HEALTH INEQUITIES IN CANADA

Intersectional Frameworks and Practices

Edited by Olena Hankivsky

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with Sarah de Leeuw, Jo-Anne Lee,
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Health Inequities in Canada

I dedicate this book to my colleague and dear friend
Rita Kaur Dhamoon
and to the conversation that changed everything....

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Health Inequities in Canada

Contents

Figures and Tables

Figures

Tables

Introduction: Purpose, Overview, and Contribution

Olena Hankivsky, Sarah de Leeuw, Jo-Anne Lee, Bilkis Vissandjée, and Nazilla Khanlou

Why This Collection?

Certainly, the transformational promise of intersectionality as a research paradigm for improving the understanding of and response to diversity in health and illness is increasingly recognized by health policy researchers.[1] Moreover, applications of intersectionality in clinical, health services, population health, and even basic science research contexts are beginning to emerge, including in the Canadian context.[2] And recently, a practical guide has been developed for researchers working across all health pillars and for policy makers who are interested in applying an intersectional framework (Hankivsky and Cormier 2009).

At the same time, intersectionality has not made significant strides in transforming mainstream health research and policy. Its slow uptake in health research is perhaps especially worthy of challenge because health is such a complex and multi-dimensional phenomenon, one determined and constituted in such great respect by the social, spatial, and temporal contexts in which people and communities exist. As manifest in people's health status and well-being, identity categories and their relationship to power and states of (dis)empowerment can be understood as embodied and eminently material. Thus, it seems especially urgent – when theorizing and researching health – to apply analytical frameworks that account for and that take seriously the ways in which people's identities, the places they live, and those with whom they engage are constantly affected by power while also interlocking and overlapping in ever-dynamic, always relational, unbounded and unfixed ways. The framework of intersectionality offers excellent potential to do just this. Health research that clearly demonstrates how intersectionality can be deployed offers much-needed examples of how to implement the theory.

To date, however, there has been only one edited collection that has examined the relationship between intersectionality and health: *Gender, Race, Class and Health: Intersectional Approaches* (Schulz and Mullings 2006),

which profiles US-based research that has primarily focused on the relationship between gender, race, and class. The present volume is thus a much-needed contribution to the existing intersectionality and health literature. For the first time, interdisciplinary scholars from nursing, medicine, public health, sociology, anthropology, social work, education, First Nations studies, political science, criminology, women's studies, geography, and health sciences as well as community-based researchers and activists are brought together to highlight exemplary Canadian innovations in intersectional health scholarship, to facilitate dialogue on key issues and tensions within the field, and to produce new knowledge about the concepts and methods of intersectionality research to inform research, policy, and practice.

The goal of this collection is to link theory and practice in a way that is largely absent in mainstream health research and policy. Theoretically, the book draws on cutting-edge social science literature to determine how to best conceptualize and understand intersectionality. The contributions illuminate how to analyze and address simultaneous but distinct axes of subjectification and how the intersectional perspective challenges hegemonic positions within knowledge production. This exercise promotes knowledge exchange between social science and health researchers, analysts, and advocates, an essential process for moving intersectional theoretical constructs to policy and practice. In terms of practice, the chapters demonstrate how researchers who are inspired by and who draw on an intersectionality perspective, albeit using different interpretations and approaches, can develop and execute research designs that include the use of qualitative, quantitative, and mixed methods. Some chapters seek to apply existing theories of intersectionality to concrete cases and practices; others build the theories by drawing on existing practices and lived experiences.

This volume developed out of "Intersectionality and Women's Health: From Theory to Practice," an April 2007 conference held at Simon Fraser University in Vancouver, which received generous support from the Women's Health Research Network funded by the Michael Smith Foundation for Health Research. The conference provided an excellent venue for bringing together, for the first in Canada, researchers who were actively engaged in theoretical and applied aspects of intersectionality. This collection also complements and builds on *Intersectionality: Moving Women's Health Research and Policy Forward* (Hankivsky and Cormier 2009), a step-by-step guide for applying an intersectionality perspective in health research and policy.

The present volume makes no claim to be comprehensive in terms of covering all possible health topics, but it does showcase important intersectionality approaches emerging in the Canadian context for identifying and responding to health inequities in the context of research, health services, policy, and advocacy. To ensure consistency and coherence, all contributing authors grappled with and responded to three key questions in their work:

- What is the approach to/definition of intersectionality used in your chapter?
- What is the value added of using an intersectionality approach to your research? (e.g., what is the transformative potential of an intersectionality-type approach/analysis for identifying and responding to health inequities, especially among traditionally vulnerable and marginalized populations?).
- What are the key challenges for future intersectionality work in your area of research?

