



National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

**PUBLIC
HEALTH
SPEAKS**

INTERSECTIONALITY AND HEALTH EQUITY

Intersectionality is an approach to understanding and influencing the multiple forces that shape social inequalities and discrimination. As such, it can serve as a useful framework for public health action to improve the social determinants of health and health equity. In spite of this uptake in public health research, practice and policy appears to be low.

The National Collaborating Centre for Determinants of Health and National Collaborating Centre Healthy Public Policy hosted a conversation to explore the relevance and application of intersectionality in public health practice and action to improve health equity. The group interview has been edited for length and clarity.

“Intersectionality is a theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at the micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, social-structural level (e.g., racism, sexism, heterosexism). Public health’s commitment to social justice makes it a natural fit with intersectionality’s focus on multiple historically oppressed populations.”

(BOWLEG, 2012)



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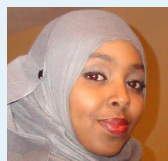
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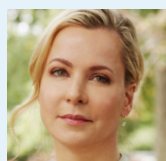
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Sume Ndumbe Eyoh: *Welcome and thank you for contributing to this conversation on intersectionality as a field, and on how intersectionality can contribute to action on the social determinants of health and health equity and the implications for public health.*

Q Tell us about yourself and your understanding of intersectionality.

A Samiya Abdi: I am health promotion consultant with [Public Health Ontario](#), specifically with the [Health Promotion](#) Capacity building team. My area of focus is in planning and evaluation, and my practice is grounded in community based approaches. From where I stand intersectionality is the ability to view individuals and communities from a complex and dynamic perspective, knowing that not only one or two characteristics, such as race or gender, affect who they are, and their health and well-being but recognizing that people are multifaceted, people come from specific places, cultures, religions, languages, and ethnicity, and they have a place in society in terms of the power and privilege that they hold. Intersectionality is a recognition of how all these factors affect who we are and how we act, and how we practice, and where we end up in terms of our health and well-being.

Anna Travers: I work for [Rainbow Health Ontario](#), a Knowledge Translation and Exchange (KTE) program that's been around for 8 years and is the first of its kind in Canada. Our focus is on knowledge synthesis, training and creating access points for people to find resources related to lesbian, gay, bi, and trans (LGBT) health. This is an area that is quite young and there aren't a lot of similar programs or organizations doing this kind of work. We work with a multiplicity of partners, who are trying to integrate LGBT health issues or create welcoming environments as part of their work. That is obviously the focus but in all the work we do, we are constantly looking at the effects of other kinds of social locations, power relations and looking at the different impacts that these things have on health, on access to resources, on the ability to speak publicly. So I very much resonate with the definition that you gave earlier and we're always trying not to add layers in a cumulative way but look at the interaction of different layers of social location on people's health and well-being.

Olena Hankivsky: I am the director of the [Institute for Intersectionality Research and Policy](#) at Simon Fraser University. Our institute is wholly committed to examining applications of intersectionality in health research and policy. We think about intersectionality not as simply a theory but rather a transformative framework for both research and policy. Getting at the complexity of health inequities requires going beyond single factor explanations, or, for lack of a better word, vulnerable and marginalized populations as homogeneous or essential in their composition. But rather looking at the kind of differences that exist within groups that may be labelled traditionally marginalized and vulnerable, and bringing an intersectional focus to bear on understanding those kinds of differences and within group diversities. I see intersectionality as the next step in social determinants of health frameworks, in that it explicitly pays attention to the relationships between the determinants looking at micro, mezzo, and macro levels of analysis. It does not necessarily limit it us to the typical lists that exist in determinants of health thinking, but most importantly it is explicitly committed to tackling questions of power and how power manifest at all those different levels, including the individual experience. It has an explicit commitment to social justice that goes beyond just an explanation or description of health inequities but taking that next step towards trying to find change and transformation.

Hankivsky, O. (2014). *Intersectionality 101*. The Institute for Intersectionality Research & Policy, Simon Fraser University. www.sfu.ca/iirp/documents/resources/101_Final.pdf

This primer provides a clear-language guide to intersectionality. It explores its key elements and characteristics, how it is distinct from other approaches to equity, and how it can be applied in research, policy, practice and teaching. The primer aims to show how intersectionality can alter how social problems are experienced, identified and grasped to include the breadth of lived experiences.

