

Visualizing Structural Competency: Moving Beyond Cultural Competence/ Humility Toward Eliminating Racism

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Abstract

In this article, the authors argue that in the United States, structural racism set the stage that increased persons of color's vulnerabilities and risks to COVID-19 compared to Whites, while simultaneously killing Blacks through racialized policing. They draw on structural violence as a theoretical framework to ground their argument and add to the discussion on the need for social work to explicitly build structural competency to effectively respond to structural racism. Most importantly, the authors contend that, structural racism entails a network of interdependent institutions and organizations that interact with individuals in a complex way to affect health and well-being. Therefore, eliminating racism needs to move beyond a single institution and organization to interdependent relationships among institutions and the mechanized paths through which their effects are translated at the community and individual levels. In this regard, instead of simplifying the complexities surrounding structural racism, we should embrace them and build knowledge system and tools that are complexity sensitive toward eliminating racism. The authors extend the emerging discussion on a renewed focus for structural competency in social work education and respond to the Grand Challenge to Eliminate Racism by presenting a "structuragram" as a heuristic to assess, analyze, and intervene at the structural level factors that influence the individual and community's realities. We conclude with a case example and recommendations for structural competency-based practice.

Keywords: *Structural Racism, Structural Competency, Structural Violence, COVID-19, Police Brutality, & Social Work Grand Challenge*

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Introduction

In the context of persistent racial inequities in health and well-being that disproportionately disadvantage certain groups and communities, this article contributes to and extends the emerging search for structural competency in social work education, practice, and research. Social work, which originally started with a focus on the person-in-environment (PIE) framework to understand and intervene in social problems, can be a key player in shaping how structural forces contribute to the causes, intervention, and prevention of social conditions that affect health and well-being. The newest Social Work Grand Challenge recognizes the complexity of racial inequality in the US and the need for change at the individual, organizational, community, and societal levels (Teasley et al., 2021). More recently, some social workers and other health and helping professionals have called for more attention to structural forces (e.g., social policies and structural racism) to address inequities that shape health and well-being and structural competency in training, research, and practice (Gee & Hicken, 2021; Nef et al., 2020; Sacks & Jacobs, 2019; Wills, 2021). Eliminating racism must move beyond a single institution to interdependent relationships among institutions and the pathways through which their effects are translated at the community and individual levels (Gee & Hicken, 2021).

In this article, we contribute to the discussion on structural competency—the ability to understand interdependent relationships among social institutions (e.g., health care, law enforcement, education, housing, media, tax system, the market)—and the mechanisms (e.g., policies, processes, and practices) by which networks of institutions operate to translate effects that surround individual-level conditions (Booth, 2020; Metzl & Hansen, 2014; Metzl & Robert, 2014). We describe how structural competency moves beyond cultural competency and cultural humility to understand the social, political, and economic environments over time that contribute

to disparate outcomes for people of color. In doing this, we draw on structural violence, as a theoretical framework, to highlight the connection between structural racism and COVID-19 in the US and strengthen our call for structural competency in social work. We contend that structural competency will enhance understanding of structural racism as a form of structural violence that sets the stage for the disproportionate impact of COVID-19 on people of color in the US, especially Black people, alongside its longstanding legitimization of police brutality and unjust killings. We introduce a conceptual model—*structuragram*—as a heuristic to build structural-based competency for social work assessment, analysis, and intervention. We conclude with a case example and recommendations for structural competency-based practice.

From cultural competence to structural competence

Although not new to social work, an explicit focus on structural competency is an emerging paradigm in healthcare education that attends to the network of political, social, economic, environmental, and other structural forces and their effects on individual and group behaviors relative to health and well-being (Downey et al., 2019; Jacobs & Mark, 2019; Metzl & Hansen, 2014). Over the past several decades, social work has stressed the need for cultural competency—striving for mastery— to effectively serve the diverse client system (Kohli et al., 2010). Additionally, cultural humility, an interpersonal and client-centered stance that requires ongoing learning, has also become prominent in social work education (Fisher, 2021; Fisher-Borne et al., 2015). While these concepts have motivated the social work profession to develop strategies to meaningfully engage with diverse populations, they are limited in establishing how the cultural expression of identity is constrained by structural forces that control and regulate material and socially enhancing resources affecting health and well-being (Chambers & Ratliff, 2019; Jacobs & Mark, 2019). Consequently, in the US, individuals, groups, and communities

(e.g., racial, and ethnic minorities, immigrants, women, and sexual minorities) whose identity and cultural means of expression diverge from those of the socially dominant groups (e.g., white, male, heterosexual, citizens) have restricted access to opportunities to enhance their health and well-being.

