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 hold oneself 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
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 utilities • 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 issues outside of clinical settings • Affordable and safe ride-share opportunities for lower income communities • Community food gardens

Source: Structural Vulnerability Working Group

Level	Challenges	Strategies
		• 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 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 (e.g., Shkreli) transparent through blog posts, social media, and formal media • 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
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

Source: Structural Vulnerability Working Group