Morrison, V. (2014). *Health Inequalities and Intersectionality*. National Collaborating Centre for Healthy Public Policy. www.nchpp.ca/docs/2015_Ineg_Ineq_Intersectionalite_En.pdf

This briefing note briefly explains intersectionality and explores the potential of an intersectional approach to reducing health inequalities.

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Sume: *I see some common threads coming through but also some unique positions. One thing which seems to happen is that a lot of people enter into conversations on intersectionality from a singular position and then expand.*

Q How do you ensure that you're not entering from a singular position but that you're taking an intersectional lens for your practice or research from the very beginning?

A **Olena:** None of our work starts from any one of those kinds of singular positions. Within the research and within the literature, in some circles there is the tendency of starting with a particular factor or social location, for example, examining gender in relation to other social locations - there's that kind of intersectional exercise. I certainly wouldn't advocate that approach. Rather we use an issue-based start or problem-based start - we look at particular issues, challenges or areas in public health or health inequities and then understand the ways in which different individuals or different groups may be affected by that particular issue.

Samiya: I was involved in a program with young black men between the age of 16 and 24 who were dealing with mental health and substance use. In designing or delivering that program, you can't work with mental health without taking into consideration what other factors are affecting these young men - namely race - being in an area where police carding was the norm where some of the young men would be questioned or stopped and searched as soon as they left our programs. Things like transportation issues or not having access to food. So the point is intersectionality is a necessary tool in planning and delivering any programs. You can't look at the individual from only a biological or mental health point of view without looking into what their situation is and where do they lie in the power structure as well as the systemic social justice issues they face. This can include exclusion from schools to the criminal justice system, excessive use of police and policing when it comes to young black men.

Anna: In my previous experience practicing and managing programs in Toronto I worked with many different communities, teenage parents, racialized people, people living in poverty, people in the child welfare system and

I also trained in social work at a time when social work was actually seen as the kind of juncture between the individual or a population and the conditions in which they live. I started off mostly re looking at things through a feminist analysis and then broadened that out. I think that there are times when you have to foreground a particular population or group and I would say in with LGBT people, it's particularly important because they're almost entirely invisible in public health. My community tends to be tucked away in communicable diseases and sexual health and often seen as vectors of disease but not much else.

Jackson, B. (2006). Whose Public Health? An Intersectional Approach to Sexual Orientation, Gender Identity and the Development of Public Health Goals for Canada. **Ontario Rainbow Health Partnership Project***. This discussion paper reviews Canada's contributions to the field of public health, with a particular emphasis on the failure of interventions aimed at individual behaviours or risk variables to adequately address key determinants of health for lesbian, gay, bisexual, transgender, transsexual, Two-Spirit, intersex, and queer (LGBTBTIQ) people.

Sume: *Thank you all for those contributions.*

Q Can you talk about your experience in applying intersectionality in your practice or your research?

A **Samiya:** I'm going to talk about how it is not applied in public health practice and this was alluded to earlier, with the social determinants of health. There's often a one dimensional approach where people just focus on maybe gender issues or race issues when it comes to program planning and design and delivery and evaluation and not really looking into multiple issues. The communities that I work with are Black women, Muslim communities, youth and maybe people who are also dealing with poverty and there are often interventions that are designed to help all these populations with one issue such as health literacy or breastfeeding. However there is nothing to really support the Black Muslim woman who is a new mother below the poverty line who's also dealing with mental health issues who could be on the verge of

*www.rainbowhealthontario.ca/resources/whose-public-health-an-intersectional-approach-to-sexual-orientation-gender-identity-and-the-development-of-public-health-goals-for-canada.

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losing her housing. Typically in public health, programs are designed to address a single issue and not take into consideration the multifaceted and compounding factors that disadvantage communities and individuals.

Olena: The best example I can give is the development of the Intersectionality-Based Policy Analysis Framework in 2012. As part of our dissemination we have trained a number of organizations on how to engage with the framework. The most successful was a 1-day training session with the Public Health Agency of Canada. The success was to get some of the analysts to slightly shift their way of thinking about the complexities of health issues, problems and challenges and understanding that a one-size-fits-all model is not going to cut it anymore, engaging in exercises of self-reflexivity, thinking about issues of power in their area of policy. In order to be effective, any kind of research program, service or intervention is going to have to start grappling with these kinds of complex issues of location and structures of power a lot more seriously if the end goal is really truly going to be to start solving the problems and addressing issues of inequity.

