National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

## LET'S TALK

# INTERSECTIONALITY

PART OF THE **LET'S TALK** SERIES

This document is intended to support discussion, reflection and action on applying intersectionality in public health practice, programs, policies and research.

## WHAT IS INTERSECTIONALITY?

"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects. It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there."

– Kimberlé Crenshaw[1]

Intersectionality considers how systems such as racism, classism, sexism, homophobia and other forms of discrimination overlap and interact with one another to advantage some and disadvantage others at an individual and social-structural level.[2,3]

"An intersectional approach to discrimination and inequality seeks to identify and address processes of marginalisation and exclusion within anti-discrimination efforts that focus solely on one dimension. It is about fighting discrimination within discrimination, tackling inequalities within inequalities, and protecting minorities within minorities."[4]

"There is no thing as a single-issue struggle because we do not live single-issue lives."

– Audre Lorde [5(p138)]

Intersectionality refers to a concept, framework, approach, analytical strategy and/or movement to identify and take action to address social injustice.[6] An intersectional approach to public health recognizes the complexity and diversity of human experience. It helps us consider ways that systems of power and oppression like racism, classism and sexism are interwoven. Intersectionality sheds light on how these systems influence the health and well-being of people differently based on their varying and overlapping social positions and identities, such as their gender, race and class.[7–10] Intersectionality moves beyond a focus on a single dimension of inequity to address the root, multifaceted causes of injustice.[9,11] As such, it calls for action at different levels to disrupt the systems and structures that come together and build on each other to produce and sustain health inequities (see Figure 1).

For example, Black women in Canada are made especially vulnerable to HIV[12] due to the combined and reinforcing effects of racism and sexism. Thus, an intersectional public health response would seek to address these multiple forms of oppression and their interconnections as a whole rather than in isolation from one another.[13]

**ACROSS CANADA, THERE ARE POPULATIONS AND GROUPS WHO EXPERIENCE PROFOUND HEALTH AND SOCIAL INEQUITIES DUE TO MULTIPLE, INTERSECTING FORMS OF OPPRESSION. FOR EXAMPLE:**

- Racialized women make approximately 60 cents, and racialized men 80 cents, for every dollar white men make.[14]
- Residents of Aamjiwnaang First Nation are exposed to higher-than-average levels of cancer-causing chemicals in the air due to toxic emissions from crude oil facilities surrounding the community,[15] illustrating intersecting systems of environmental racism and economic oppression.
- 2SLGBTQ+ racialized youth experiencing homelessness face considerable structural barriers in securing employment due to a lack of employment supports and other resources.[16]
- Racialized immigrants aged 55 and older are less likely to rate their health as good compared to older white immigrants and older white adults born in Canada.[17]

**FIGURE 1: INTERSECTIONALITY - HOW SYSTEMS OF POWER AND OPPRESSION AND SOCIAL IDENTITIES INTERACT TO SHAPE DAILY EXPERIENCES OF PRIVILEGE AND DISADVANTAGE**

**SOCIAL SYSTEMS AND STRUCTURE**

- Social assistance
- Economics
- Education
- Labour
- Legal
- Health

**DISCRIMINATION AND OPPRESSION**

- Colonisation
- Homophobia
- Ageism
- Racism
- Ableism
- Religious discrimination
- Classism
- Sexism

**SOCIAL STATUS AND IDENTITY**

- Indigeneity
- Ethnicity
- Parent/carer status
- Sexuality
- Gender identity
- (Dis)ability
- Religion
- Age
- Race
- Cultural background
- Migration & refugee status
- Socio-economic status
- Sex

Note: this figure provides examples. It is not a comprehensive list of all forms of discrimination, oppression, and social identity.

Adapted from The Equality Institute.[18(p6)]

*"I find I am constantly being encouraged to pluck out some one aspect of myself and present this as the meaningful whole, eclipsing or denying the other parts of self."* [5(p120)]

## CORE IDEAS AND PRIORITIES OF INTERSECTIONALITY RELEVANT TO PUBLIC HEALTH

Intersectionality maintains that:

- Human lives are complex and multidimensional and "cannot be reduced to single characteristics"[19(p2)] or identities.[2,9]
- Social identities and the meanings they hold in society are dynamic and can shift depending on the context.[7,19] For example, races have been categorized differently over time and across cultures. The addition of Pacific Islander as a racial category to the 1990 United States census illustrates the shifting nature of racial classification.[20]
- Various forms of power and oppression interconnect and reinforce each other. They combine to create unique experiences of privilege (advantage) and disadvantage in ways that are not simply the sum of their parts. This means that forms of oppression cannot be understood by merely trying to add them together (e.g., racism + sexism + classism). Instead, intersectionality considers how they come together in complex and interwoven ways to produce diverse experiences.[21–23]
- People can experience both privilege and disadvantage at the same time depending on the context.[24,25] For example, in the Canadian context, Black men may experience privilege due to a patriarchal society and disadvantage due to racism.

