Partners In Health
ENGAGE

Structural Violence in High-Income Countries

Reading: Life at the Top in America Isn't Just Better, It's Longer, Janny Scott

Discussion Guide

Goal: Question what it means to work in global health and how the actions of PIH Engage can work to advance health equity in the United States and other high-income countries.

Suggested Discussion Questions:

1. What systems in high-income countries like the United States contribute to, make up, or define a social class? How does structural violence manifest itself in the United States?

2. Discuss the differences between public health, international health, and global health.

3. Currently, PIH is involved in the Navajo Nation, United States, and in Tomsk Oblast, Siberia—both sites in high-income countries. Should PIH do more work domestically? What are unique barriers to delivering high quality health care to the poor in high-income countries? (Consider: political systems and structures, types of health insurance, income of health providers, stigma and prevailing judgments about the poor, educational structures, a country's historical context, etc.) How can PIH Engage help combat some of these barriers?

Key Quotes:

"Class informed everything from the circumstances of their heart attacks to the emergency care each received, the households they returned to and the jobs they hoped to resume. It shaped their understanding of their illness, the support they got from their families, their relationships with their doctors. It helped define their ability to change their lives and shaped their odds of getting better" (2).

"Class is a potent force in health and longevity in the United States. The more education and income people have, the less likely they are to have and die of heart disease, strokes, diabetes and many types of cancer. Upper-middle-class Americans live longer and in better health than middle-class Americans, who live longer and better than those at the bottom. And the gaps are widening, say people who have researched social factors in health" (2).

"We're creating disparities. It's almost as if it's transforming health, which used to be like fate, into a commodity. Like the distribution of BMW's or goat cheese" (3).

Lesson Plan

Goal: To question what it means to work in global health and how the actions of PIH Engage can work to advance health equity in the United States and other high-income countries.

Warm up: In global health, we often think about illness as caused by man-made systems that force populations into poverty. This article discusses the importance of social class in determining health outcomes in America, a high-income country. What systems in high-income countries like the United States contribute to, make up, or define a social class?

Diagnostic: Is global health the same as international health? What about public health?

Teaching Bit: Our fight for global health equity must recognize that where poverty exists, there is inherent structural violence. PIH, a global health organization, works to dismantle the social barriers to health and provide a preferential option for the poor, a mission not defined by national borders. Compare global, international, and public health.

	Geography	Cooperation	Access Goals
Global Health	Health issues that transcend national boundaries	Global	Health equity among nations
International Health	Focus on issues outside one's own country	Bi-National	Help other nations
Public Health	Focus on or within specific communities or countries	National	Health equity within a nation or community

Source: Kaplan JP et al. Lancet 2009, 373:9679 p 1993-1995

Guided Practice: In the article, we see clear examples of how social class, created and perpetuated by structural violence, affects an individual's health. Consider systems each individual in the article had access to after having a heart attack. Choose a few key systems listed below to discuss the implications of systems on health.

System	Jean G. Miele, Architect	Will L. Wilson, Utility Worker	Ewa Rynezak Gora, Maid
Transportation	Drove or cab.	Drove or subway.	Public transportation.
Support System	Supportive stay at home wife—took ownership of his care	Supportive fiancé—did less independent research	Limited—moderate tasks consumed entire days
Nutrition	Healthy grocery stores nearby	Fried and canned food easily available	Fried food and fast food nearby
Employment	Able to take time off without concern for money	Laboratory technician. Able to continue working "on restriction"	Received disability payments briefly and months later returned to work
Health Care	Necessary procedures immediately available. Consistently seen and treated quickly and respectfully. Specialists recommended.	Transferred within 24 hours to a hospital for necessary procedures. Eventually received needed procedures. Stopped going to doctors—he did not feel respected.	Not seen in a hospital for hours, not treated for days, resulting in complications. Required to visit with doctors across town and had difficulty paying.

Independent Practice: PIH has historically focused on extremely rural and disproportionately impoverished settings in low-income countries. In doing this, PIH has created and tested models of health care delivery that prove what is possible in the most difficult settings, which often completely lack health care systems for the poor. Currently, PIH is involved in the Navajo Nation, United States and in Tomsk Oblast, Siberia—both sites in high-income countries.

Should PIH do more work domestically? What are unique barriers to delivering high quality health care to the poor in high-income countries? (Consider: political systems and structures, types of health insurance, income of health providers, stigma and prevailing judgments about the poor, educational structures, a country's historical context, etc.) How can PIH Engage help combat some of these barriers?

Assessment: In reference to high-income countries, the article states: "we're creating disparities. It's almost as if it's transforming health, which used to be like fate, into a commodity. Like the distribution of BMW's or goat cheese" (3). How does the commodification of health create systems that perpetuate poverty? Is there a difference in how the urban poor vs. the rural poor experience this structural violence?

Closer: Ask if anyone is comfortable sharing a time when they or someone they know experienced structural violence.