?** • What do you eat on most days? • What did you eat yesterday? • What are your favorite foods? • Do you have cooking facilities?
Social network	**Do you have friends, family, or other people who help you when you need it?** • Who are the members of your social network, family and friends? Do you feel this network is helpful or unhelpful to you? In what ways? • Is anyone trying to hurt you? • Do you have a primary care provider/other health professionals?
Legal status	**Do you have any legal problems?** • Are you scared of getting in trouble because of your legal status? • Are you scared the police might find you? • Are you eligible for public services? Do you need help accessing these services? • Have you ever been arrested and/or incarcerated?
Education	**Can you read?** • In what language(s)? What level of education have you reached? • Do you understand the documents and papers you must read and submit to obtain the services and resources you need?
Discrimination	***[Ask the patient]* Have you experienced discrimination?** • Have you experienced discrimination based on your skin color, your accent, or where you are from? • Have you experienced discrimination based on your gender or sexual orientation? • Have you experienced discrimination for any other reason? ***[Ask yourself silently]* May some service providers (including me) find it difficult to work with this patient?** • Could the interactional style of this patient alienate some service providers, eliciting potential stigma, stereotypical biases, or negative moral judgments? • Could aspects of this patient's appearance, ethnicity, accent, etiquette, addiction status, personality, or behaviors cause some service providers to think this patient does not deserve/want or care about receiving top quality care? • Is this patient likely to elicit distrust because of his/her behavior or appearance? • May some service providers assume this patient deserves his/her plight in life because of his/her lifestyle or aspects of appearance?

SCWG Structural Competency Working Group

LEVELS OF INTERVENTION

Listed below are potential structural challenges and interventions at each of the levels. Note that many items could potentially fall under multiple headings.

Level	Challenges	Strategies
Individual	• "Implicit Bias" • Discrimination: Racism, sexism, heteronormativity, ageism • Moral judgments of patient behavior • Negative/blaming language • Concern for medical education debt and choice of career path • Ignorance of structural problems and solutions/services	• Education • Find way to one-self accountable • Use neutral language • Ask more questions of your patients • Talk less, listen more • Cultivate structural humility
Interpersonal	• Language Barriers (including complex medical jargon/terminology) • Power imbalance between patient and provider • Training and/or clinical team hierarchies • The "Hidden" Curriculum • Time constraints • Student needs (learning, performance) balanced with patient needs • Exploitation of patients (both historical and immediate) • Preference for biomedical interpretation over patient interpretation	• Use existing support service (interpreters, etc.) and use real language • Recognize the hierarchies, practice humility, resist where you can, use your status for good where appropriate/possible (med students). • Understand that medical professionals have a culture as well. • Structural vulnerability checklist (as a tool to avoid assumptions, address patient needs
Clinic/ Institutional	• Poor interpretation services • Inaccessible for families (hours of operation, location, etc.) • Disorganized, chaotic care (different providers) • Not adapted to patient/community needs • Providers feeling overstretched, time pressures • Underfunding	• Restructure clinic within constraints to best meet patient needs, advocate to change the restraints • Community engagement –ask what they need • Case management • Integration of behavioral services with mental health services

LEVELS OF INTERVENTION

Level	Challenges	Strategies
Community	• Lack of community representation • Exploitation of communities • Community policing practices leading to violence and trauma • Poor access to clean water • Poor access to affordable gas and electricity • Poor access to healthy food • High levels of toxicity, environmental racism/classism	• Create opportunities for community voices/leadership • Work to educate police about the health costs of policing/incarceration • Partner with CBOs working on structural issue outside of clinical settings • Affordable and safe ride share opportunities for lower income communities • Community food gardens • Community organizing for safe water, lower neighborhood toxicity • Home/phone visits • Group visits Use your white coat/title as symbolic capital
Policy	• Immigration and housing policies • SSI benefits that require mental health diagnosis • Prison industrial complex and criminalization of drug use • Medicare value measurements that contribute to pressures • Access to/Cost of pharmaceuticals • Lack of diversity/inclusion in health professional education instructors • Lack of formal curriculum on structural determinants of health in health profession schools	• Refuse to report undocumented migrants • Contact media, seek out radio speaking opportunities • Write media articles, editorials, and position statements demonstrating the relationship between policies and poor health • Challenge claims (e.g. based on genetics) that naturalize inequality • Research the historical effects of policies • Make pharmaceutical access inequity transparent through blog posts, social media, and formal media (e.g. Shkreli) • Activism - Be a medic or wear your white coat (with permission from organizers) at rallies, marches, etc. • #whitecoats4blacklives and other student movements to change admissions policies, national policies about policing and incarceration • Medical education reform

LEVELS OF INTERVENTION

Level	Challenges	Strategies
Research	• Emphasis on quantitative research that takes for granted social categories • Demand for particular kinds of evidence • Lack of funding for social science research relative to basic science • Publishing bias-research preferentially published from elite universities	• Engage patients in defining important research questions and aims • Situate research in a structural context • Use the accepted forms of evidence to point to structural causes for health disparities • Research the historical effects of policies Advocate for better funding for qualitative research