Learning Activity: Structural Equity Assessment

Description of Activity:	This activity allows nursing students to assess the structural equity of a healthcare agency. Students will evaluate how their chosen facility's policies, environment, and culture impact people who are experiencing homelessness.					
Keywords:	Equity, healthcare system, structural, system					
Type of activity	☐Didactic ☐Simulation ☒Clinical	Recommendation on when introduced in curriculum?	☐Early ☒Mid ☐End	Suggested Course: Leadership, population or community health	☐Health Promotion /Assessment/ Fundamentals ☒Acute care ☒Chronic care ☐Pharmacology	☒Population/ Community health ☒Leadership ☐Other:
Competency addressed:	☐1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH) 2. Evaluate clients for social determinants of health needs, including housing status and related aspects of safety, access to food, social support and other relevant domains 3. Collaborate with client and appropriate Interprofessional community members to optimize health in PEH X 4. Advocate for improved health for PEH					
Learning Activity:	Onsite agency structural assessment (clinic, hospital, or community setting), written analysis of findings.					
Time Required:	Approximately 3 hours					
Preparation of the student:	Instructions to Students: In this activity, you will move beyond individual bedside care to assess the structural equity of a healthcare agency. Using the framework of "structural violence" as described in the required reading, you will evaluate how your chosen facility's policies, environment, and culture impact People Experiencing Homelessness. **Part 1. Agency Structural Assessment Checklist**: Use the provided checklist/assessment to guide your learning. Assess a local healthcare facility or agency you are familiar with using the five categories in the Structural Equity Assessment Checklist for PEH. As you take notes, look specifically for structural barriers identified in your readings, such as rigid discharge timelines, the "hidden curriculum" of staff biases, or a lack of street or other outreach integration. Note: The checklists are a tool for your assessment and do not need to be submitted. **Part 2: Structural Analysis and Recommendations** (Min. 500 words) **1. Assessment Findings and Strengths**					

- Review your findings from all five checklist sections.
- Discuss areas where the agency is doing well (strengths). For example, is the hospital or clinic perceived as a safe place for PEH, even if formal housing resources are low?
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- Identify common themes of success. Does the agency foster trusting relationships that bridge the "reality gap" between the street and the clinic?

2. Identification of Structural Gaps (3 Topics):

- Select 3 of your completed checklist sections. From each, identify 1 specific structural gap (an area of improvement). A gap is not just an individual interaction; it is a policy, a lack of resources, or a systematic process that creates an inequity for PEH.

Example Gap (Workforce): High levels of "perceived provider stigma" resulting in patients avoiding care.
Example Gap (Provision of Care): Rigid discharge processes that fail to address "unresolved needs" before a patient returns to the street.

3. Evidence-Based Recommendations for Equity.

- For each of the 3 gaps, propose a structural solution based on the evidence from the assigned and any additional scholarly articles. Use in-text citations to support your recommendations.

Guiding Note: While street medicine or nursing is a vital model, it is not a global fix for systemic shortcomings. Your recommendations should focus on improving the quality and equity of care within all points of access to care. From the emergency department to the bedside, through the discharge process, and in outpatient settings.

Structural Equity Assessment for People Experiencing Homelessness

- **Leadership Checklist:**
  - ☐ Does leadership recognize homelessness as a risk marker for extreme social exclusion and a fundamental cause of health inequalities?
  - ☐ Are there formal policies to mitigate the "structural violence" embedded in standard health systems?
- **Provision of Care, Treatment, and Services Checklist:**
  - ☐ Are care pathways designed to address "multifaceted" and complex needs rather than just acute symptoms?
  - ☐ Is there a focus on trusting relationships and non-judgmental attitudes during clinical encounters?

	☐ Does the agency provide "a sense of choice" to PEH in their treatment plans? *We will further explore harm reduction in the next section of this module* • **Workforce Checklist:** ☐ Is there training to address external perceived stigma and biases held by healthcare providers (HCPs)? ☐ Does the facility educate staff on the "hidden curriculum" that can desensitize providers to the needs of PEH? ☐ Nurse Empowerment: Do you feel empowered as an RN to advocate for the unique needs of PEH, or do hospital/clinic "standard operating procedures" limit your ability to provide relationship centered care? • **Data Collection and Use Checklist:** ☐ Does the agency accurately identify homelessness during admission to improve discharge planning? ☐ Is data used to track frequent re-admissions and unresolved needs at discharge? • **Patient, Family, and Community Engagement Checklist:** ☐ Does the agency maintain strong connections with community services and accommodation referral options? ☐ Is there engagement with street medicine, mobile, or outreach clinics to provide a "classroom of the streets" for staff learning?

Assessment	Formative:	Summative: Submitted paper analyzing the structural strengths and gaps in a healthcare agency that influence the care of people experiencing homelessness.	Potential Assessment Strategies:

Resources:	Read and View listed below READ: Reilly, J., Ho, I., & Williamson, A. (2022). A systematic review of the effect of stigma on the health of people experiencing homelessness. Health & Social Care in the Community, 30(6), e4813–e4829. https://doi.org/10.1111/hsc.13884 Grech, E., & Raeburn, T. (2021). Perceptions of hospital-based registered nurses of care and discharge planning for people who are homeless: A qualitative study. Collegian, 28(1), 1–9. https://doi.org/10.1016/j.colegn.2020.02.004 Withers, J. S., & Kohl, D. (2021). Bringing health professions education to patients on the streets. AMA Journal of Ethics, 23(11), E858–E863. https://doi.org/10.1001/amajethics.2021.858 VIEW:

	Blanton, B. (2009, November). The year I was homeless [Video]. TED Conferences. https://www.ted.com/talks/becky_blanton_the_year_i_was_homeless Centre for Homelessness Impact. (n.d.). How do we stigmatize homelessness through language? [Video]. YouTube. https://www.youtube.com/watch?v=Gft8B5qM4J8
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