Title

Structural Competency and Agricultural Health and Safety: An Opportunity to Foster Equity within Agriculture.

Journal

Journal of Agromedicine, 28(1)

Authors

Bendixsen, Casper

Ramos, Athena

Holmes, Seth

Publication Date

2023

DOI

10.1080/1059924X.2022.2148148

Peer reviewed

HHS Public Access

Author manuscript

J Agromedicine. Author manuscript; available in PMC 2024 April 22.

Published in final edited form as:

J Agromedicine. 2023 January ; 28(1): 45–52. doi:10.1080/1059924X.2022.2148148.

Structural Competency and Agricultural Health and Safety: An Opportunity to Foster Equity within Agriculture

Casper G. Bendixsen[a], **Athena K. Ramos**[b], **Seth M. Holmes**[c,d,e]

[a]National Farm Medicine Center, Marshfield Clinic Research Institute, Marshfield, Wisconsin, USA

[b]Central States Agricultural Safety and Health Center, University of Nebraska Medical Center, Omaha, Nebraska, USA

[c]Division of Society and Environment, University of California Berkeley, Berkeley, California, USA

[d]Deprtment of Anthropology, University of Barcelona, Barcelona, Spain

[e]Catalan Institute for Research and Advanced Study, Barcelona, Spain

Abstract

The future of agricultural work in the United States (U.S.) must account for at least two important trends: 1) the persistence of the industry being riddled with high rates of injury and illness and 2) the growing proportion of hired farmworkers compared to family farmworkers working in these dangerous environments. These workers confront structural disadvantages that impede social justice and prosperity. Social structures like policies, economic systems, institutions, and social hierarchies create health disparities, often along the lines of social categories. The result is an already dangerous industry with vulnerable workers facing unjust risks, especially those that are undocumented. Agricultural health and safety professionals and other stakeholders should engage structural competency curricula in order to increase awareness of impact of structures and be better positioned to improve farmworker health and wellbeing. Similar work has been successful in the training healthcare professionals, e.g. the Structural Competency Working Group (SCWG). New strategies are needed to improve farmworker wellbeing and retain an adequate agricultural workforce. A greater understanding of the social and structural concerns that farmworkers face is an important step towards occupational and social justice. It is also clear that it will require collaboration and community-based efforts creating a larger team of people using similar concepts related to the structural influences on whether health and wellbeing are distributed equitably. This work is being moved forward in healthcare, social work, worker organizations, and community-based initiatives. Agricultural health and safety professionals have a vital contribution to make if they join the ranks.

CONTACT Casper G. Bendixsen bendixsen.casper@marshfieldresearch.org National Farm Medicine Center, Marshfield Clinic Research Institute, Marshfield, Wisconsin, U.S.A.

Disclosure statement

No potential conflict of interest were reported by the authors.

Keywords

Structural competency; farmworkers; training curriculum; equity; health disparities

Trends

The future of agricultural work in the United States (U.S.) must account for at least two important trends: 1) the persistence of the industry being riddled with high rates of injury and illness and 2) the growing proportion of hired farmworkers compared to family farmworkers working in these dangerous environments. Most hired workers are from Mexico and Central America. Whether settled or migrant, these farmworkers are often confronted with structural disadvantages that impede social justice and prosperity. Social structures like policies, economic systems, institutions, and social hierarchies have led to "health disparities, often along the lines of social categories (e.g., race, class, gender, sexuality, nativity, and ability)."[1,2] The result is an already dangerous industry with vulnerable workers that face unjust risks.[3,4] Power differentials affecting workers who are undocumented or lack formal authorization to work in the U.S. can create even further structural vulnerability.[5] Agricultural health and safety professionals and other stakeholders should engage in adapting and adopting structural competency curricula in order to increase awareness of impact of structures as well as to become better positioned to use this knowledge to improve farmworker health and wellbeing.