Structural competency moves beyond cultural competence and cultural humility and can more effectively address the social determinants of health (SDoH). SDoH are the conditions in which people are born, grow, live, play, work, worship, age, and the broader systems that account for most health outcomes (WHO, 2021). The causal pathways of SDoH are complex and consist of upstream, midstream, and downstream factors, each of which can be evaluated to contribute to our understanding of disparate health outcomes (WHO, 2021). Upstream factors are the root causes and conditions contributing to health disparities, such as social policies and institutions (e.g., war on drugs policies, Health and Human Services) (Robichaux & Sauerland, 2021). Midstream factors comprise physical and social environments, including the resources that characterize them (e.g., healthcare services, schools, housing, food access, water quality within neighborhoods, medical mistrust/provider bias). These factors are critical to determining how upstream factors translate at the interpersonal level and the recursive relationships between upstream and downstream determinants (Booth, 2020; Williams et al., 2019b). Downstream factors are the most observable as they manifest at the individual level (e.g., health behaviors, diseases, injuries, deaths, interventions) (Braveman & Gottlieb, 2014; Cassels & van den Abbeele, 2021). More efforts to address upstream factors are needed because they are fundamental to identifying the fundamental causes of inequities (Braveman et al., 2011).

Structural competency from an upstream perspective includes awareness of structural conditions and entails structural responsiveness—that is, how structural factors are historically

grounded and produce contemporary effects as well as the pathways by which such effects are translated from structural roots to individual experiences of health and well-being. Many existing tools, models, and interventions address downstream factors and even some midstream factors, but what is missing are approaches to comprehensive assessment that address which upstream factors at the structural level facilitate health and well-being via midstream factors. Metzl and Hansen (2014) adapted a poststructuralist conceptualization of “structure,” one which includes invisible and visible elements. Tangible structures consist of institutions, the built environment, public infrastructure, and communication systems, among other arrangements. Intangible structures may involve language, discourse, bureaucratic frameworks, ideologies, and stigma. Booth (2020) expanded on Metzl and Hansen’s (2014) conceptualization of structural competency by integrating Giddens’ theory of the bi-directional relationship between structures and individuals and highlighting the concept of agency and opportunities for individuals to change social structures. Booth (2020), like Metzl and Hansen (2014), also acknowledged criticisms of structuration theory as being ahistorical and a priori. In our model, we attend to the historical roots of structural forces that anchor the unjust contexts surrounding inequities in health and well-being.

Structural violence

Structural competency highlights the concepts of structural violence and the denaturalization of social hierarchies inherent in structural racism (Neff et al., 2020). In this section, we draw on structural violence as a theoretical framework to argue that structural racism is a form of violence that can help elucidate the disparate impact of COVID-19 on marginalized groups and the racialized killings of persons of color, especially Black people. According to Johan Galtung (1969), structural violence explains the gap between what could be, like higher

life expectancy, and what actually exists, like premature death: “It is that which increases the distance between the potential and the actual, and that which impedes the decrease of this distance” to create the absence of peace physically, psychologically, socially, and spiritually (Galtung, 1969, p. 168). Structural violence is a historically rooted and resource-driven process and structure that restricts agency and generates suffering for certain groups and individuals through the unequal distribution of power and resources (Farmer, 1996; Galtung, 1969). This violence is different from the destruction of life and well-being due to disasters or events beyond human control. Structural violence is evident when a social system restricts the availability, accessibility, and use of resources (e.g., health care, education, housing, employment, food systems, and the credit market) needed to meet or even exceed basic needs, thereby potentially maximizing well-being (Galtung, 1969; Reich, 2020b). According to Laurie and Shaw (2018), structural violence results in a truncated life, which is:

life that is robbed of its potential: life that is forcibly “humiliated, ashamed, anxious, harassed, stigmatized, and depressed”...In all these cases, violent conditions that warp and destroy self-realization and actualization. They preserve the gulf between “what is, and what could have been”, conspiring with the conditioning that keeps people in their place: mentally, physically, economically, and culturally. (Laurie & Shaw, 2018, p. 12)

Ultimately, structural violence demonstrates how unjust social structures lead to both bodily and emotional suffering, including premature death, over-representation in stigmatizing institutions, or states of inequality and misery, among marginalized individuals and communities (Farmer, 1996; Neff et al., 2020).

