

# How Social Workers Mitigate or Perpetuate Structural Inequities: A Case Study in Newark, New Jersey

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# Objectives

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- Describe one theoretical model of how a social worker can interact with clients and client systems
- Overview of health markers in Newark
- Provide an overview of a clinical case seen in Newark
- Demonstrate how social workers can mitigate or perpetuate social and structural inequities

# Social Work

- What does a social worker do?
- How are we trained?



# Ecological Systems Theory

- Applies systems to living systems and focuses on people interacting with their environment
- Entities must stay in ecological balance with their environment for functional adaptation
  - Imbalances result in dysfunctional adaptations
- Social work generally tries to promote functional adaptation (person-in-environment)

# Ecological Systems Theory

- *“The ecological perspective uses ecological concepts from biology as a metaphor with which to describe the reciprocity between persons and their environments...attention is on the goodness of fit between an individual or group and the places in which they live out their lives.”(Sands, 2001)*

Sands, R. G. (2001). Clinical social work practice in behavioral mental Health: A postmodern approach to practice with adults. Needham Heights, MA: Allyn & Bacon

# Systems Model

- In the mid to early 20th century, the social work profession adopted a **family systems** model to show how family members are influenced equally by environmental systems with equal power.
  - It is theorized that individuals are "constantly creating, restructuring, and adapting to the environment as the environment is affecting them" (Ungar, 2002).

Ungar, M. (2002). A deeper, more social ecological social work practice. *Social Service Review*, p.480-497.

# Systems Model

- In the 1960's and 1970's, the systems theory was expanded based on an ecological approach, breaking down the term "environment" into **social determinants** with varied levels of power and influence, as deemed by individual stress and need and level of connectedness.

# Ecological Systems Theory

- Development is the result of the relationships between people and their environments
  - Cannot evaluate an individual's health and well-being by only examining the immediate environment
  - Must also examine the interactions among the larger environments that an individual lives/operates within
- **Key Question:** How does that environment help or hinder access to care and resources?



# Ecosystems

- Four layers of relationships in the environment
  - **Microsystem:** Relationships with direct contact with the individual
  - **Mesosystem:** Connection between relationships in the individual's microsystem
  - **Exosystem:** Structures in which the individual does not have direct contact
  - **Macrosystem:** Cultural context

Bronfenbrenner, U. (1979). The ecology of human development. Cambridge, MA: Harvard University Press.

# Microsystem

- **Microsystem:** Variables that the individual are directly exposed to
  - **Relationships:** Family, school, religious institution, neighbors
  - **Environment:** Geographic, Material structures
  - **Body functioning**
    - General health
    - Brain functioning – physiological and psychological
    - Emotions
    - Cognition

# Mesosystem

- **Mesosystem:** Interconnections between the microsystems
  - Examples
    - Interactions between the family and teachers
    - Relationship between the individual's peers and the family
    - Relationship between the individual and health care providers

# Exosystem

- **Exosystem:** Institutions of society that indirectly affect an individual
  - Examples
    - Workplace
    - Social welfare system
- This has impact back to the microsystem

# Macrosystem

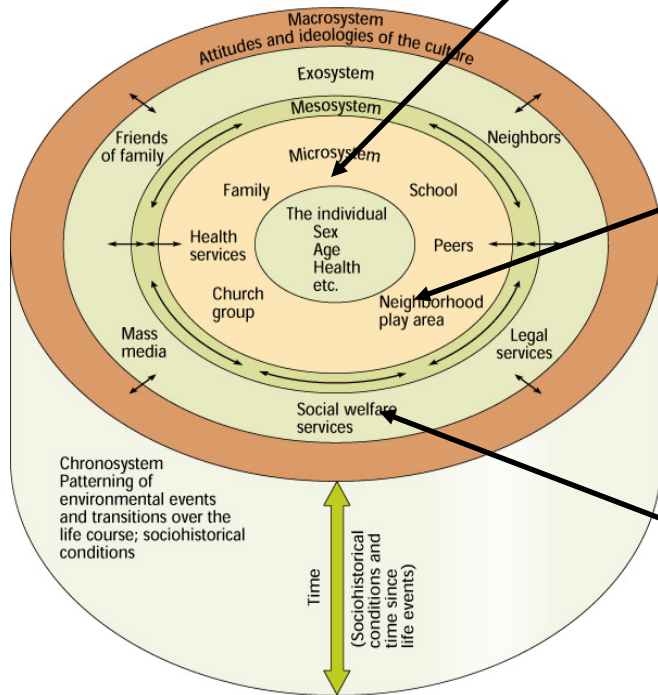
- **Macrosystem:** Cultural context
  - Provides the values, beliefs, customs, and laws of the culture
    - May be conscious or unconscious
  - Influences the societal values, legislation, and financial resources provided by a society to help families function
  - Influences the interactions of all other layers

