

Starfield Summit II: Health Equity Summit
Curriculum Toolkit

Intersectionality—The Interconnectedness of Class, Gender, Race and other Types of Vulnerability

IGNITE presentation by Somnath Saha, MD, MPH

Module by Mansi Shah, MD, and Jennifer Edgoose, MD, MPH

Appropriate learner: advanced learners

Related modules:

- Community Vital Signs: Achieving Equity through Primary Care Means Checking More than Blood Pressure
- Racism, Sexism and Unconscious Bias
- Understanding Health Experiences and Values to Address Social Determinants of Health

Learning Objectives

After participating in this learning module, the participant will be able to:

1. Define intersectionality.
2. Recognize the importance of context in trying to categorize vulnerable persons and populations.
3. Understand an intersectional approach to health disparity data.
4. Consider the advantages and disadvantages of applying an intersectional approach to population health data.

Background

Studies of disparities in health and healthcare typically report on differences across a single dimension of social advantage versus disadvantage (e.g., racial majority versus minority). Audre Lorde once said: *“There is no such thing as a single-issue struggle because we do not live single issue lives.”*¹ As people on multiple axes of advantage/disadvantage, an intersectional approach 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. Intersectionality is a term coined by Kimberlé Crenshaw, a black feminist legal scholar, to describe the complexity of overlapping or intersecting social identities related to oppression or discrimination such as gender, race, social class, ethnicity, nationality, sexual orientation, religion, age, or disability status.² For example, trying to capture a person’s experience within the category of being a “woman” may hardly provide a clear snapshot of her until you realize she is also a Latina who is undocumented living in Iowa.

Bowleg described the core tenets of intersectionality most relevant to public health as follows:

(1) social identities are not independent and unidimensional but multiple and intersecting,

(2) people from multiple historically oppressed and marginalized groups are the focal or starting point, and

(3) multiple social identities at the micro level (i.e., intersections of race, gender, and SES) intersect with macro level structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes.³

By considering multiple axes simultaneously, intersectional approaches might allow us to better describe the experiences of people in our communities and offer nuance to research, clinical care, and policy changes. There are, however, theoretical and practical challenges to implementing intersectional approaches.

Ignite Video

Please follow the link below to view the full talk given by Somnath Saha (10:30 min):

<https://www.youtube.com/watch?v=tJI08-qsMUw>

Accompanying Slides

<http://www.starfieldsummit.com/s/25-Saha-Presentation.pdf>

Questions for Group Discussion

After watching the talk, consider splitting your learners into smaller groups and facilitating discussion using the following questions.

- 1) Look at slide 7 from Dr. Saha's talk. How would you map yourself along these multiple axes of social advantage and disadvantage? Are there other identities you would suggest adding?
- 2) Can you share a story from your own personal experience that shapes whether an aspect of your identity manifests in the typically held perspective of advantage (or disadvantage) or not?
- 3) How would you describe intersectionality?
- 4) Provide an example of how an intersectional approach can reframe public health interventions. (e.g. see Bowleg)
- 5) Describe pitfalls of taking an intersectional approach. What does Dr. Saha mean when he describes the problems of being "anti-categorical"?
- 6) What are advantages of using an intersectional approach?

Applying an Equity Lens in Professional Practice

As you reflect on the material in this module consider how you will apply it in your professional practice by asking questions based upon the Equity and Empowerment Lens' 5Ps:

PURPOSE: Although intersectionality provides a more patient-centered and authentic understanding of identities as related to measured metrics, there are many barriers in trying to apply intersectional approach. *Propose a specific intervention that you think might address one*

of these barriers. (For example, you may propose collecting data on sexual orientation from your patients)

PEOPLE: Which people are positively and negatively affected by this intervention?

PLACE: How does this intervention account for people's emotional and physical safety and their need to be productive and feel valued?

PROCESS: How are we meaningfully including and excluding people?

POWER: How could we better integrate voices and priorities of all stakeholders?

For more in depth discussion read or watch:

- 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.
 - This article highlights the benefits of intersectionality for public health theory, research and policy and addresses some of the theoretical and methodologic challenges.
- Crenshaw K. The Urgency of Intersectionality. TEDWomen 2016. San Francisco, CA. Presented October 27, 2016.
https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality. Accessed April 23, 2018.
 - Crenshaw describes the term “intersectionality” and shows how multiple dimensions of exclusion can impact individuals.

Resources for further exploration

Macro: In Health Care Transformation

- López N, Gadsden VL. Health Inequities, Social Determinants, and Intersectionality. National Academy of Medicine, Washington, DC. <https://nam.edu/wp-content/uploads/2016/12/Health-Inequities-Social-Determinants-and-Intersectionality.pdf> Published December 5, 2016. Accessed September 24, 2018.
 - This essay argues that applying an intersectional health equity lens requires a commitment to uncovering the workings of the multiple systems of inequality when considering the social determinants of health.
- Green MA, Evans CR, Subramanian SV. Can intersectionality theory enrich population health research? *Soc Sci Med*. 2017 Apr; 178:214-216.
 - This paper explores how intersectionality enables an eco-epidemiologic approach where wider ecologic social as well as biologic factors influence population level disease outcomes rather than a single causal risk-factor-epidemiologic approach of individual cases.

Meso: In Quality Improvement

- 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.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4221802/>

- This paper illustrates the usefulness of intersectionality as a framework for understanding the health of vulnerable populations by describing a mother living with HIV attempting to safely cross a busy traffic intersection with her children in tow.
- Hankivsky O, Doyal L, Einstein G, et al. The odd couple: Using biomedical and intersectional approaches to address health inequities. *Glob Health Action.* 2017;10(sup2):1326686.
 - The authors of this paper provide four concrete examples which explore the potential of an intersectional framework to advance current approaches to advance currently used socio-biological models.

Micro: In Clinical Encounters- Shared Decision Making

- Identity Signs. The Safe Zone Project website. .
<http://thesafezoneproject.com/activity/identity-signs/>. Accessed June 14, 2018.
 - This is a facilitator guide for an activity that enables participants to explore their own personal intersecting identities. This is a good activity for a variety of group sizes (twenty to hundreds of people).
- Chan S. "You're Short, Besides!" In: Anzaldua G, ed. *Making Face, Making Soul/Haciendo Caras: Creative and Critical Perspectives by Feminists of Color*. San Francisco, CA. Aunt Lute Books;1990.
<http://www.angelfire.com/super2/sociology/articles/short.html>. Accessed October 2, 2018.
 - This personal essay by Sucheng Chan explores multiple forms of oppression in a light and relatable manner and can be used to stimulate a great small group discussion about intersectionality.

Words and Concepts Used in this Module that are Defined in the Guidebook

- Disability
- Intersectionality
- Minority
- Poverty
- Privilege
- Race
- Racism
- Sexism
- Social Determinants of Health
- Socioeconomic Status
- Vulnerability
- Vulnerable populations

References

1. Audre L. Learning from the 60s. In: *Sister Outsider: Essays & Speeches by Audre Lorde*. Berkeley, CA.:Crossing Press; 2007: 134-144.
2. Crenshaw K. Demarginalizing the intersection of race and gender: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. University of Chicago Legal forum: 1989: Iss 1, Article 8.
3. 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.

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