Anna: The [Ontario Health Study](#) is a large study following the health of a large cohort of people in Ontario. When this came out a few years ago, we noticed that there weren't any questions that would allow people to self-identify around sexual orientation or gender identity so they would be presumed to be heterosexual or cisgender. We brought together some of the researchers and epidemiologists in our RHO Research Network and had discussions about this. The investigators in the study agreed to change the survey so people could self-identify around sexual orientation and gender identity and they worked with us so that the set of questions that you would then get would be appropriate and this is especially important when it comes to trans people. So for example, if you're a trans man, (a female to male trans person) you might still have a cervix and so even though you may have put in that you're a man, if you can't say that you're a trans man in the study, you will not get questions about things like Pap tests. People in the LGBT community were very pleased to be invited to join and to find that there were appropriate questions.

The Intersectionality-Based Policy Analysis (IBPA)

(<http://www.sfu.ca/iirp/ibpa.html>) published by the Institute for Intersectionality Research and Policy in 2012 presents an overview of the IBPA Framework and brings together scholars who have developed and applied this innovative policy analysis approach to complex health issues in Canada. The collection demonstrates the ways in which IBPA may be used by diverse policy actors who seek to tackle health inequities when making health and health-related decisions at the level of policy and programming.

Sume: I've heard some examples around planning, research and data collection.

Q If we think about the different functions of public health be it in research or practice how would you be able to apply that in the field? What role do you see for intersectionality in public health?

A **Olena:** There are already sympathetic overlaps between the field of public health and intersectionality. Lisa Bowleg has done a very succinct and compelling piece on the ways in which intersectionality and public health interface and interact. Intersectionality has the potential to bring to the foreground some of the things that have been in the background of public health in terms of commitments to social justice and to eradicating health inequities. It has the potential to transform the way in which all aspects of public health think about inequity, discrimination, oppression, power. It's a truly a new way of framing and it goes beyond a social determinants of health framework and even beyond the work of Nancy Krieger in terms of eco-social modelling. It has the potential of creating a new foundation, a new kind of framework that can inform all the different areas of public health.

Anna: Public health is very structured and organized around certain directives and of protocols and I know in some ways that's its strength; it's very evidence-based. It actually strikes me that in more community-based agencies you can act more organically and an orientation to an intersectional approach is very natural in terms

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of looking at all the different dimensions of people. Where it gets harder is how do you deal with some of the structural issues, so I find the challenge is less around the understanding but more where to put your efforts.

Samiya: There is a need for some fundamental shifts in how practitioners relate to and refer to the populations that they serve and some of that shift would come from an opportunity for people who are in public health practice to question their positions of power and privilege in relation to the communities and the populations for whom they are designing and delivering programs. There is a need to change what we teach in schools and what we do in public health. What personal biases do we come in with? What understanding do we have around historical injustices? What are our social norms and what are the current structures that are discriminating against the populations that we serve?

Bowleg, L. (2012). The problem with the phrase “women and minorities”: Intersectionality, an important theoretical framework for public health. *American Journal of Public Health*, 102(7), 1267-1273. www.ncbi.nlm.nih.gov/pmc/articles/PMC3477987. In this article, Lisa Bowleg describes the history and central principles of intersectionality, addresses some theoretical and methodological challenges, and highlights the benefits of intersectionality for public health theory, research, and policy.

Sume: *One of the challenges for public health practitioners is to imagine what intersectionality looks like in practice.*

Q **What do interventions on the social determinants of health and health equity that apply intersectionality at the organizational, program or policy level look like in Canada?**

A **Olena:** While tools like health impact assessments and health equity impact assessments are generally moving in the right direction, none of them is capturing what intersectionality is trying to do in terms of how social locations and structures interact. I would say very honestly that it may be premature to point to

concrete examples because we're still at the point of raising awareness of why this is may be a compelling or a fresh perspective. It's going to take a while before we start seeing it being taken up in the way of being able to point to really good or successful examples that have been used and/or evaluated.

Outside the field of health, at Status of Women Canada they went from a gender based analysis (GBA) approach to what they're calling now a GBA- plus approach that intends to explicitly incorporate intersectionality. There was a huge debate and discussion about moving into a completely different framework but the was fear that there would be a loss of all the important work that had been done to bring gender to the front so they had to incorporate the intersectionality piece into a pre-existing policy approach in order for it to be palatable.