Using an intersectional approach means:

- prioritizing the pursuit of social justice,[2,6,7,19] which is the "fair distribution of society's benefits, responsibilities and their consequences";[26(p130)]
- disrupting systems of oppression that create inequities;[19,27]
- centring and engaging people from historically oppressed groups (e.g., First Nations, Inuit and Métis peoples, racialized groups, sexual minorities, people with disabilities);[2] and
- recognizing communities are heterogenous with diverse needs and experiences.[28]

## HISTORY OF INTERSECTIONALITY: BLACK FEMINIST ROOTS

The roots of intersectionality can be traced back at least to the 19th century, long before the term was coined. Sojourner Truth's 1851 speech known as "Ain't I a woman," which was delivered at a women's rights convention in Ohio and described the experiences of being both Black and a woman, is an early example of intersectionality.[2,23,29] Another early discussion of some of intersectionality's core ideas is found in Anna Julia Cooper's *A voice from the South*. Published in 1892 in the United States, the book explored how racism and sexism came together to shape daily life.[29] There is also a long history of intersectionality outside of the United States. This can be seen, for example, in the writings and political activism of Indian feminist Savitribai Phule.[7]

Throughout the 1970s and '80s, Black, Latina, Indigenous and Asian feminists, activists and scholars contributed to the development of intersectionality as an intellectual and political project.[29] Black legal scholar Kimberlé Crenshaw is widely credited with coining the term *intersectionality* in 1989.[30] Drawing on court cases and an analysis of mainstream feminist and anti-racism movements, Crenshaw illustrated how Black women are often excluded when discrimination is understood as occurring only within a single category at a time, for example, either based on race or sex. In assuming women to be white and Black people to be men, Black women — and their unique experiences of multiple, coexisting burdens and their forms of resistance — are erased.[2,31] Crenshaw identified intersectionality as an approach to support effective social change and better address the needs of communities experiencing multiple forms of oppression and marginalization,[31] and thus promote social justice.

## INTERSECTIONALITY AND CRITICAL RACE THEORY

Intersectionality is closely related to critical race theory. First developed as a legal theory, critical race theory has since gained popularity in other fields. Public health scholars have used critical race theory to examine the causes of observed differences in health status across racial categories (e.g., see Freeman et al.[32] and Logie et al.[33]). Critical race theory holds that race is an invented concept that is given meaning through a racial hierarchy that designates some groups as superior to others, based on physical features such as skin colour and hair texture.[34,35] This racial hierarchy is produced, maintained and strengthened by various systems and institutions, which distribute power and resources according to group position within the hierarchy.[34,36]

Racism, a system that grants opportunities and privileges based on a racial hierarchy, is deeply ingrained in society.[35] It operates in both obvious and subtle ways and takes on various forms in different contexts. Though critical race theory acknowledges the importance of racism in shaping the diverse lived experiences of racialized people, it does *not* suggest that:

- "racism is the only issue,"[34(p284)]
- "racism is always the most important issue,"[34(p284)] nor that
- certain oppressed groups are always the most excluded or disadvantaged.[34]

Many critical race theory scholars seek to examine how racial inequities are also affected by other dimensions of oppression (e.g., sexism, classism, homophobia). Therefore, they often use intersectionality to deepen their understanding of social problems and advance strategies to address them.[36]

## INTERSECTIONALITY, PUBLIC HEALTH AND HEALTH EQUITY

*"Since intersectionality has its roots in radical resistance politics, particularly in Black feminist, critical race, and women of color theorizing and praxis, these origins and histories are relevant, rather than immaterial, to how intersectionality, as a disposition, has been (mis)read, resisted, and (mis)used, whether overtly or inadvertently."* [37(p2)]