Healthcare providers and researchers strive to improve upon approaches to best care for farmworkers and their families. Initiatives like the Migrant Health Program and Migrant Clinicians Network (including its Health Network) have made strides in increasing farmworkers' access to healthcare. However, new approaches that identify and address the structural and "social determination" of health are beginning to evolve.[6,7] Among these efforts is the Structural Competency Working Group (SCWG). The SCWG, based in Oakland, California, is an "interprofessional group of practicing clinicians, scholars, students, and administrators from a broad range of fields, including medicine, nursing, anthropology, sociology, social work, and public health, among others. This Bay Area initiative is linked with other initiatives and networks across the U.S. and internationally. The goal of the working group, of which all this resource's authors have been members, is to integrate structural competency into the training and practice of health care providers."[2,8–11] More information can be found on the SCWG website (www.structcomp.org) and on the national and international network's website (https://structuralcompetency.org/structural-competency/).[11] See Figure 1.

This formalization of training in structural competency and other similar frameworks could be adapted for agricultural employers, managers, supervisors, students, and agricultural health and safety practitioners. Fostering partnerships between existing structural competency experts, agricultural health and safety professionals, and community stakeholders could resolve a gap in agricultural management education and would raise awareness of structurally persistent disparities, helping to overcome challenges within the work environment, existing programs, and access to related community services.

Importantly, structural competency training moves broader and deeper than most other approaches (e.g., social determinants of health; diversity, equity, and inclusion initiatives; or cultural competency education) as it informs practitioners beyond individual interactions and brings historical and contemporary context to how disparities are normalized and replicated.[2] (See Figure 2).

Research analysis, current initiatives

An argument could be made that farmworker communities are becoming more experienced and established within the U.S. landscape, especially in terms of crop production and, in some cases, settlement in place as opposed to seasonal migration.[11,12] However, this does not indicate or imply that their economic, political, or health conditions have improved or been rectified. According to the National Agricultural Workers Survey (NAWS) 2019–2020, 78% of crop farmworkers identify as Hispanic; 63% are from Mexico, and 85% of all foreign-born farmworkers have been in the U.S. for at least 10 years. Many farmworkers (56%) have work authorization. Half of farmworkers have been with the same employer for 5 or more years, and most plan on remaining in agriculture for the majority if not all of their working years. Yet still, many farmworkers face challenges in accessing healthcare, with less than half having access to health insurance.[13] Cost and English language proficiency continue to be major concerns.

There are no national surveillance tools for farmworkers engaged with livestock production, as the NAWS does not include them within their sampling frame. Although it is estimated that about 40–50% of the livestock production workforce consists of foreign-born workers, little is known about the challenges that these farmworkers face.[14] In a recent study, over 70% of cattle feedyard workers reported experiencing an occupational injury.[15] Emergent research has documented distinct correlates for physical and mental health concerns and job characteristics that directly and indirectly impact workers.[16–18] However, markers of structural and social determination of health such as immigration status, the impact of agricultural exceptionalism, ethnic segregation of labor markets (structural racism), and comprehensive measures of socioeconomic status have been limited in use with farmworkers, particularly in studies of livestock production workers.

An approach to farmworker health must, therefore, account for the context in which the farmworkers and their families live. This is not altogether unlike what structural competency training programs have done in other fields, such as medicine (at varying levels of education and professionalization) and public health.[19–21] Many programs build upon community-based approaches, but rarely reach beyond the level of the provider or specific fields of study and practicum. At its core, training in structural competency improves an individual's ability to identify the influence of structures on health, the influences of structures on the environment in which the trainee works, generate strategies to respond to both these sets of structures, and promote a stance of humility as an approach to that other person or community.[2]

A parallel and hopeful trend relevant to this need for stakeholder engagement beyond healthcare, public health, and social work are the examples accumulating from individual

communities and networks where more is being done to improve the wellbeing of farmworkers and their families. This is coupled with the realization that large-scale policy change is slow-moving and should not be the only lever for enacting change. For example, alliances between institutions, community-based organizations, and farmworker communities (e.g., Ben and Jerry's Ice Cream and Migrant Justice; Whole Foods, McDonald's, Subway, and Walmart with the Fair Food Program and Coalition of Immokalee Workers) point the way for collaborative standards with leadership from farmworkers that chip away at the inequities that farmworkers face. These alliances have addressed structural factors by increasing wages for farmworkers, including farmworkers in leadership and decision-making, and providing oversight of labor practices. They address the basic human rights of farmworkers in relation to working conditions, which is simultaneously changing upstream factors that determine health, injury and disease.

