Roundtable ABSTRACT

Roundtable 06: Structural competency: tracing the influence of social structures in health as a research and teaching agenda

Organizer: Mirko Pasquini, Margret Jaeger

Abstract: A defining ethical, legal, and social dilemma of our time is the tension between the rapid pace of innovative treatments and technologies in medicine on the one hand, and persistent health inequities, with millions of deaths each year from easily preventable and treatable diseases, on the other. These inequities stem from centuries of colonialism, extractive regimes, and unequal distribution of resources.
The COVID-19 pandemic has once again raised awareness of social and health inequalities and the need for medicine to respond. Despite this increased awareness, terms such as "narrative medicine" and "holistic medical practice" have been associated with few concrete tools for engaging with these forces (Stonington et al. 2018).
"Structural competency" is a recent research framework that expands clinical medicine and traditional public health sciences at their intersections with the social sciences to provide tools for professionals to address the upstream causes of social and health disparities (Metzl & Hansen, 2014). Drawing from the critical knowledge produced by medical anthropology, this new framework has led to new programs, practices and terms utilized to conceptualize and act on social inequalities in medical care around the world. The roundtable will discuss the different global perspectives within medical anthropology in relation to structural competency as a research and teaching agenda. By analyzing practical cases of application of structural competency to multiple global scenarios, the roundtable will explore the advantages and the limitations of structural competency as an interdisciplinary effort to approach the social, ethical, political, and legal aspects of health formation.

SESSION SCHEDULE

18.09.2025 | Slot 3| 4-0-4

Nilufer Akalin: Immigrant-blind care: How immigrants experience the “inclusive” health system as they access care

Sofia Bowen: Historical Echoes of Structural Competency: Insights from Chile’s Mid-

Century Psychiatric Reforms

Margret Jaeger, Monika Gritsch: Introducing structural competency in the German speaking world to tackle inequalities

SESSION PAPERS

Immigrant-blind care: How immigrants experience the “inclusive” health system as they access care

Nilufer Akalin

A growing body of scholarship examines the varying impact of legal status and race on accessing healthcare. However, a notable gap persists in comprehending the supplementary mechanisms that hinder immigrants' pathway to seek care. Drawing on ethnographic observations in various clinical settings and in-depth interviews with 28 healthcare professionals and 12 documented Haitian immigrants in a city in Upstate New York, between 2019 and 2021, I demonstrate the tension between the conceptualization and implementation of inclusive care practices by healthcare providers. I argue that the mere expansion and adoption of inclusive discourse among providers do not inherently ensure equity and the removal of barriers to healthcare access. This work contributes to the social study of medicine and race and ethnic studies by introducing the innovative concept of “immigrant-blind.” Through this concept, the research sheds light on how providers' conceptualization of inclusivity proclaims medical encounters to be devoid of stratifications and rationalizes their practices which mask the profound impact of immigration status and immigration on immigrant health. Furthermore, these practices reinforce existing divisions within care settings and medical encounters, where immigration laws and enforcement practices operate and further exacerbate stratifications. By examining providers' uninformed implementation of culturally competent care practices, the findings reveal that providers stigmatize and essentialize immigrants during medical encounters. This highlights the imperative for a more nuanced and informed approach to healthcare provision, where genuine inclusivity is upheld, and barriers to access are dismantled to foster equitable and dignified healthcare experiences for all.

Historical Echoes of Structural Competency: Insights from Chile’s Mid-Century Psychiatric Reforms

Sofia Bowen

The following contribution to the round table examines how principles now associated with structural competency were foreshadowed in earlier psychiatric reforms in Latin America. I analyse the case of Chile in the late sixties and early seventies, focusing on the emergence of intracommunitary psychiatry — a program inspired by social medicine, liberation theology and Marxist theory, and rooted in a moment of deep political

transformation. This model encouraged community involvement, connected with vernacular models of knowledge, and aimed to consider mental health within the context of wider social and structural conditions.

By revisiting this historical experience, this contribution aims to consider how similar efforts might inform contemporary conversations on structural competency. Put differently, they remind us of the importance of locating medical practice in its political and ideological milieu and of attending to a range of epistemologies in the quest to construct fairer health systems. The Chilean case provides an important perspective from the Global South that opens up the conversation around the diverse routes through which structural awareness made its way into the mental health arena.

Introducing structural competency in the German speaking world to tackle inequalities

Margret Jaeger, Monika Gritsch

Despite advances in medical innovation, health inequities persist in German-speaking countries, often rooted in structural factors such as social, economic, and political inequalities. While many academic health professions education programs in Germany, Austria, and Switzerland increasingly addresses cultural competence and global health, these efforts frequently overlook the broader systemic forces shaping health outcomes.
Structural competency may equip health professionals to recognize and address the upstream determinants of health disparities. Unlike traditional approaches that focus on individual patient-provider interactions, structural competency emphasizes the need to understand and intervene in institutional and policy-level drivers of inequity.
Integrating structural competency into German-speaking health professions education requires curricular reform and interdisciplinary collaboration which is difficulty to realize due to the lack of power of the discipline. Since 2023, a network of German-speaking medical anthropologists and health professionals—spanning academia, clinical practice, and public health—has collaborated to culturally and linguistically adapt teaching materials on structural competency for local educational contexts. This round table contribution will discuss the opportunities and challenges of introducing structural competency in the German-speaking context. By adopting this framework, health professions schools can better prepare future professionals to address not only the symptoms but also the root causes of health inequities, fulfilling both ethical responsibilities and societal needs.