Like SDoH, structural violence highlights avoidable conditions that culminate in disparate disadvantages for marginalized groups. Although the impact of structural violence is felt at the micro-levels of interpersonal interactions, it is anchored in upstream-level forces or in the political realm (Laurie & Shaw, 2018; Reich, 2020b). The result is a deficit-based context

and constrained access to resources needed to meet basic needs for survival, well-being, identity, and freedom (Galtung, 1969). Structural violence primarily operates through exclusion, division, exploitation, oppression, and humiliation, perpetuating conditions in which those who are socially powerful have their needs met more often and their interests more fully satisfied from the system of capitalism compared to those who are marginalized and consequently disadvantaged (Galtung, 1969; Laurie & Shaw, 2018; Reich, 2020b; Uni, 2003). While not deadly, structural violence “works on the soul” and endures through “lies, brainwashing, indoctrination of various kinds, etc. that serve to decrease mental potentialities” (Galtung, 1969, p. 170). However, Uni (2003) suggested four ways through which structural violence may generate direct violence:

1. Structurally subordinated groups are likely to use direct forms of violence, such as rioting, to rise up against existing structures.
2. Those maintaining or benefiting from existing structures are more likely to use violence through police or military enforcement to keep the peace and preserve the status quo.
3. In communities lacking resources due to structural practices, competition for limited resources can also lead to violence between groups.
4. Some subordinated groups are vulnerable to scapegoating or inter-group conflict.

Those living under the thumb of oppressive structures may also become complicit in perpetuating the system. For most people, structural violence is difficult to recognize. It appears as a normal, inevitable, and accepted part of everyday life or is dismissed as simply the way the world operates (Galtung, 1969). Structural violence is also often downplayed or overlooked until it escalates to more explicit forms of violence (e.g., murder, domestic violence, robbery,

bullying, emotional manipulation, and even apathy) (Galtung, 1969; Finlev, 2012). COVID-19 has more clearly exposed some of the structural patterns that produce inequalities in wealth, power, and access to resources and services that in turn cultivate the conditions under which differential outcomes in health and well-being, like premature death, occur (Singer & Rylko-Bauer, 2020; Williams et al., 2019a).

The violence of structural racism: COVID-19 and police brutality

The global COVID-19 pandemic has unevenly impacted the global community and continues to do so in many ways. Persons of color (e.g., Blacks, Native Americans, and Hispanics) and other marginalized groups and communities (individuals in prisons, those in-home care, those experiencing homelessness) have been severely impacted, economically, and psychologically, by the imposition of pandemic mitigation measures (Singer & Rylko-Bauer, 2020). These groups and communities have also experienced higher COVID-19 morbidity and mortality rates (Czeisler et al., 2020; Reich, 2020a; Van Dorn et al., 2020). At the same time, racialized forms of terrorism, including police brutality and killings of Black people and other persons of color, have continued unabated (Bavel et al., 2020; Blankenship & Reeves, 2020; Cohen, 2020). A review of research (Alexander, 2020; Bailey et al., 2021; Bailey et al., 2017; Jacoby et al., 2018; Williams et al., 2019a) linking racial disparities across systems (e.g., health care, education, housing, employment, criminal justice) suggests that the factors responsible for increased COVID-19 morbidity and mortality rates among people of color as well as the factors driving police brutality are both rooted in structural racism and are interconnected (Cassels & van den Abbeele, 2021; Gee & Hicken, 2021).

We define structural racism as ideas and methods of domination and subordination that entail interconnected institutions (e.g., health care, education, housing, employment, law

enforcement) and culturally reinforcing beliefs and practices with historical origins and designs that confer power and resources on some individuals or groups while stripping power and resources from others (Bailey et al., 2017; Virdee, 2019; Williams et al., 2019a). With particular attention to the inequities permeating the social and economic systems that shape our daily lives, we consider structural racism as structural violence. Ultimately, structural racism functions to produce and reproduce a social reality in which race has tremendous power to transform the ontological state of being, situating racial minorities and those experiencing poverty in socially murderous conditions that truncate potential and often result in premature death (Jacoby et al., 2018; Medvedyuk et al., 2021; Rosa & Díaz, 2020). As a result, persons of color, such as Black people, tend to be more susceptible to earlier onset of illness, more aggressive progression of illness, and poorer survival outcomes (Williams et al., 2019a). One mechanism that can help clarify how structural racism persists and affects the health and well-being of people of color is residential segregation (Jacoby et al., 2018; Williams et al., 2019a). Residential segregation was designed to ensure the separation of White communities from Black communities. Primarily driven by government policies, subsidies, and tax codes dating back to the 1800s as well as government support for private policies, such as restrictive covenants, redlining, discriminatory zoning, and mortgage discrimination, residential discrimination has been legitimized (Jacoby et al., 2018; Rothstein, 2017; Williams et al., 2019a). Residential segregation limits access by Black people and other persons of color to high-quality schools, optimal healthcare services, various employment opportunities, and better-quality food and places them in closer proximity to impoverished and crime-ridden neighborhoods as well as sites contaminated by toxins and other hazardous materials (Jacoby et al., 2018; Wilkerson, 2020; Williams et al., 2019). In such socially isolated communities, people of color are highly vulnerable to racialized policing and