# Ecosystem Model

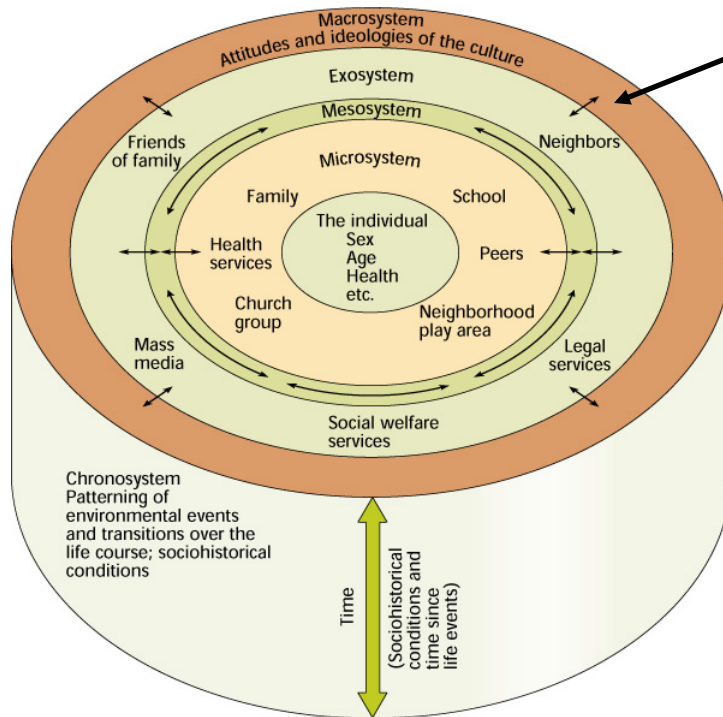
**Microsystem:** Within this system the individual has *direct interactions* with peers, health care providers, family, and others

**Mesosystem:** This system involves the *linkages* between microsystems such as family and work/school, and relationships between individuals

**Exosystem:** This system works when settings in which an individual *does not* have an active role influence individual's experiences.



# Ecosystem Model



**Macrosystem:** This system involves the broader culture in which individuals live.

# Balance

- Equilibrium is strived for in systems





# Ecological Systems Theory

- Properties of the four layers of relationships
  - Each layer of the environment is complex
  - Each layer has an effect
  - Conflict within any layer ripples throughout other layers