Samiya: I'll echo that. There is nothing beyond preliminary conversations when it comes to intersectionality. I cannot think of a program that applies both the social determinants of health and health equity and uses an intersectionality lens. However there's a saying that I always like to use and it's, *if you would like to go fast, go alone, and if you would like to go far, go together.* And it's the idea that if we want to really move far, we want to be, we need to be patient and understand that change takes time and a lot of effort and resources. This idea in its infancy in public health and people are beginning to recognize the need to look at intersectionality in addition to equity and social determinants of health.

Sume: *Our conversation today confirms my personal observations that intersectionality is not being applied in any extensive way in public health action on the social determinants of health and health equity.*

Q **What opportunities do all of you see for public health to apply intersectionality?**

A **Olena:** We need resources in order to actually start to apply this perspective, whether it's in research, policy or practice. The ideas that are well resourced are the ones that actually get looked at more carefully or implemented in a more systemic way. A few years ago

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for example, any applications that we would make to the Canadian Institutes for Health Research (CIHR) for funding using an intersectional perspective would be rejected on the premise that this was not a widely accepted framework and people weren't sure how it could be taken up in research. And it's only been in that last 2 or 3 years that that's shifted and that's been good. But again it takes time then to see a body of literature, both qualitative, quantitative mixed methods that can emerge from those kinds of applications. In terms of policy, it requires leadership and political will in order to point to different directions that should be taken up. And then it requires a lot of education and training and trying to get buy-in from people at different levels that this will actually improve the way in which people's lives and their needs are understood and how interventions and programs and services can respond to those folks. So for me it is the people who are in positions to either resource or push these things forward, those are the precursors to making really meaningful change.

Samiya: There's an opportunity to create common language and common understanding of what intersectionality means and why it is important. And from there on, gaining buy-in to applying it to research, decision making, as well as in public health practice.

Anna: I think it will take more work and resources to help people along. There are a lot of people, at least in the world that I move in, who do think this way quite naturally. And the more that we engage teams and communities of people with very different, very diverse backgrounds, the

more it helps to bring different perspectives and ideas to the table. I would love to see some more formal tools that would help people to think about the interactive part that we've been talking about. That it's not a summative exercise but actually trying to look at the interactions of different kinds of social locations and power dynamics. I watch people doing it in their heads and in their conversations and, but I don't know how to do that on a more formal level.

Val: *The NCCHPP focuses on healthy public policy, understood as policies that are outside of the health sector that effect health, like housing, transportation, etcetera.*

Q Can you think of ways in which those types of policies could benefit from an intersectionality perspective or examples of policies that already incorporate this?

A **Olena:** There's a lot of really interesting policy driven work in the European Union context and it's certainly not health focused but it's trying to grapple with multiple grounds of discrimination simultaneously. And then of course Status of Women with the Gender Based Analysis - plus that I had mentioned.

Val: Do you think that policy gets in the way of being able to work with this type of perspective because policies always, at least when they're being implemented concretely, and to fulfill certain criteria, tend to single things out. So does policy mitigate against adopting intersectionality as a perspective?

Olena: Any implementation of complex ideas is always an imperfect exercise. But I actually think it's less policy and more people. In my experience training people across government, for example in GBA analysis and policy, there was huge resistance to using these tools or implementing

Resources for research

Bauer, G.R. (2014). **Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity.** *Social science & medicine*, 110, 10–17.

These three primers explore issues and approaches to intersectionality-informed research.

- Intersectionality-informed Mixed Methods Research: **A Primer Daniel Grace, PhD**
- Intersectionality-informed Qualitative Research: **A Primer Gemma Hunting**
- Intersectionality-informed Quantitative Research: **A Primer Setareh Rouhani**

The Trans Pulse Study examines the health and well-being of trans people in Ontario using an intersectional perspective. It includes analysis on racialized and Aboriginal/ two spirited trans people, as well as employment, poverty, justice, health, mental health housing and more. All the papers and fact sheets can be found on line at <http://transpulseproject.ca>

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or having a gender focus because it was perceived that gender equalled women or it was somehow conflated with a feminist project, and so people just didn't want to go there. Now, what I did find when I was doing training on intersectionality, even with some very conservative branches of government was that there seemed to be a bit more of an openness to engage with this way of thinking. Simply because I think it spoke to people's intuitive understandings that, human lives are complex and we're not just all neatly wrapped into these singular boxes. It you can overcome the resistance that folks have, I think if you can meet them where they are, get some kind of buy-in, that that's what actually drives the change more than just policy itself.