criminal justice institutions, resulting in hyper-incarceration rates, rampant police brutality, and homicides with consequent traumatic impacts across the life span (Alexander, 2020; Calathes, 2017; Smith Lee & Robinson, 2019).

By December 11, 2020, there had been around 15,474,800 confirmed cases of COVID-19 in the US, with 291,522 deaths (Richardson et al., 2021). When data on morbidity and mortality rates as well as on the impact of pandemic mitigation efforts first emerged, striking disparities became apparent. Persons of color, such as Blacks, Native Americans, Latinos, and Asians, immigrants and other individuals experiencing poverty and homelessness, essential workers, the aged, and incarcerated persons, were disproportionately impacted (Czeisler et al., 2020; Garg et al., 2020; Reich, 2020a; Van Dorn et al., 2020). The Centers for Disease Control and Prevention (CDC) reported that Blacks/African Americans were being infected with COVID-19 at higher rates than Whites and Hispanics in 14 states. For example, data from New York indicated that per 100,000 COVID-19-related deaths, 92.3 were Black/African Americans and 74.3 were Hispanic/Latino individuals compared to 45.2 for Whites and 34.5 for Asians (CDC, 2020). Relatedly, researchers analyzed data from the *Epic* health record system, which included 7 million Black patients and 34.1 million White patients, collected by July 2020. They found that the hospitalization and death rates per 10,000 individuals were 24.6 and 5.6 for Blacks compared to 7.4 and 2.3 for Whites, respectively (Lopez et al., 2021). Similarly, Richardson et al. (2021) analyzed comparative data from South Korea and Louisiana with similar characteristics relative to population density and the GINI coefficient (the measure of income distribution across the population) to estimate whether living in high-density areas alone could help explain vulnerability to COVID-19 infection and its health outcomes. Their findings suggested that structural factors like overcrowded living conditions, increased exposure to frontline work, and

limited access to preventive measures, rather than population density, explained the difference in health outcomes between respondents with similar income. They concluded that:

[I]n the United States where the problem of the 21st century is still the problem of the color line, 400 years of structural racism, violently seized privilege, and continuous trauma from racial terror and dehumanization are clearly manifested in the disproportionate incidence and mortality rates of COVID-19 among Black Americans (p. 3).

Historically, structural racism has functioned to isolate persons of color, especially Black people, into multigenerational households, crowded conditions, and low-wage jobs, such as nursing aids, transit workers, and grocery store clerks, that are impossible to perform remotely (Lopez et al., 2021; Reich, 2020a). A review of historical evidence linking racism to health inequities (Kyere, 2022) suggested that structural racism through these mechanisms (e.g., crowded living conditions) directly increased the risk of COVID-19 infection in individuals and communities and indirectly through chronic conditions, such as diabetes, hypertension, obesity, and cardiovascular diseases (Jean-Baptiste & Green, 2020; Williams, et al., 2019a).

Overall, a robust body of scholarship suggests that understanding racism's historical roots, structural design, and contemporary manifestation is important for comprehending the dynamics of violent conditions that enhance the risk of mortality among individuals, families, and communities (Bailey & Moon, 2020; Jacoby et al., 2018; O'Brien et al., 2020; Richardson et al., 2021; Williams et al., 2019b) in health crises such as the COVID-19 pandemic. For example, Deitz and Meehan (2019) examined household plumbing to identify which individuals are more likely to live in water-deprived communities. They found that living in a Black, Hispanic, or American Indian or Alaskan Native household increases the likelihood of experiencing water insecurity. Deitz and Meehan's research linked household water insecurity not to technical problems related to supply and engineering (downstream SDoH) but instead to racially designed

institutional practices, such as residential segregation and disinvestment in communities of color. Living in areas without access to a safe and reliable water supply could undermine the ability of individuals and communities to adhere to COVID-19 mitigation measures, such as regular hand washing and household cleaning (Bailey & Moon, 2020), in turn increasing the risk of infection and, potentially, death. Dr. Abdul El-Sayed, former director of the city of Detroit Health Department, powerfully conveyed how the violence of structural racism made it possible for COVID-19 to spread rapidly among Black residents of Detroit. In an interview on Democracy Now, El-Sayed (2020) stated:

When you look at communities that are suffering the most, they're communities on which environmental injustice, structural racism, and their implications on poverty, have already softened the space for the incoming of this virus to devastate people. You know, you think about something like water...It should never have been turned off. It's one of the most frustrating things about the system of corporate capitalism...You think about the logic of this —right?—and the realization that water should just be a human right for people, it should just be there for people, and then you fast-forward, and you think about the incoming pandemic, and we're telling people to wash their hands with warm, soapy water for 20 seconds. Well, if you don't have water in your house, you can't do that. All of those—all of that is seeded by decisions [structural-level factors] that have been made, that have been patterned around race and patterned around wealth for a very long time.

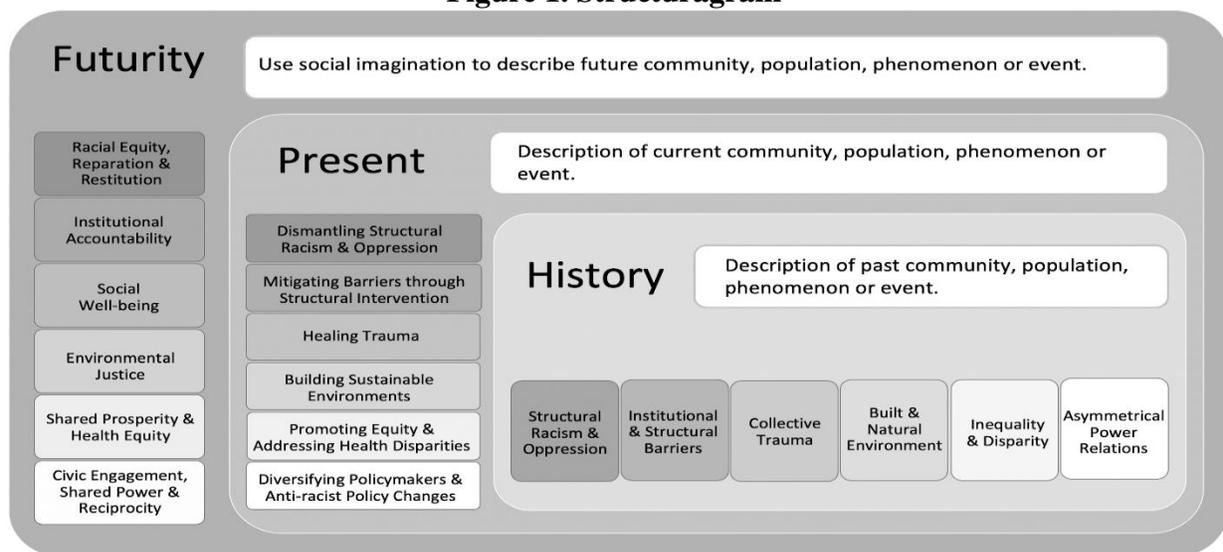
While the inequitable conditions associated with the racialized structure function to make many persons of color and other socially marginalized groups more vulnerable to COVID-19, police brutality, and killings of Black people, a persistent feature of the racialized US society, have continued unabated (Cohen, 2020; Waxman, 2020). One prominent example in this regard was the killing of George Floyd, who died on May 25, 2020, after a police officer knelt on his neck for about nine minutes. Global protests erupted in response to Floyd's killing and to the racialized structures that make Black people more vulnerable to excessive policing, police brutality, and manifestations of structural racism. The intersection between this response to Floyd's killing and the disproportionate number of COVID-19 infections and deaths among

Black people and other persons of color propelled the CDC to declare racism a public health crisis. At the same time, some scholars have noted that the nascent attention to the complex and enduring impact of structural racism also emphasizes limitations in our knowledge and efforts for addressing it (Cassels & van den Abbeele, 2021; Milano, 2021). Thus, there is an urgent need to develop and apply knowledge systems that respond to the complexities of structural racism if we are to fully understand and effectively confront it. To this end, we introduce a conceptual model—*structuragram*—as a heuristic to inform social work assessment and intervention and as a contribution to the *Grand Challenge to Eliminate Racism* (Teasley et al., 2021).

Structuragram: A heuristic model to build structural competence

Given the complexities of structural racism, we sought to develop a structural lens capable of considering the historical roots and economic foundations of racism (Piketty, 2020; Rosa & Diaz, 2020; Virdee, 2019).

