



STARFIELD SUMMIT

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STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

Theme: Vulnerable Populations

Title of IGNITE Presentation Topic:

Intersectionality – The Interconnectedness of Class, Race, Gender, and Other Types of Vulnerability

Why This Is an Important Topic to Address (brief description):

Studies of disparities in health and health care typically report on differences across a single dimension of social advantage/disadvantage (e.g., racial majority vs. minority). In reality, however, all people live on multiple axes of advantage/disadvantage, including gender, class, sexual orientation, and disability status, among others. Intersectionality is an approach that considers multiple sources of inequality collectively, rather than in isolation, as determinants that shape the degree of advantage or disadvantage experienced by a given person, community, or population. By considering multiple axes simultaneously, intersectional approaches may provide more refined and accurate determinations of which people or groups are most vulnerable. This in turn might lead to more effectively targeted policies and programs to reduce inequities. There are, however, theoretical and practical challenges to implementing intersectional approaches.

What We Think We Know (Bulleted evidence + Seminal references):

- Many studies have shown health and health care disparities by sociodemographic characteristics (e.g., race/ethnicity, gender, social class, rural vs. urban), but few studies have examined “micro”-groups at the intersection of multiple axes of social advantage/disadvantage (e.g., disabled, rural-dwelling, immigrant Latina women).
- Groups with multiple vulnerabilities are in most need of resources or programs aimed at reducing health inequities.
- Intersectional approaches offer more nuanced and useful data on health equity.
- Taken to its extreme, however, intersectionality takes an “anti-categorical” stance that views each individual as occupying a unique social position with a complex array of characteristics, making it difficult to study population-level health disparities. Most studies of intersectionality have accordingly used qualitative rather than quantitative methods.
- *Green MA, Evans CR, Subramanian SV. Can intersectionality theory enrich population health research? Soc Sci Med. 2017 Apr; 178:214-216.*
- *Bowleg L. The problem with the phrase women and minorities: intersectionality-an important theoretical framework for public health. Am J Public Health. 2012 Jul;102(7):1267-73.*
- *Hankivsky O, Christoffersen A. Intersectionality and the determinants of health: A*

Canadian perspective. Crit Public Health. 2008 Sept;18, (3): 271–283.

- *Caiola C, Docherty SL, Relf M, Barroso J. Using an intersectional approach to study the impact of social determinants of health for African American mothers living with HIV. ANS Adv. Nurs. Sci. 2014 Oct-Dec;37(4):287-98.*

Questions for Group Discussion

Questions to Address in Group Discussion:

- Is it feasible to measure all potential axes of advantage/disadvantage?
- Which should be considered most important?
- If several axes are included simultaneously, how do we deal with the problem of small “cells” when generating data?
- What are the practical considerations in deciding whether to use or not use an intersectional approach to measuring and monitoring health equity?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

- Intersectional approaches to conceptualizing health equity have several potential benefits:
 - By explicitly considering different forms of vulnerability, it avoids conflating them (e.g., race and SES).
 - It also avoids highlighting some forms of vulnerability and not others (e.g., race but not SES), thereby reducing the potential for backlash by groups (or advocates for those groups) whose vulnerability is not being explicitly acknowledged.
 - It allows for the identification of the most vulnerable subgroups within larger heterogeneous categories.
- Implementation of intersectional approaches to measuring and monitoring health equity poses several potential challenges:
 - Some forms of vulnerability are difficult to measure or capture in available public health and health system data.
 - Quantitative analysis of data using an intersectional framework will require sophisticated statistical methods and likely large datasets.