In California, the Binational Center for the Development of Oaxacan Indigenous Communities/Centro Binacional para el Desarrollo Indígena Oaxaqueño has worked to increase enforcement of health and safety laws to protect farmworkers – especially related to COVID protocols and heat-related practices (see also https://www.centrobinacional.org/). In Maine, a group of farmworkers, clinicians, and designers worked together to address some of the more proximal causes of injury affecting blueberry pickers by collectively developing new rakes that led to fewer injuries while being acceptable and preferred by farmworkers.[22] Farmworker organizations, like the United Farm Workers (UFW), Pine and Farmworkers United (PCUN), Familias Unidas por la Justicia (FUJ), the Coalition of Immokalee Workers (CIW), and others have pushed for structural change in working conditions, living conditions, as well as inclusion in health care, drivers' license laws and other policies. All of these factors work toward health equity by confronting and counteracting structural factors currently producing injury and disease for farmworker populations.

Other examples include *puentes* or "bridges" programs specific to farmworkers and their families' wellbeing. These programs align employers, community members, and migrant/immigrant workers towards improved livelihoods. *Puentes* programs currently exist in California, Connecticut, Minnesota, and Vermont. These industry and community partnerships support stakeholders as they take actions to improve health and work against social inequities. They are usually targeted at the level of commodity group or sometimes region, sometimes without relying on political action or legislation. These programs have a number of notable accomplishments: they have also successfully served as gatekeepers for effective injury prevention programs designed for farmworkers;[23] assisted in COVID-19 vaccine distribution and remote learning/work adaptions;[24] and increased immigrant farmworker access to care and improved healthcare professionals' knowledge of farmworker community.[25]

Gaps in knowledge, regulation and practice

"I was raised and trained to milk 120 cows. Not to manage 30 men and women who milk 1,200 cows. I'll take whatever education it takes to get the job done right." – *2017 interview Wisconsin dairy farmer regarding changes in agricultural management*.

Dairy, like much of U.S. agriculture, is consolidating and expanding – fewer owners, more employees, more mid-level managers, and more acres, machinery, and animals[26] – and relatively quickly within one or two generations. Many farm owners have found themselves in the business of managing human resources as much as producing food, fiber, and fuel. Structural change in the agricultural economy without much change in its profitability for many smaller farm owners has certainly shaped the environment in which farm owners and managers make decisions about labor. Additionally, agricultural exemption from many labor laws (e.g., overtime provisions of the Fair Labor Standards Act, collective bargaining protections through the National Labor Relations Act, workers' compensation requirements) and the lack of agricultural knowledge in regulatory groups have contributed to poor working conditions. Bringing farm owners and managers into the discussion about structural competency is an opportunity to continue to broaden what it means and what it takes to be a "good farmer" – in the sense that it is not just about profit margins or environmental stewardship, but also about decent work environments, where the values of "freedom, equity, security and human dignity" are intentionally fostered.[27] Workers are more than just "hired hands" and must be treated ethically.[28] As such, agricultural employers and managers would benefit from understanding the structural challenges farmworkers face in daily life, opening the possibility of supporting farmworker communities in working toward healthier lives and thriving more generally.

Although structural interventions like comprehensive immigration reform in the U.S. and specific protections for farmworkers have been discussed for many years, there has been limited change. As we work toward these changes over the long term, structural competency training and education could bring positive change to the work environment by humanizing organizational policy approaches and developing collaborative food system standards with input and leadership from farmworker communities and community-based organizations.