Figure 1. Structuragram



Social work education has been misguided by “colorblindness, outdated conception of cultural competency, and white-centered history of liberal arts programs,” with strategies intended to eradicate racism predominantly consisting of behavior-oriented interventions (Rosa

& Díaz, 2020; Teasley et al., 2021, p. 15). To improve our competencies in addressing racism, we must recognize institutions and professional organizations as actors in reproducing racial inequalities independent of individuals' implicit biases due to institutionalized modes of meaning-making (Rosa & Díaz, 2020). Therefore, in addition to individuals and groups, institutions should also be a target of anti-racist education, practice, and research. We first consider the *History* of racism as critical to structural-level analysis to interrogate, interrupt, and eliminate it. Structurally, we metaphorically visualize racialized institutions as multiple conveyor belts. The directions and the destinations of these conveyor belts (e.g., healthcare system, education, housing, criminal justice system, media, the market) were established centuries before the current actors (Rosa & Díaz, 2020; Wilkerson, 2020). Isabel Wilkerson (2020) powerfully depicted US racialized structures as an old house with flaws in its original foundations. While we may not see all of the cracks, we must have the courage, as current occupants, to face what needs to be repaired. Structural racism or, as Wilkerson (2020) put it, *caste*, is like the structure of a house, one built long before any of us were here. Far too many of us cannot see the ways in which the beams of the house manipulate race to facilitate differential life experiences and outcomes. It is not enough to simply obscure problems beneath a coat of paint—instead, we must assess the foundation. We must critically engage with the history of the structure to help us identify what constitutes the foundation, what has been inadequately patched, and what needs to be disrupted and reset. A critical element in engaging with the historical context of structural racism is discovering alternative paths to reimagine and reconfigure a transformative structure that will mitigate longstanding inequalities (e.g., poverty, hyper-incarceration, police brutality, and wealth inequities) and build a more socially just society. The *structuragram* moves beyond existing heuristics and tools, such as the ecomap and genogram, and the culturagram, which

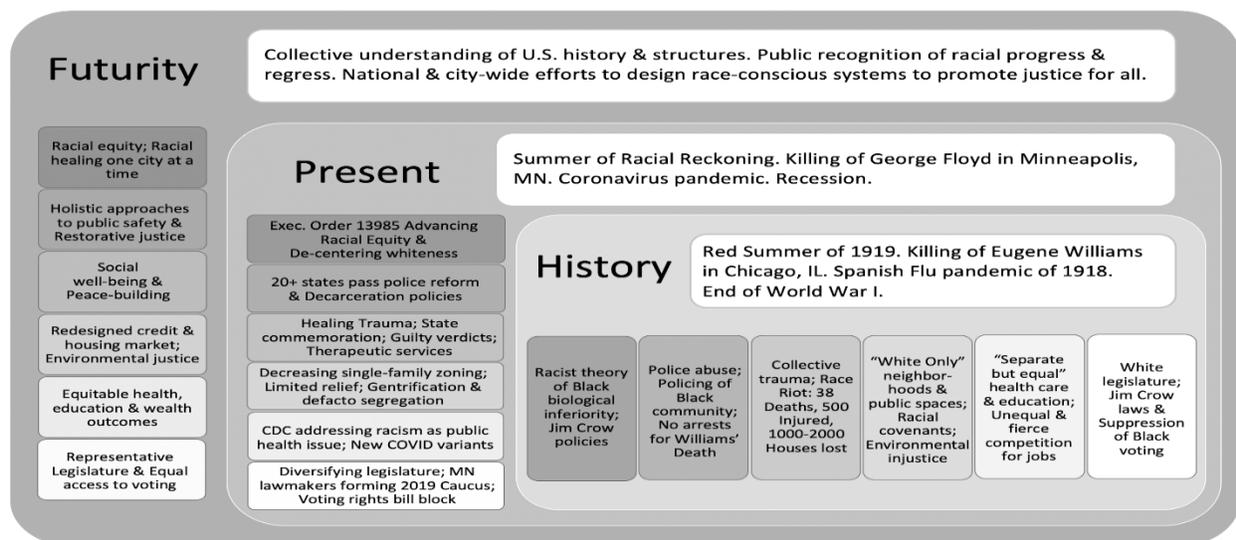
focuses on change within the individual (Congress, 2004; Hartman, 1995), and instead provides a systematic model for critically examining key structures related to communities, populations, phenomena, or events to identify interventions for structural change.