# Rutgers FOCUS Wellness Center

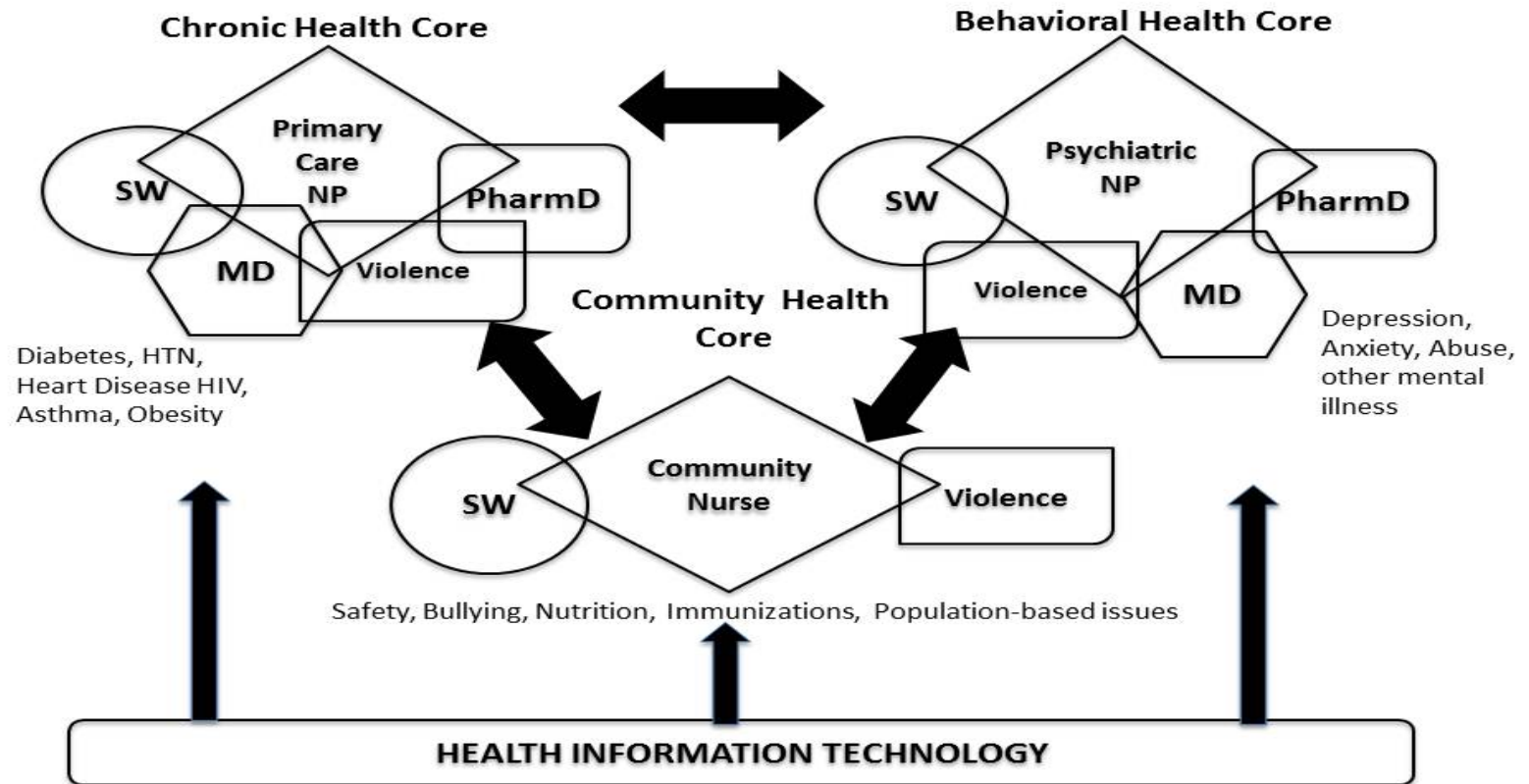


# Rutgers- FOCUS Health & Wellness Center

- Interprofessional collaborative practice model that draws upon the expertise of:
  - Advanced Practice Nursing
  - Social Work
  - Pharmacyto address physical and/or mental and the related psychosocial issues as a teaching and primary care model
- Urban, poor, multicultural environment
- Health Resource Services Administration funded



# Comprehensive Urban Health Model for Safe Healthy Families



# Community Core: History

- **Newark**

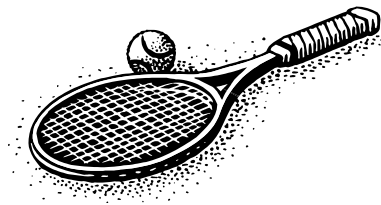
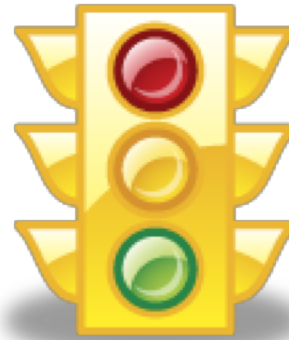
- Founded in 1666
- Began as a rural settlement
- Grew into a major urban center
- Home to many major businesses, universities, churches, and historical sites



# Our Model: Community As Partner

- **Eight Subsystems**

- Recreation
- Physical Environment
- Education
- Safety & Transportation
- Politics and Government
- Health and Social Services
- Communication
- Economics