### WHITENING AND FLATTENING OF INTERSECTIONALITY

Since it first emerged in Black feminist scholarship, intersectionality has been taken up by the popular media and various disciplines. However, in becoming more mainstream, it has been subject to whitening and flattening, including within public health.[6,37,38] A whitened intersectionality is an "intersectional" approach that omits race by (1) denying its relevance, (2) leaving Whiteness[39] unexamined and/or (3) separating race from its larger systems of power. For example, a whitened approach to intersectionality may focus on the collection and reporting of health-related data by categories such as class, sex and sexual orientation while avoiding race-based data or using ethnicity as a substitute for race.[40]

A flattened intersectionality lacks a focus on social justice and power.[6,38] For example, public health practitioners claiming to take an intersectional approach may use COVID-19 data by race and neighbourhood to design a vaccination campaign geared towards Black communities. However, the approach to intersectionality has been flattened if the campaign does not take into account systemic, deeply rooted barriers to vaccine uptake, including White supremacy in the health system.[41]

An intersectional approach to public health ought to:

- recognize intersectionality's roots in Black feminist thought and activism;
- ground itself in the pursuit of social justice; and
- break away from narrow, one-dimensional understandings of discrimination and marginalization.

### INTERSECTIONALITY AND HEALTH EQUITY-FOCUSED PUBLIC HEALTH

In the Canadian context, public health leaders and organizations have stated a commitment to addressing the social determinants of health and advancing health equity. However, the intent to promote equity has not always aligned with public health action.[42,43] Intersectionality can strengthen efforts to support everyone to reach their full potential and remove barriers to health and well-being such as poverty and inadequate housing.[23,35,42,44,45] It differs from many conventional holistic approaches to public health[46] through its deep attention to the simultaneous workings of power, privilege and oppression in shaping daily life.[11] Beyond seeing individuals and, by extension, communities and populations as multidimensional, an intersectional approach disrupts oppressive systems in its pursuit of social justice. Thus, intersectionality has the potential to transform how health equity issues are identified, examined and addressed.[8,34]

Intersectionality offers public health practitioners, decision-makers, researchers and organizations:

- a lens to examine how various structural and social determinants of health interact with one another;[11]
- a focus on overlapping systems of oppression as well as human resistance in the face of oppression;[7]
- a fuller understanding of distinct experiences of privilege and disadvantage, their root causes and their relationships to equity, health and well-being;[47] and
- an emphasis on critical reflection[8] to unpack how underlying biases, values, beliefs and norms relate to systems of power and oppression, and drive daily practice and decision-making.

## APPLYING INTERSECTIONALITY IN PUBLIC HEALTH

*"More than just a theory or framework to be used selectively, it is a commitment to developing a relentlessly critical and self-reflective lens that begins with the premise that race, class, gender, and other axes of social identities are intertwined and mutually constitutive, and that such a lens can help advance health disparities research, practice, and leadership by making the invisible visible."* [8(p6)]

Despite its value to public health, efforts to apply intersectionality face several challenges. These include:

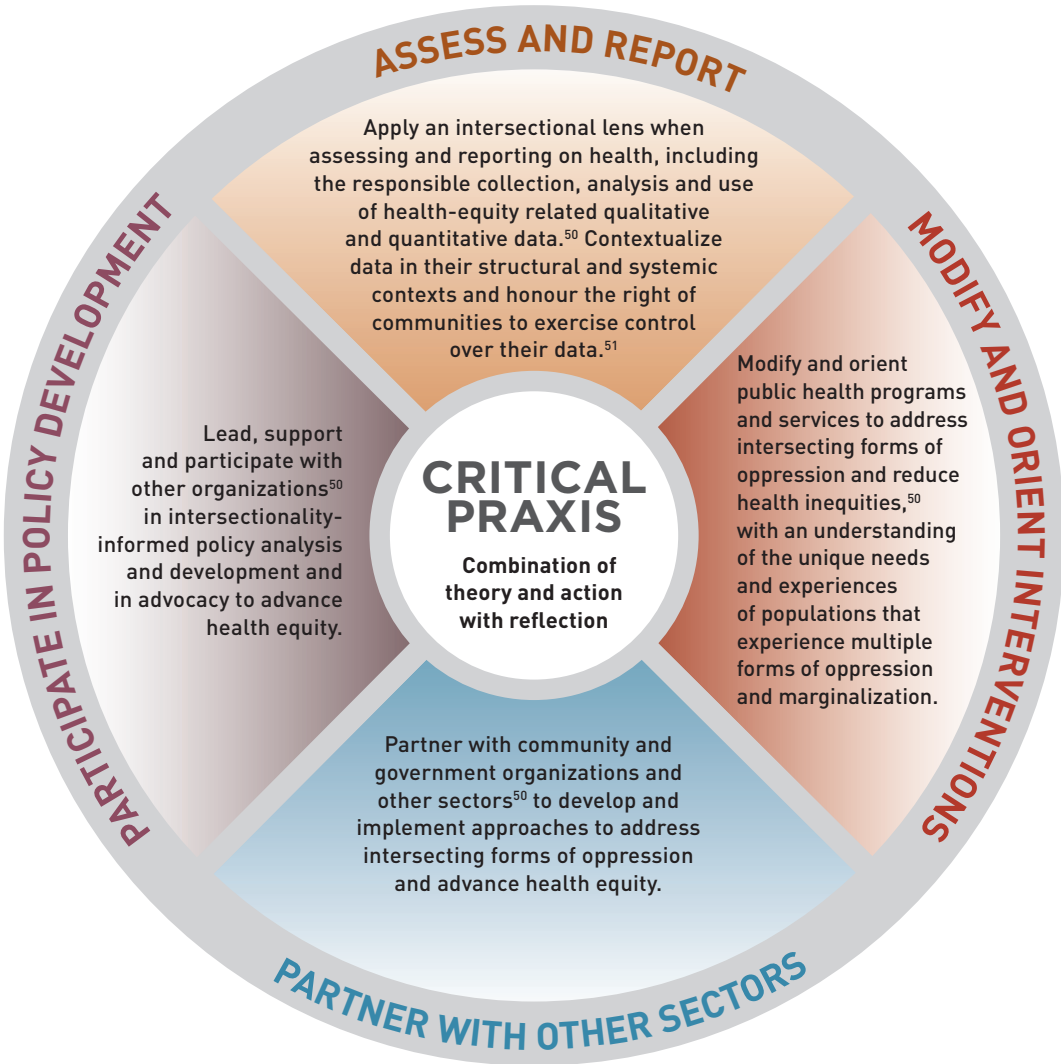
- scarce practical tools and guidance on how to apply intersectionality within public health practice, policy and research;[2,6]
- siloed ways of working and implicit biases preventing cross-sectoral and cross-disciplinary collaboration;[48,49] and
- misconceptions regarding intersectionality and how it can amplify other approaches to address the structural and social determinants of health and health inequities.

To apply intersectionality, public health practitioners, decision-makers, researchers and organizations must:

- grapple with issues of power, privilege and oppression both within and outside of their organizations and institutions;
- engage with the complexity that shapes peoples' lives in identifying and framing strengths and challenges and taking action (H. Lokko, personal communication, February 24, 2022); and
- acknowledge when efforts to integrate an intersectional lens fall short and make necessary bold changes.

The application of intersectionality can take many forms[7] in public health practice, policy and research. Figure 2 outlines interconnected ways to apply intersectionality, aligned with the four public health roles for advancing health equity: assess and report, modify and orient interventions, partner with other sectors, and participate in policy development.[50] Additionally, a commitment to critical praxis is described as an integral component in applying intersectionality through these four roles.

**FIGURE 2: INTERSECTIONALITY-FOCUSED PUBLIC HEALTH ROLES FOR IMPROVING HEALTH EQUITY**




1. The inner circle identifies critical praxis as foundational to applying intersectionality.
2. The outer sections outline an intersectionality-focused application of the four public health roles for improving health equity.

### ENGAGE IN CRITICAL PRAXIS

Intersectionality as a form of critical praxis requires the combination of theory, reflection and action for social change (see Figure 3). In critical praxis, thinking (theory) and doing (action) are intrinsically linked and inform one another.[7] Critical praxis in public health involves the use of critical thinking both to identify and examine social and health inequities and to address them through (collective) action.[52,53] In turn, the knowledge gained through practice is used to guide subsequent action. As such, "theory develops in dialogue with practice."[7(p50)] An explicit focus on continuous reflection throughout this iterative process is crucial. Reflection supports practitioners and organizations to think deeply about their work and what shapes it, and to imagine and embrace new possibilities.[54]

Concrete interconnected steps to engage in intersectionality as critical praxis:

- Build your knowledge and understanding of intersectionality to guide thinking and action to advance health equity. Topic areas should include the origins of intersectionality, its core values and principles, and the potential uses within public health. In addition, learn about and reflect on critical race theory and decolonial anti-racist practice[35] to build essential foundational knowledge.
- Reflect critically on your social positions and identities, your personal biases and beliefs, and how they are shaped by systems of power and oppression. Consider how they influence your practice.
- In dialogue with the groups and communities with whom you work, and as you grow in your understanding of intersectionality, consider areas in which your practice might need to change. Reflect on what is in your purview to change and ways to influence changes in other areas.
- Engage with a community of support as you make changes in your practice. Support others to do the same.
- Collaborate with others to apply the four public health roles outlined below in an intersectional approach that supports collective and transformative health equity action.

**FIGURE 3: PROCESS OF CRITICAL PRAXIS**

## ASSESS AND REPORT

- Apply an intersectional lens to the collection, analysis, interpretation and use of data related to health equity. The responsible collection and use of data can reveal the presence of inequities and guide strategies to take action.[51] For example, the collection and reporting of public health surveillance COVID-19 data related to multiple categories at once (e.g., race, sex and income) can inform more effective and immediate public health responses.[55]
- Critically, data need to be placed in their larger contexts. This means that in their interpretation, the larger institutional and structural factors that shape the data need to be taken into account.[6,27] For example, this includes racism within the health system and public health measures that benefit some groups while disadvantaging others. The collection and use of data should proceed in ways that honour the right of communities to exercise control over their data and to decide to whom to grant access and use.[51]
- In engaging in research, use an intersectional perspective throughout the research process to form the research team, develop the research question(s) and generate and analyze the data.[56] This includes partnering with others in ways that centre the knowledges and expertise of communities often excluded from the research process.[57]

## MODIFY AND ORIENT INTERVENTIONS

- Modify and orient public health programs and services to ensure they embed an intersectional lens and are designed to address health inequities. This involves working with individuals, families, groups and communities to understand what shapes their unique experiences of privilege and disadvantage. In collaboration with these groups, codesign programs and services that build on their strengths and respond to their needs (H. Lokko, personal communication, February 24, 2022).

## PARTNER WITH OTHER SECTORS AND ORGANIZATIONS

- Partner with other sectors, government and community organizations to identify ways to address health inequities experienced by communities and populations facing multiple forms of oppression and marginalization.
- Community engagement is a core public health practice. Public health practitioners, decision-makers, researchers and organizations seeking to engage in authentic community engagement for health equity should:
    - build trust with communities;
    - use inclusive community-focused language;
    - codevelop roles and expectations for engagement with communities; and
    - share power and decision-making.[58]

**PARTICIPATE IN POLICY DEVELOPMENT AND ADVOCACY**

- Along with others, advocate for systemic change through, for example, participating in community coalitions focused on building solidarity and tackling interconnected systems of oppression.
- Lead, support and participate with other organizations in policy analysis and development using an intersectional lens. For example, a group of Canadian researchers used an intersectional lens to shed light on smoking-related health inequities and provide insight into how different groups experience tobacco control policies.[45]
- Hankivsky[24] developed an intersectionality-based policy analysis framework for use especially in the Canadian context to analyze policies and guide their development. The framework includes 12 overarching questions divided into two categories: (1) descriptive questions intended to produce background information about the policy issue and its contexts and (2) transformative questions intended to foster structural and systemic change, such as questions related to potential solutions.

## RELECTION AND DISCUSSION QUESTIONS

### *Individual questions*

- **What various social positions and identities do you hold? What forms of privilege and/or disadvantage do you experience related to these positions and identities? How do they influence your daily work?**
- **Who can you connect with to help you better understand and apply intersectionality in your public health work?**

### *Team questions*

- **What are some opportunities to deepen your team's understanding of intersectionality?**
- **What changes are required to ensure your team is effectively applying an intersectional approach to planning, implementation and evaluation?**
- **How will your team engage more authentically with communities experiencing multiple forms of oppression and marginalization?**

### *Organizational questions*

- **What can support organizational leaders' understanding of intersectionality?**
- **In what ways will your organization apply intersectionality to its policies and procedures?**
- **What are some potential areas of resistance related to applying intersectionality within your organization? What steps will be taken to ensure the organization is able to move forward to action?**
- **Whose voices are being heard in decision-making? Whose voices are excluded?**
- **How might your organization have flattened or whitened its approach to intersectionality? How will your organization avoid doing so moving forward?**

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