To be effective in applying the model (See Figure 1), four primary questions should be explored: (1) What is the current community, population, phenomenon, or event to understand from a structural perspective? (2) How is race implicated in this story, particularly as it relates to the six domains presented? (3) How does the present connect to the past? Can you now see the structures? (4) What future can be imagined that would disrupt and dismantle the structures and processes that maintain structural racism? Once the current topic is identified, starting with the *Present* (Figure 1) event (e.g., COVID-19, police brutality, and health disparities), a meaningful connection with *History* should be established. This work is conducted within a context that fosters deliberative dialogue, not debate, to facilitate shared understanding and community and individual engagement with *History* and the *Present*. Such work is essential for raising critical consciousness and breaking the culture of silence that reinforces oppressive structures and practices (Ledwith, 2016). By identifying the patterns of inequities related to historical structures and processes, participants can unpack the past and visualize the socially designed processes and structures serving as enabling factors. This will in turn, provide the context for mobilizing agency to elicit a deeper understanding and motivate action. Participants will visualize the human design underlying the complexities of structural racism. Once the past and present structural patterns are made visible, participants can begin to map the *Future* by redesigning the structures and related networks based on the six domains (Finlev, 2012). As part of the critical action, opportunities are created to engage in bold steps to begin implementing the new designs while ensuring that the *Future* does not reproduce structural racism and the human suffering and

injustice accompanying it. Various methods, such as storytelling, documentaries, heritage sites, and arts, can be used to complement this process to raise consciousness, generate a more profound understanding, and prompt critical actions (See Hillier & Boddie, 2012; Boddie, 2019).

In Figure 2, using the *Summer of Racial Reckoning*, we provide a case example of how the *structuragram* can be applied to structural-level assessment, analysis, and intervention to eliminate structural racism and its impact on communities, families, and individuals. We demonstrate the ways in which the *structuragram* can be used to practice structural competency.

Figure 2. Example Structuragram: 2020 Summer of Racial Reckoning



Without the age of the cell phone and the sheltering-in-place mandated at the onset of the coronavirus pandemic, the murder of George Floyd in Minneapolis, Minnesota, would have remained invisible, and any response made silent (Present Event). However, as we look at the past, history repeats itself. The *Red Summer of 1919* was one of the most violent periods in US history, as riots in several cities from April to November 1919 left 250 Black people dead (Roberts, 2021). Like the *2020 Summer of Racial Reckoning*, this earlier protest responded to the

killing of a Black individual and unjust law enforcement in a Midwestern city. Teenager Eugene Williams was killed after he unknowingly crossed into a segregated area in Chicago, Illinois; his assailant, a white man, was not taken into custody by law enforcement. However, the state militia was called to contain the protesters. This tragic event reflects collective trauma as it took place on the heels of the 1918 Spanish Flu outbreak leaving 38 dead and over 1,000 homeless in Chicago. The panic that spread across the country was complicated by the health needs of a nation fighting for democracy. Although Black men served in the armed forces, they experienced limited freedoms upon their return home. The Jim Crow codes facilitated white-dominated law enforcement, racial exclusion, discrimination, and unequal access to health services, education, and housing. This gave way to segregated, often overcrowded neighborhoods and poor housing conditions with insufficient access to water for Black people in US cities. Social and economic disparities along with inadequate health access were the plight of Black people during 1918 (Krishnan et al., 2020). Black people were at a higher risk for malnutrition and respiratory and pulmonary diseases. Public health officials justified the limited attention given to the health of Black people by concluding that the colored race was more immune to influenza than the White population. This same rumor circulated in the early days of the COVID-19 pandemic. During the 1919 Spanish Flu outbreak, Black people would often die faster, which was frequently ascribed to their inferiority (Krishnan et al., 2020). Blacks who lived in the Midwest at the time, including Illinois and Minnesota, were likely part of the silent revolution of the half-million Black people who left the south for northern cities to escape terror and discrimination.