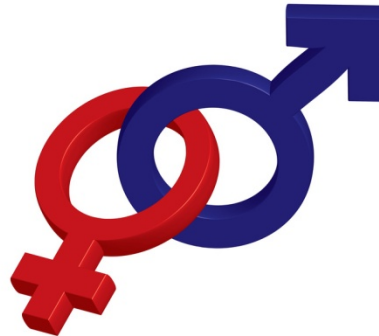
# Community Core: Demographics

- **Age**
  - Median age
    - Newark → 32.3 years
    - New Jersey → 39 years



# Community Core: Demographics

- Gender
  - Newark → 49.5% Male 50.5% Female
  - New Jersey → 48.7% Male 51.3 % Female





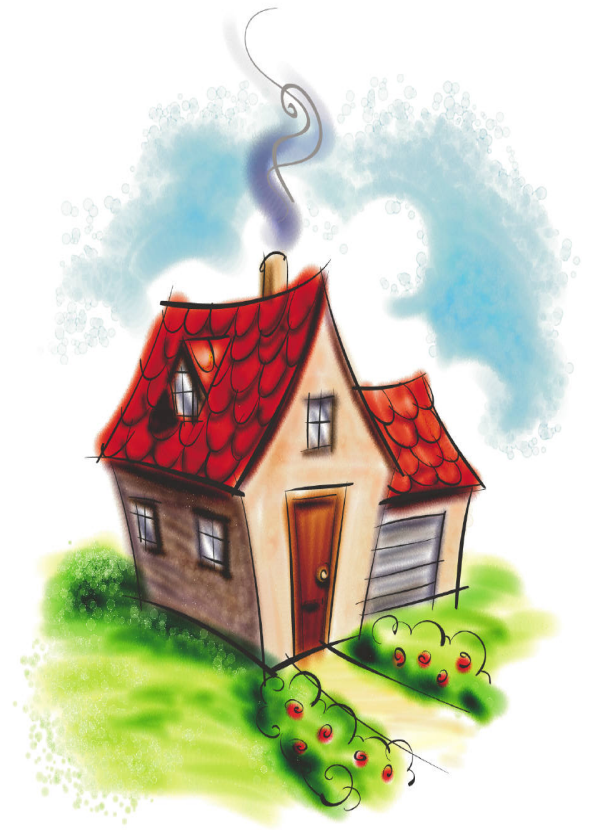
# Community Core: Demographics

- Ethnicity
  - Newark
    - 26.3% White
    - 52.4% Black
    - 33.8% Hispanic
  - New Jersey
    - 68.6% White
    - 13.7% Black
    - 17.7% Hispanic



# Community Core: Demographics

- Family characteristics
  - % Family Homes
    - Newark → 65.2%
    - NJ → 69.3%
  - % Non Family Homes
    - Newark → 34.8%
    - NJ → 30.7%



# Community Core: Demographics

- Family Characteristics
  - % Husband/Wife Family
    - Newark → 28%
    - NJ → 51.1%



# Community Core: Demographics

- Family Characteristics
  - % Female-head of household
    - Newark → 28.9%
    - NJ → 13.3 %
  - % Male-head of household
    - Newark → 8.3 %
    - NJ → 4.8 %



# Community Core: Vital Statistics

## Prenatal care 2009

- Newark → 58.9%
- New Jersey → 76.9 %



# Community Core: Vital Statistics

## Average Age of Death 2009/2008

- Newark → 63.1/63.4
- New Jersey → 74.7/74/6

# Newark, New Jersey

- Population 277,000 (US 2010 Census) is the largest city in Essex County, New Jersey
- Numerous barriers to care and significant health disparities:
  - Age-adjusted **diabetes** prevalence of 9.3% exceeds the national severe benchmark (“severe”) rate of 9.2%
  - At 29.3%, **adult obesity** prevalence exceeds the median rate of 27.6%.
  - 29.6% of County adults report **high blood pressure diagnoses**, exceeding the 28.7% median rate.
  - **Cancer risks** among local residents are also elevated: 22.7% of women ages 18 years and older have not had a pap test in the past three years, compared to a severe rate of 20.1%, and 83.7% of adults ages 50 years and older have not had an FOBT in the past two years, compared to a median rate of 83.3%.
  - **Asthma** prevalence among County adults is 11.3%, exceeding the 9% median rate.
  - **HIV infection** prevalence of 2.1 % is an astonishing 10 times the national median benchmark (“median”) rate of .2%