Recommendations for the future

Curriculums like that of the SCWG should be tailored for the agricultural health and safety field and redeployed. Beginning with a reframing of the core goals, a few modifications to structural competency training are needed to tailor to the agricultural context such as moving up the injury timeline from treatment to prevention, formulating approaches from worker and community perspectives rather than only healthcare practitioners and patients, and highlighting partnerships that work against power differentials between employees, community-based organizations, and employers. Training should be grounded in structural humility (i.e., knowing the limits of our individual knowledge, understanding personal and organizational biases, and working collaboratively with farmworkers and farmworker-serving organizations to learn what is needed). If successful, the modified approach could also be impactful in agricultural management education with the possibility of even further adaptation for students at the high school level in 4 H and FFA programs.

Curriculums and training are just one component of a comprehensive strategy to address the structural and social determination of health among farmworkers. Farmworkers are people with unique goals and aspirations. The invisibility they experience cannot continue; this may be especially true for those that are undocumented. Society must "see" and value these

workers, not only as productive labor but as human agents. As a field, we must continue to think about the systems that perpetuate inequities affecting this worker population so vital to our societies.[29] We must work against narratives that represent these important communities as undeserving of inclusion in society.[30] Perhaps part of the answer lays in creatively adjusting the composition of the soil (i.e., policies, practices, and norms that govern society) in which these inequities are reproduced. Policy solutions and advocacy will be required.

Previous successes in structural change impacting agricultural safety and health should be built upon. While some changes are perhaps tertiary to immigrant workers' health and safety, some are a direct result of workers and advocates demanding change. Federal and state policy development have had profound impacts, for example, the passage of the Federal Insecticide, Fungicide, and Rodenticide ACT; the Field Sanitation Provisions; New York's expansion of drivers' licenses regardless of immigration status;[31] Washington State's worker compensation laws that require employers with even one employee to provide coverage and with no minimum hour requirement; or the development of local immigrant focused medical-legal partnerships.[32] Industry can also make important changes; for example in 1985, when tractor manufacturers voluntarily included rollover protective structures on all models. Additionally, farmworker organizations, such as those highlighted above, must have leadership and meaningful input into the working conditions, living conditions, and societal inclusion of farmworker populations.

Research has given little attention to structural and social determination of health, safety, and wellbeing among farmworkers.[18,33,34] As such, more transdisciplinary research and interventions that incorporate these determinants and evaluate their impact are needed.[35] Participatory approaches to research may allow for relationship building, synergies, and insights that could restructure public health practice, community engagement, and policy in the future. Some recent examples were driven by the COVID-19 pandemic, like the Coalition of Immokalee Workers working with Partners in Health to address inequalities for essential farmworkers in the midst of a wildly infectious disease.[36]

An important concern for health professionals embracing the principles of structural competency is whether an individual care provider can impact levels beyond the individual or the family, confined by patient-seeing metrics, language, and geography. We recognize that many within the agricultural industry might question their ability to make an impact. However, sustainable social change requires intervention at multiple levels as well as engagement of various stakeholders with common goals and language. An ideal environment for initial experimentation, intervention, and evaluation could include a community with an existing puentes program or other well-connected organizations (e.g., Migrant Education programs, National Farmworker Jobs partners, or Extension professionals), nearby healthcare facilities that serve farmworkers, community-based organizations, and the presence of adult agricultural education opportunities such as short-courses at local technical colleges.

Clearly, new strategies are needed to improve farmworker wellbeing and retain an adequate agricultural workforce. A greater understanding of the social and structural concerns that farmworkers face is an important step towards occupational and social justice. It is also

clear that it will consist, at least in part, of collaborative and community-based efforts creating a larger team of people. We will need teams of people using similar concepts related to the structural influences on whether health and wellbeing are distributed equitably and working collectively to resolve inequities with humility. This work is being moved forward in healthcare, social work, worker organizations, and community-based initiatives. Agricultural health and safety professionals have a vital contribution to make if they join the ranks.

Acknowledgments

We are grateful to Dr. Sarait Martinez from the Binational Center for the Development of Oaxacan Indigenous Communities/Centro Binacional para el Desarrollo Indígena Oaxaqueño for feedback on drafts of this article. We also wish to thank the two anonymous peer reviewers for their insightful feedback and the editorial staff from the Journal of Agromedicine for their support.

