Intersectionalities: How Each of Our Identities Impact Our Health

CARE Equity
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Agenda

- What are cultural identities?
- Get acquainted activity
- Intersectionalities
- Case scenario
- Group brainstorming
Objectives

- Increase comfort in discussing cultural identities and intersectionality
- Learn how intersectionalities can impact health
- Consider strategies for improving public health through the framework of intersectionality
Agreements

- Non-Judgmental / No Blame
- Active Listening
- Respect being in different places
- Step up / Step back
- Request clarity when needed
- Be honest
- Help foster a safe environment
Introductions

- Name
- Preferred gender pronoun
- Organization
## Gender Pronouns

<table>
<thead>
<tr>
<th>Gender Neutral</th>
<th>Ze/Zir/Zirs/Zirself</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ze/Hir/Hirs/Hirself</td>
</tr>
<tr>
<td></td>
<td>(Zie, Sie, Xie, Xe)</td>
</tr>
<tr>
<td></td>
<td>Name, Name’s</td>
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</tbody>
</table>
Intersectionality
What is Culture?

'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Cross, et al., 1989, National Center for Cultural Competency
The diagram illustrates the concept of diversity in an organizational context, categorizing factors into internal and external dimensions. The internal dimensions include aspects such as personality traits (race, gender, age), work background (physical ability, educational background), personal habits (sexual orientation, recreational habits), and more. The external dimensions encompass organizational aspects like geographic location, income, and work location. Each dimension is represented by a specific parameter, aiming to depict a comprehensive view of diversity within an organization.
Cultural Beliefs and Norms

- Gender roles
- Age-related roles
- Heritage and traditions
- Authority
- Social status
- Communication styles
- Government and bureaucracy
- Conflict management
- Health
Group Icebreaker

- Two Truths and a Lie
  - Write down two cultural identities about yourself that are true
  - Write down one cultural identity that is not true about yourself
What is Intersectionality?
Intersectionality

- A theoretical framework that posits that multiple social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status, disability) 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).

Bowleg, 2012
Individual Level

Race/Ethnicity
Ability/Disability
SES
Age
Sexual Orientation
Gender

SELF
Socio-Structural Level

- Racism
- Heterosexism
- Sexism/Genderism
- Ableism
- Classism
- Ageism

SELF
History of Intersectionality

- Rooted in Black feminist scholarship
  - Exclusion of Black women from White feminist discourse

“That man over there says that women need to be helped into carriages, and lifted over ditches, and to have the best place everywhere. Nobody ever helps me into carriages, or over mud-puddles, or gives me any best place! And ain’t I a woman?”
Intersectionality & Public Health

- Rarely discussed in existing literature
- Prompts us to conceptualize, analyze, and address disparities and inequities in the complex and multidimensional ways that they are experienced
  - Encourages interdisciplinary collaborations
  - Ensures a focus beyond the individual level
- Informs the development of well-tailored and cost-effective health interventions
Intersectionality & Health Data
Intersectionality & Health Data

“Population health research has been critiqued for stripping away the context of people’s lives through identifying single sets of health determinants for entire populations”

Bauer, G. Incorporating intersectionality theory into population health research methodology: challenges and the potential to advance health equity Social Science & Medicine (2014)
Intersectionality & Health Data
Smoking
Smoking

18%

23%
Smoking

Arizona

Arizona
Smoking

Arizona 36%

Arizona 31%
Smoking

16 years old

16 years old
Smoking

39% 16 years old

10% 16 years old
Smoking
Figure 1. Prevalence of obesity among adults aged 20 years and over, by poverty income ratio, sex, and race and ethnicity: United States 2005–2008

<table>
<thead>
<tr>
<th></th>
<th>Women</th>
</tr>
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<tbody>
<tr>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td>PIR≥350%</td>
<td>39.0</td>
</tr>
<tr>
<td>130%≤PIR&lt;350%</td>
<td>42.0</td>
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<tr>
<td>PIR&lt;130%</td>
<td>42.0</td>
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<tr>
<td><strong>Non-Hispanic white</strong></td>
<td></td>
</tr>
<tr>
<td>PIR≥350%</td>
<td>38.1</td>
</tr>
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<td>130%≤PIR&lt;350%</td>
<td>39.2</td>
</tr>
<tr>
<td>PIR&lt;130%</td>
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<tr>
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<tr>
<td>130%≤PIR&lt;350%</td>
<td>54.7</td>
</tr>
<tr>
<td>PIR&lt;130%</td>
<td>54.7</td>
</tr>
<tr>
<td><strong>Mexican American</strong></td>
<td></td>
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<td>PIR≥350%</td>
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</tr>
<tr>
<td>130%≤PIR&lt;350%</td>
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</tr>
<tr>
<td>PIR&lt;130%</td>
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*Significant trend.
NOTES: PIR is poverty income ratio. Persons of other race and ethnicity included in total.
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Total

Women

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Children with parents employed full-time, year-round living in low-income families by parental education and race/ethnicity, 2004

- Less than high school:
  - White: 65%
  - Black: 88%
  - Latino: 48%
  - Latino: 34%
  - Asian: 13%

- High school:
  - White: 78%
  - Black: 58%
  - Latino: 58%
  - Latino: 46%

- Some college or more:
  - White: 46%
  - Black: 30%
  - Latino: 32%
  - Asian: 15%

* Indicates that compared to other racial/ethnic groups at the same parental education level, differences are statistically significant at the 0.1 level.

© National Center for Children in Poverty
The Racial Gap in Parental Education
Less than HS = Black has highest (relative) percent
Some college or more = Latino has highest (relative) percent
Furthermore, suicide is a major cause of death for Colorado Veterans.

Suicide rates per 100,000 people:

41.8

19.7
USA

CO

10.8

15.9

USA

CO

Veterans

General Population

Colorado’s rate of Veteran suicides is more than TWICE the national average.
Intersectionality & Health Data

“black + lesbian + woman ≠ black lesbian woman”

Bowleg, G. When black + lesbian + woman ≠ black lesbian woman: the methodological challenges of qualitative and quantitative intersectionality research (2008)
Intersectionality & Health Data

- Have increased awareness of intersectionality concepts when reviewing, interpreting, and applying data

- Incorporate qualitative methods

- Watch for new quantitative health research incorporating intersectionality theory
Talking About Identities
Commonly Experienced Fears
Impact on Health

- Access to services
- Inclusion in research and evaluation
- Usefulness of interventions
- Health indicators and outcomes
Intersectionality

“There is no such thing as a single-issue struggle because we do not live single-issue lives”
-Audre Lorde
Examples
woman

public health professional
Group activity

- Non-English Speaking
- Immigrant
- Older Adult
- Diabetic
Case Scenarios
Discussion Questions

- What are Rowan’s identities?
- What intersectionalities would be important to consider when engaging Rowan in a discussion about HIV/AIDS?
- What assumptions are we making?
- What additional information may be important to learn?
  - How could that information be obtained?
Improving Public Health

- How can public health better integrate intersectionality to promote health equity?
“What we need is an intersectionality-informed stance”

-Lisa Bowleg
Thank You!

Questions?

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