# Case Example: Martha and Ramon

- Martha:
  - 29 year old Latina from Ecuador living in the US since 2000.
  - She lives with her partner, Ramon, and 2 children ages 6 and 3. Her partner is the father of the 3 year old. The father of the 6 year old lives in Ecuador.
  - Patient does not speak English, is undocumented, does not have any other family in the area, and does not have medical insurance.
  - Partner is working and is the only source of income for the family. He works in construction which limits his time off to accompany her to appointments.



# Medical

- Patient was brought to FOCUS clinic on March 26, 2013
- Patient presented for care of an open wound on her leg and had difficulty walking due to pain
- Patient was diagnosed with Synovial sarcoma in 2011
  - She reported having 3 surgeries to treat sarcoma and 2 plastic surgeries to aid in wound healing. Patient had chemotherapy and her last chemo session was March 7, 2013 and was told that it was not working anymore. PET scan revealed multiple lung masses growing in number and size despite chemotherapy

# Psychosocial

- Patient's mother and siblings live in Ecuador.
- Patient reported that she felt depressed after her father died. She gained a lot of weight and was more isolated and disengaged from partner. He started to drink more and became verbally and emotionally abusive. Financial situation was worse.
- Both were angry and frustrated at each other.

# Progress on case

- Connected with community providers known to patient
- Provided psychosocial counseling, including case management to address barriers and deficiencies
- Collaborated with the Law school on care for the children and some of the legal issues pertaining to the immigration status

# Follow Up

- Patient had a visit to the ER early May 2013 due to shortness of breath, weakness, pain, UTI, and water in her lungs. She was discharged home few hours later.
- She was finally going back home to Ecuador on Wednesday, May 22, 2013. On Monday night (May 20) she got very sick and was hospitalized.
- She died on Saturday, May 25, 2013. Her partner made arrangements to send body to Ecuador.

# Microsystem (Direct exposure)

- Issues
  - Immigration status
  - Unmarried female
  - 2 young children, with separate fathers living in separate countries
  - Ramon and Martha had limited social support

# Microsystem: Role of social work

- How did we help?
  - We did facilitate family communication
  - We tried to create a social environment for the family
- How did we perpetuate a bad situation?
  - We brought difficult questions to the forefront
  - The immigration status was a reality, but a barrier as well
  - So staff had some biases that impacted the relationships. This was a point of education and learning

# Mesosystems (Interconnections between the microsystems)

- Issues
  - Immigration status
  - Lack of insurance
  - Language barriers/Health literacy
  - Future planning for the children

# Mesosystem: Role of social work

- How we helped
  - We tried to demonstrate respect
  - We involved the Law school to discuss the future for the children
  - We found agencies to work with Martha despite her insurance and immigration status
  - We used staff to assist with translation
- How did we perpetuate inequities?
  - We “exposed” Martha and her family to the systems at large
  - The translation services were inconsistent, relationships could not be developed first



# Mesosystem

- Imbalance
  - Involving the Law school was the “most disruptive” we could have done to this family
    - Why?



# Exosystem (Institutions that indirectly affect)

- Issues
  - Social welfare is not focused on Martha (i.e. undocumented immigrants)
  - Workplace issues were a barrier since Ramon could not be with Martha for FOCUS visits due to his hourly wage job
- How did we perpetuate inequities
  - We ‘hid’ the patient/family in fear of the Department of Children Permanency and Planning
  - We limited our outreach for services because we knew few existed
  - We had to also focus on “paying” patients

# Macrosystem (Cultural context)

- Issues
  - Not of this culture
  - Our conceptualization of family may have been different than theirs
- How did we perpetuate inequities?
  - We imposed, consciously or unconsciously, our own values into working with this family. We are trained to be “culturally competent” but we also felt the urgency of this case

# Conclusion

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- Reflections
- Questions?
  
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