Funding

Dr. Bendixsen's time was partially supported by the Upper Midwest Agricultural Safety and Health Center through the National Institute for Occupational Safety and Health (NIOSH) award number U54 010170. Dr. Ramos' time was partially supported by the Central States Center for Agricultural Safety & Health through the National Institute for Occupational Safety and Health (NIOSH) award number U54 OH010162 funding associated with the work featured in this article. Dr. Holmes' time was partially supported through the National Science Foundation award number 212114, the William T. Grant Scholar Award, and the Cliff Family Foundation

References

1. Stonington SD, Holmes SM, Hansen H, et al. Case studies in social medicine - attending to structural forces in clinical practice. N Engl J Med. 2018;379(20):1958–1961.doi:10.1056/NEJMms1814262. [PubMed: 30428284]
2. Neff J, Holmes SM, Knight KR, et al. Structural competency: curriculum for medical students, residents, and interprofessional teams on the structural factors that produce health disparities. MedEdPORTAL. 2020.16:10888. doi: 10.15766/mep_2374-8265.10888. Published 2020 Mar 13. [PubMed: 32342010]
3. Goldman S, Aspenson A, Bhatnagar P, Marton P. Essential and in Crisis: A Review of the Public Health Threats Facing Farmworkers in the U.S South Royalton, VT: John Hopkins for a Livable Future and Vermont Law School Center for Agriculture and Food Systems; May 2021.
4. Snipes SA, Cooper SP, Shipp EM. "The only thing i wish i could change is that they treat us like people and not like animals": injury and discrimination among latino farmworkers. J Agromedicine. 2017;22(1):36–46. doi:10.1080/1059924X.2016.1248307. [PubMed: 27749157]
5. Bourgois P, Holmes SM, Sue K, Quesada J. Structural vulnerability: operationalizing the concept to address health disparities in clinical care. Acad Med. 2017;92(3):299–307. doi:10.1097/ACM.0000000000001294. [PubMed: 27415443]
6. Harvey M, Piñones-Rivera C, Holmes SM. Thinking with and against the social determinants of health: the Latin American social medicine (collective health) critique from Jaime Breilh. Int J Health Serv. 2022;52(4):433–441. doi:10.1177/00207314221122657. [PubMed: 36052418]
7. Spiegel JM, Breilh J, Yassi A. Why language matters: insights and challenges in applying a social determination of health approach in a North-South collaborative research program. Global Health. 2015;11(1):9. doi: 10.1186/s12992-015-0091-2.Published 2015 Feb 27. [PubMed: 25880442]
8. Tsevat RK, Sinha AA, Gutierrez KJ, DasGupta S. Bringing home the health humanities: narrative humility, structural competency, and engaged pedagogy. Acad Med. 2015;90(11):1462–1465. doi:10.1186/s12992-015-0091-2. [PubMed: 25945967]
9. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014;103:126–133. doi:10.1016/j.socscimed.2013.06.032. [PubMed: 24507917]

