

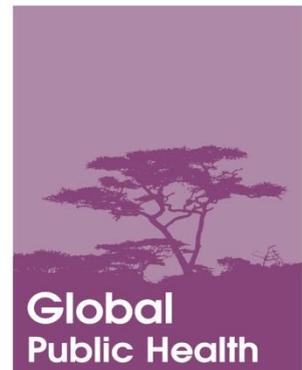
Global Public Health

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and Practice

Special Issue: Structural Competency in Global Perspective

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***Global Public Health* invites the submission of articles for a special issue on the theme of *Structural Competency in Global Perspective*.**

Abstract submission for consideration by January 31, 2022: Details below.

As made clear by diverse research in critical public health and the medical social sciences, social inequities in health reflect a paradox central to global health: while social structures are often invoked discursively, they are not sufficiently investigated nor responded to in public health, clinical practice, nor policy. In recent years, structural competency has gained important traction as a framework to understand and respond to the effects of social, political and economic structures on health and health care, yet it has remained limited largely to perspectives from Anglophone North America most often in relation to clinical medicine.

This special issue will fill two important gaps in this growing literature and practice: First and foremost, it will bring together scholars and practitioners developing, practicing, revising and questioning structural competency from around the world. It will promote dialogue with related frameworks - such as social medicine, collective health and others - with key contributions from diverse geographic and social contexts. Submissions are welcome from all contexts globally at the same time that we will pay special attention to submissions from the Global

South. Second, it will broaden structural competency beyond clinical medicine to include other areas related to health - including social work, global health, public health practice, epidemiological research, health policy, and beyond. Given the critical importance of social and political structures to global public health, this special issue addresses the important goal of broadening, developing, and critiquing the increasingly important framework of structural competency from diverse contexts and perspectives.

Submissions may explore, but are not limited to, such topics as:

1. Global experiences developing and/or putting into practice structural competency. These may explore ways in which the framework has been adjusted, reworked expanded, and/or operationalized in different settings in the world. These may analyse research into structural competency, structural humility, structural vulnerability and/or other related frameworks for understanding and responding to unequal social structures, unequal health and unequal health care.
2. Experiences developing and/or putting into practice structural competency in fields or areas beyond clinical medicine. Similarly, these may propose means for adjusting, reworking or practicing structural competency in professional and community settings beyond clinical medicine.
3. Worldwide efforts of developing an extra-clinical language of structure. We want to widen concepts and frameworks for understand what is sometimes referred to as “structure”, by showing perspectives from different regions, perspectives, disciplines, and beyond them, in the interdisciplinary/transdisciplinary dialogue. This may explore relationships, similarities, and differences between different frameworks – such as social medicine, collective health, structural competency and others. We hope to make visible different ways in which evidence is produced regarding the impact of these structures on health at different levels and scales.
4. Global perspectives on recognizing the structures that shape clinical interactions. Different perspectives and frameworks from across the globe that identify, analyse and/or work toward transforming how structures (economic, social, spatial, political, economic, etc.) impact clinical interactions. Proposals may reflect local worlds that have been little studied, as well as theoretical/practical proposals forged from resources, experiences, and traditions different from those more hegemonic.
5. Creatively rearticulating "cultural" presentations in structural terms. Proposals that reflect on the uses, contexts, and power relations in which the concept of culture is inserted in health contexts, diversifying the spheres, spaces, levels, and scales in which it is critically analysed and rearticulated to show power relations.
6. Observing and imagining structural interventions worldwide. Works that reflect the plurality of actors involved in structural interventions, as well as the different perspectives and methodologies from which power over those interventions is democratised. We are interested in showing the diversity of strategies that emerge from inter- and transdisciplinary crossings, as well as the different spheres, levels, and scales in which structural interventions are imagined and carried out.
7. Globally developing structural humility. Works that consider the patient and their collectives as bearers and producers of knowledge, expertise, action and resourcefulness, which is often used in struggles to confront the structures that may oppress. Meanwhile, experiences that confront the asymmetries between knowledges,

whether as part of the development of structural competencies or for other related objectives.

8. Expanding beyond the existing tenets of structural competency. Considering the pattern of structural competency being used in the USA focused most often on clinical medicine, there are likely additional tenets and concepts used globally that are not described in the primary structural competency frameworks. We welcome submissions that expand beyond, critique or revise the existing primary tenets.
9. Any other aspects not covered in the previous points that are relevant to structural competency or that produce interesting dialogue with this approach.

Articles should be Original Articles. i.e., these may present original research or a theoretical or conceptual argument. Word limit 7,500.

Abstract submission by January 31, 2022: Please submit abstracts for consideration to GPHStructuralCompetency2022@gmail.com by January 31, 2022, with the e-mail subject line "SCGP Special Issue Abstract" followed by the first author's last name. Include a working title, abstract, author names, their primary affiliations, a short biographical note (not more than 200 words for each author), and a contact e-mail address. Abstracts should be 250 to 500 words and outline the geographic, social or professional context, the primary argument, the means by which the argument will be made, and the relationship to the overall special issue topic.

Authors selected for submission of full manuscripts will be notified by February 28, 2022. Selected authors should prepare full manuscripts by May 1, 2022, to the same email address (above) following the submission instructions available on the journal's website (<https://bit.ly/GPHAuthors>).

Please note that all submissions must be made in English. Unfortunately, the journal does not have the necessary resources to publish in other languages, and we are therefore able to accept submissions only in English. Please let us know if you may need support in this area and we will look for possibilities for support.

Enquiries: For enquiries, please email GPHStructuralCompetency2022@gmail.com