The National Collaborating Centres could play in terms of widening the awareness of intersectionality and, or encouraging the development of case studies, evidence-driven case studies, best and promising practices. At the global level, I am working with the World Health Organization on a new framework for health inequities and it's going to be explicitly grounded in intersectionality.

Development of a framework to support an integrated approach to the mainstreaming of Equity, Human Rights, Gender and Social Determinants of Health into WHO programs and policies. Gender, Equity and Human Rights at the World Health Organization - World Health Organization. Forthcoming 2016.

Anna: I think sometimes policy can be a bit limiting because it can be drawn up in rather simplistic terms. And that's why I think, as imperfect as they are, some of these tools like health equity analysis can help people to at least think about whether a proposed policy may have undesirable effects. I find in the community based organizations that I've been working in for nearly 40 years people are often working with a passion for what they do and sometimes an identification with the populations that they work with. In these settings, an intersectional approach is very natural to people. For example my team may be discussing the health of trans people, and they will bring up how things may be different for racialized people and then someone will introduce the fact that for trans women who are also sex workers the issues may be

different again. So it's interesting that maybe as we get into policy or more academic realms, it becomes harder to dovetail all these things together.

Samiya: It is important to have an organizational mandate although the application may be different from one public health organization to the next an overarching policy that encourage people to learn, think and work from that lens is essential. Having training in place to encourage change and to showcase from evidence-based and participatory perspectives will help develop more willingness to adopt it and to use it as a method for practice. So I don't necessarily think that policies stand in the way. I think policies are necessary to bring about the change that you need.

Sume: Do you have one final thought which you'd like to share with public health practitioners, decision makers and researchers?

Anna: I want to thank you for the opportunity to be part of this. The last thing I would like to say is, speaking about LGBT people - the level of invisibility is so extreme that most of the time we don't have much data at all, we don't get included properly in census data or other kinds of population-based or statistical tools. And so we have very little idea of the health, the well-being, or our scores on any other determinants of health. LGBT people get lumped together and the dominant voice is often that of middle class white gay men. It's really hard to disprove those very stereotypical assumptions because we aren't counting who identifies within these populations. In the census you're only allowed to say if you live in a same-sex couple, which doesn't tell us who's out there. In the Canadian Community Health Survey, we do ask about being lesbian, gay and bisexual but we don't ask about gender identity and so we're missing huge opportunities. The United States is ahead in including sexual orientation and gender identity in national surveys. In the US and in the United Kingdom they are setting targets and goals for LGBT inclusion across multiple ministries. Canada is ahead on human rights in LGBT issues but we're resting on our laurels now in just thinking we've got the rights, so everything will take care of itself and without actually doing policy work, gathering data, knowing who we're dealing with, that is not going to happen.

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UK Government (2011a). Supporting Pages to the Equality Act 2010. www.gov.uk/government/policies/creating-a-fairer-and-more-equal-society/supporting-pages/promoting-and-protecting-the-rights-of-lesbian-gay-bisexual-and-transgender-people

UK Government (2011b). Working for Lesbian, Gay, Bisexual and Transgender Equality: Moving Forward. www.gov.uk/government/uploads/system/uploads/attachment_data/file/206347/lgbt-action-plan.pdf

US Department of Health and Human Services. Health and Human Services LGBT Issues Coordinating Committee Reports. www.hhs.gov/programs/topic-sites/lgbt/enhanced-resources/reports

The HHS Coordinating Committee, comprised of senior representatives from each division of HHS, coordinates LGBT-related policies across the department and recommends future actions that HHS can take. This website includes reports on the department's activities related to LGBT health.

Olena: I'll say what I say so often and that is that we can't be fearful of complexity and I don't want public health to be parsimonious in its approach to health inequities and we need to be prepared to get our hands messy whether we're working in research, policy or practice and understand that this is the only way forward and that we are also going to have to start to take small steps in moving in the right direction around these issues and I'm really grateful for the Centres for really tackling the issue of intersectionality. I think it's very brave.

Samiya: Thank you again. I really enjoyed this; it is a timely and relevant conversation to have. I think what I would say, it's important to keep our feet on the ground and our heads in the clouds. Understanding our circumstances and the current situation, where we are politically, economically, what policies are in place, what resources do we have available but also I would echo what has been said before me not to be afraid of the change and know that public health should be at the forefront of bringing this about. This is an emerging field and public health needs to be at the forefront of it. We need to be brave enough to dream big and embrace the change or actually lead the change and see what policies can be put in place to support this in practice.

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