10. Kumagai AK, Lypson ML. Beyond cultural competence: critical consciousness, social justice, and multicultural education. Acad Med. 2009;84(6):782–787. doi:10.1097/ACM.0b013e3181a42398. [PubMed: 19474560]
11. Structural Competency Working Group. Structural Competency [online]. Available at: https://structcomp.org [Accessed 21 September 2022]
12. Gold A, Fung W, Gabbard S, Carroll D Findings from the national agricultural workers survey (NAWS) 2019–2020: a demographic and employment profile of United States farmworkers [online]. Available at: https://www.dol.gov/sites/dolgov/files/ETA/naws/pdfs/NAWS%20Research%20Report%2016.pdf [Accessed 21 September 2022]
13. Soto S, Yoder AM, Aceves B, Nuño T, Sepulveda R, Rosales CB. Determining regional differences in barriers to accessing health care among farmworkers using the national agricultural workers survey. J Immigr Minor Health. 2022:10.1007/s10903-022-01406-9. doi: 10.1007/s10903-022-01406-9. published online ahead of print, Nov 1.
14. Villarejo D (2012). Health-related inequities among hired farm workers and the resurgence of labor-intensive agriculture. The Kresge Foundation. Available online: https://kresge.org/sites/default/files/Health-farm-worker-white-paper.pdf [Accessed 21 September 2022]
15. Ramos AK, Adhikari S, Yoder AM, Rautiainen RH. Occupational Injuries among latino/a immigrant cattle feedyard workers in the central states region of the United States. Int J Environ Res Public Health. 2021;18(16):8821. doi: 10.3390/ijerph18168821.Published 2021 Aug 21. [PubMed: 34444570]
16. Ramos AK, McGinley M, Carlo G. Fatigue and the need for recovery among latino/a immigrant cattle feedyard workers. J Agromedicine. 2021;26(1):47–58. doi:10.1080/1059924X.2020.1845894. [PubMed: 33779518]
17. Ramos AK, McGinley M, Carlo G. The relations of workplace safety, perceived occupational stress, and adjustment among Latino/a immigrant cattle feedyard workers in the United States. Saf Sci. 2021;139:105262. doi:10.1016/j.ssci.2021.105262.
18. Kelley RI, Ivey SL, Silver K, Holmes SM. “If we don’t produce, bring another:” work organization and tomato worker health. J Agromedicine. 2020;25(3):286–301. doi:10.1080/1059924X.2020.1725698. [PubMed: 32116142]
19. Castro FG, B M JrJr., CR M JrJr. The cultural adaptation of prevention interventions: resolving tensions between fidelity and fit. Prev Sci. 2004;5(1):41–45. doi:10.1023/b:prev.0000013980.12412.cd. [PubMed: 15058911]
20. Metzl JM, Petty J, Olowojoba OV. Using a structural competency framework to teach structural racism in pre-health education. Soc Sci Med. 2018;199:189–201. doi:10.1016/j.socscimed.2017.06.029. [PubMed: 28689630]
21. Orr Z, Unger S. The TOLERance model for promoting structural competency in nursing. J Nurs Educ. 2020;59(8):425–432. doi:10.3928/01484834-20200723-02. [PubMed: 32757005]
22. Seymour CK, Griffin C, Holmes SM, Martinez C. Structural differential - a 32-year-old man with persistent wrist pain. N Engl J Med. 2018;379(25):2385–2388. doi:10.1056/NEJMp1811574. [PubMed: 30575477]
23. Juárez-Carrillo PM, Liebman AK, Reyes IAC, Ninco Sánchez YV, Keifer MC. Applying learning theory to safety and health training for Hispanic immigrant dairy workers. Health Promot Pract. 2017;18(4):505–515. doi:10.1177/1524839916683668. [PubMed: 28629275]
24. Puente: 2020-2021 Annual Report/Reporte Annual. Available at: https://mypuente.org/annualreport/2021/flipbook/?page=1[Accessed 21 September 2022]
25. Rural Health Information Hub, 2020. Bridges to Health [online]. Rural Health Information Hub. Available at: https://www.ruralhealthinfo.org/project-examples/804 [Accessed 21 September 2022]
26. USDA National Agricultural Statistics Service, 2017 Census of agriculture. Complete data available at: www.nass.usda.gov/AgCensus. [Accessed 21 September 2022]
27. International Labour Organization (ILO) Decent work. Available at: https://www.ilo.org/global/topics/decent-work/lang-en/index.htm [Accessed 21 September 2022]
28. Doggett T, Holmes SM. Food labor ethics. In: Budolfson M, Barnhill A, Doggett T, eds. Oxford Handbook of Food Ethics. Oxford, UK: Oxford University Press; 2017, 494–520.

29. Holmes SM. Fresh Fruit, Broken bodies: Migrant Farmworkers in the United States. Berkeley: University of California Press;2013.

30. Holmes SM, Castañeda E, Geeraert J, et al. Deservingness: migration and health in social context. BMJ Glob Health. 2021;6(Suppl 1):e005107.doi:10.1136/bmjgh-2021-005107.