Fast forward to 2007, where five Black police officers sued Minneapolis, alleging that city leadership tolerated discriminatory practices against Black people, including their own police officers. This case was settled out of court for over \$800,000 (Alonso, 2020). Although

the current police chief in Minneapolis was among these five officers, he has not been able to dismantle this system despite his efforts. This is because he is up against a network of racialized institutions (e.g., health care, criminal justice system, education) that must be engaged simultaneously, not independently. One year after George Floyd's death, former police officer Derek Chauvin was convicted of his murder and sentenced to 22.5 years in prison. As we connect the present more closely to the past, we note some changes occurring that appear to be intended to fix the cracks in several systems. President Biden signed Executive Order 13985 Advancing Racial Equity and supported the George Floyd Justice in Policing Act of 2021. Over 20 states have passed police reform policies designed to restrict the use of force and/or call for greater transparency and accountability. The John Lewis Voting Rights Act was also proposed while, at the same time, 20 new laws were introduced to restrict access to voting. As the pandemic persists, more deaths have occurred in 2021 than in 2020, and Black people and other people of color continue to be disproportionately impacted physically and economically due to unequal access to services and limited relief support. Several new proposals have been introduced to achieve a collective understanding of US history and structures and the public recognition of racial progress and regress to reimagine the future. A call for national and city-wide efforts to design race-conscious systems to promote justice for all is detailed using the six domains.

Future Directions

The concepts of structural competency and the violence associated with structural racism underscore the urgency of developing additional language and new tools to build a post-COVID-19 future that works for the common good of all. This work is needed as social work curricula rarely prepare social work students "to think and intervene structurally" (Downey et al., 2019, p.

82). Structural competency calls for social workers and other healthcare professionals to identify the ways in which institutions, neighborhood conditions, city politics, market forces, public policies, and healthcare delivery systems shape both symptoms and diseases and to ultimately mobilize professionals to dismantle these inequalities, particularly beyond client–professional interactions (Metzl & Hansen, 2014). To accomplish this work will first require structural competency—the ability, skills, and willingness—to create authentic collaborations across and within various sectors as well as across racial, ethnic, class, and political divides. Taking this first step will allow social workers and other professionals, including clinicians and policymakers, to hear new stories about the nature of the problems and begin to change the narrative from vulnerability and scarcity to possibilities and abundance. The zero-sum game narrative no longer serves us. The *structuragram* allows us to see how structurally violent conditions perpetuate structural racism, ultimately affecting everyone. Instead of keeping our gaze focused on cultural differences, behavioral shortcomings, and biological predispositions, we now have the language and networks needed to make visible what has been invisible to some of us. We seek ways to visualize the structures at work in our communities, organizations, neighborhoods, various systems, cities, states, and the country as a whole. We must also become more invested in identifying opportunities in infrastructure to create robust structures for communities everywhere.

Building on the work of other scholars, we suggest the following ways to go upstream to begin to address the structures that perpetuate structural violence. First, a working group of community members and professionals across relevant healthcare sectors (schools, law enforcement, corrections, parks and recreation, housing, food system, urban planning, transportation) should be developed to create transdisciplinary collaborative and unified goals or

engage in existing ones, like the Global Structural Competency Network (see <https://structuralcompetency.org/>). Second, stories (notably the stake in this work) from those participating across the network of community members and professionals should be shared to create a new narrative that offers new possibilities and assets. Third, data should be collected and visualized to document the geographies and populations affected by health inequities and to begin to imagine new possibilities. Furthermore, a more integrated community-based system of care should be established that includes the relevant sectors and local community members. Additionally, training should be provided to help members of collaborations learn to use public deliberation methods to discuss, craft, and influence policy. Indigenous and decolonizing research and practice methodologies should also be promoted to sustain equitable knowledge production. Of particular importance here is the need for social work education to help practitioners and researchers build structural competency skills that will enable them to assess problems and design interventions that recognize the complex and interactive relationships between the network of social institutions and organizations, as well as between individuals or communities. We must shift from efforts to control, simplify, or ignore complexity toward embracing it so that we can develop adaptive thinking and practices that will better position us to address pervasive and deeply embedded problems, such as structural racism. Social work educators must encourage the co-construction of new solutions by fostering inclusive classroom dialogues that allow diverse voices to be heard. Using the *structuragram*, social workers could provide the context for students and colleagues to take a historical inventory of social challenges and examine structural patterns visually by connecting the past and the present. Ultimately, by understanding the nature of the structural violence manifested as racism and the patterns deeply

embedded in its foundation, solutions of an appropriate magnitude can be designed to achieve justice and structural change.

Racism comes at a high cost to everyone, as Heather McGhee (2021) reminded us. COVID-19 and the simultaneous police violence against people of color have demonstrated that risks and vulnerabilities to health and well-being are strongly linked to macro-level forces in racially stratified and complex ways. Therefore, unless we can begin to recognize and respond to the complexity of racism's structural violence as well as its collective and deleterious consequences, we will continue to lack the collective will and the competency to act. As a result, we will miss the opportunity presented by the current moment—the COVID-19 pandemic—to actualize the greatness expected of us as a profession and a discipline, and ultimately, as a nation.

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