31. Guzman JR, Medeiros MA. Damned if you drive, damned if you don't: meso-level policy and im/migrant farmworker tactics under a regime of immobility. Human Organ. 2020;79(2):130–139. doi:10.17730/1938-3525.79.2.130.

32. American Bar Association. Directory of medical-legal partnership programs. Available at: https://www.americanbar.org/groups/probono_public_service/projects_awards/medical_legal_partnerships_pro_bono_project/directory_of_programs/ [Accessed 11 November 2022]

33. Evagora-Campbell M, Zahidie A, Buse K, Rabbani F, Hawkes S. Promoting labour migrant health equity through action on the structural determinants: a systematic review. J Migr Health. 2022;5:100082. doi:10.1016/j.jmh.2022.100082. [PubMed: 35199076]

34. Meierotto L, Mares T, Holmes SM. Introduction to the symposium: *bienestar*—the well-being of latinx farmworkers in a time of change. Agric Food Human Values Soc(AFHVS). 2020;37(1):187–196. doi:10.1007/s10460-019-09964-9.

35. Ramos AK, Schenker MB. Hired and contract agricultural workforce - sustainable solutions. J Agromedicine. 2021;26(1):45–46. doi:10.1080/1059924X.2021.1849499. [PubMed: 33487137]

36. Coalition of Immokalee Workers. "This is the dream team" … CIW, partners in health, and the healthcare network address unique partnership to fight covid. Available at: https://ciw-online.org/blog/2021/10/this-is-the-dream-team-ciw-partners-in-health-and-the-healthcare-network-address-unique-partnership-to-fight-covid/ [Accessed 31 September 2022]

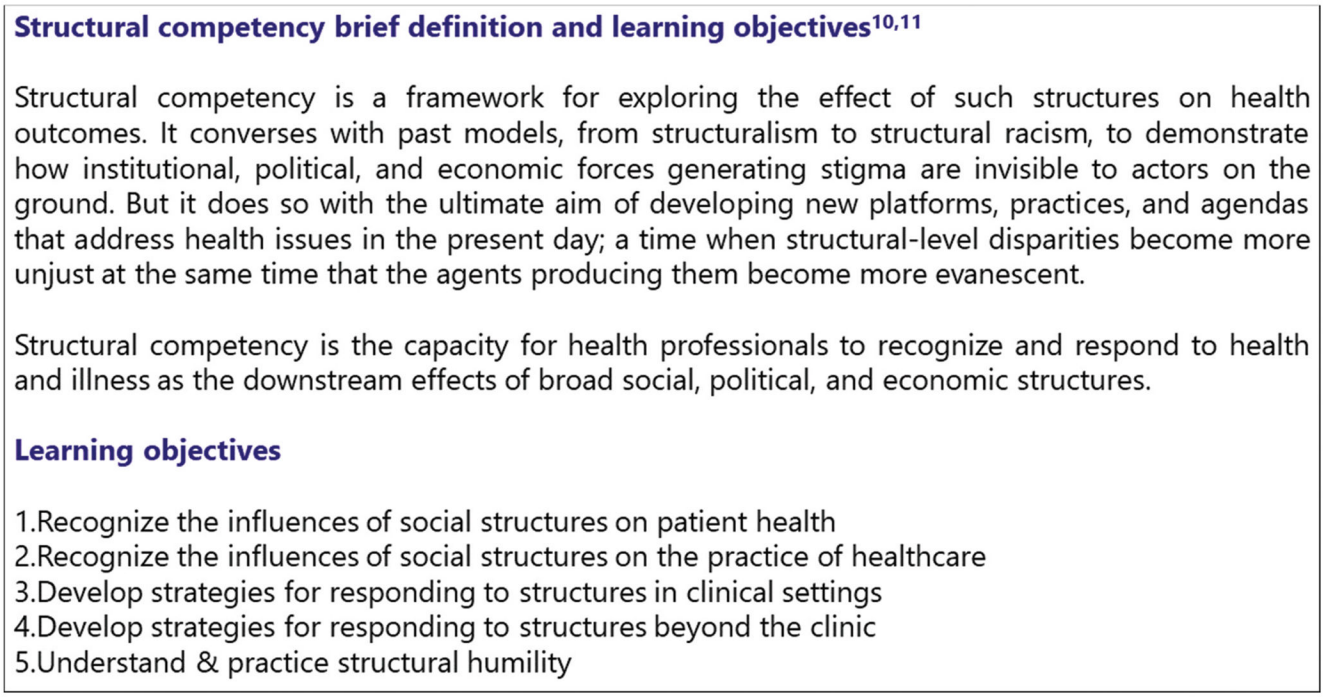

Figure 1.
Strcutural comepetency defintion and learning objectives

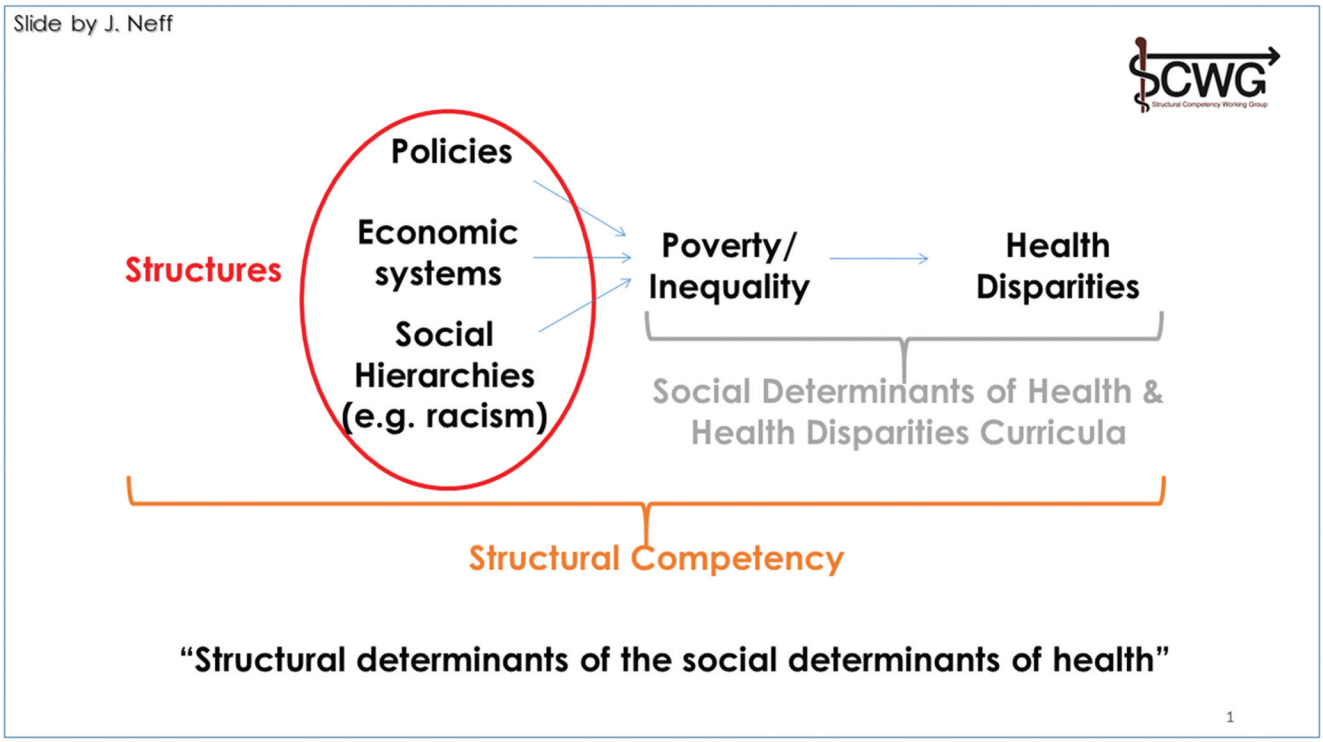

Figure 2.
Example slide from module 2 of the SCWG curriculum and scope of structural competency.[2]