The contributors' response to these questions reveals that work in this area is at very different stages of development and that researchers continue to be challenged by the complexities of intersectionality thinking. Nevertheless, the collection as a whole also demonstrates that the idea and promise of intersectionality have indeed taken hold in the Canadian health research community – across all health research pillars – and that they promise to make profound changes to how health disparities are understood and responded to.

The Organization of the Collection

In Chapter 1, Rita Dhamoon and Olena Hankivsky provide the theoretical grounding for the collection. They address conceptual dimensions of intersectionality, offer a critique of the scholarship to date, and suggest avenues for future research. In particular, they engage with current trends and debates in health studies, including important developments in terms of intersectional scholarship, and they demonstrate the significance of intersectionality for health research, especially through its application to the case example of cardiovascular disease. The remainder of the book is organized into four distinct but overlapping and complementary parts, detailed below. A unique feature of this collection is that it is a collaborative effort. Each part is co-edited, allowing for the inclusion of diverse perspectives from health scholars – from a variety of disciplines, a range of intersecting social locations and positions of power – who are united by their passion for and belief in the intellectual and applied project of intersectionality and health.

Part 1: Theoretical and Methodological Innovations

Edited by Sarah de Leeuw and Olena Hankivsky

Part 1 provides examples of new trajectories of thought and new modes of thinking about questions of health within the paradigm of intersectionality. Because many of the ideas explored in the chapters deal with as yet relatively undertheorized applications of intersectionality theory to understandings about health in the Canadian context, the nature of the methodological innovations discussed by the authors is not always straightforward. Still, the

essays are all consistent in that they highlight new ways to theorize and to empirically research the multiple factors and processes that ultimately determine people's health and well-being. They concretely demonstrate "putting intersectionality to work" while displaying an inspirational concern for social justice. They grapple with new ways to understand the many factors in people's lives that ultimately constitute health. Each chapter provides a unique example of implementing theories of intersectionality in order to answer specific questions about health or a lack thereof in the Canadian landscape. All the chapters display an abiding concern about how social, cultural, and spatial powers collude and intersect to produce states of health. Implicit in these concerns is methodological innovation, principally because the very act of thinking through questions of health by privileging intersectionality theory requires new theories and methods.

In Chapter 2, Sarah de Leeuw and Margo Greenwood demonstrate that the deep health divides between Indigenous and non-Indigenous people in Canada can never be properly addressed without an intersectional approach that accounts for social determinants such as colonial history, deterritorialization, and (en)forced constructions of socio-cultural identities. It is these, the authors argue, that have left (particularly) Indigenous women vulnerable to shifts in health policies, underscoring the need to think about health in a "complexified" way that accounts for multi-faceted factors (and the ways they interact with each other) that affect the health or well-being of Aboriginal people. In an intersectionality approach about the state of Indigenous people's health, the authors incorporate historical methodologies and analytical frameworks that link health policies to the social production of people's states of being. Like the other contributors, the authors are interested in promoting new ways of understanding Indigenous health in Canada, ways that at every turn carefully and complexly account for systems of socio-cultural power.

In Chapter 3, Jennifer Black and Gerry Veenstra employ theories and methods of intersectionality to explore health outcomes as shaped by the factors of race, gender, and place. Their study thoughtfully combines intersectionality with census and health survey data. This process reminds us that intercategorical approaches to research can be deployed to answer a vast array of questions and that, as a function of how research is undertaken and envisioned, results can be rich and multi-dimensional. Further, the authors illustrate that material space and place, or the sites in which people live, are far from neutral or ambient. Instead, neighbourhood geographies must be conceptualized as active forces alongside race, gender, and class, and then integrated into the methodological ways that health is understood. Black and Veenstra conclude that in order to understand health outcomes and health disparities, it is not sufficient to simply add, or stack, the categories that define people. What must instead be theorized and researched are the

interactions between and among the categories (including locational categories) that define people. The principal methodological innovation achieved by Black and Veenstra is precisely that, in answering questions about how to understand health, they employed new ways of asking health-related questions, ways that integrate "the spatial" into more standard race-class-gender triads of intersectional analysis. Black and Veenstra's work corroborates the conclusions of other chapters throughout the text: if the complex array of health disparities in Canada and elsewhere is to be understood, new theoretical and methodological lens and questions must be applied to the topic.

In Chapter 4, Colleen Reid and her colleagues sketch the importance of incorporating intersectionality into the burgeoning field of feminist participatory action research. In an in-depth and highly community-relevant research project, the authors examine linkages between women's employability and their effect on health and well-being. This grounded participant-driven project, which explicitly takes power relations into account, could not have unfolded without the theoretical frameworks and methods afforded by an intersectionality approach, again demonstrating the relevance and importance of a lens that validates complexity and diversity among social subjects. Again, as in other chapters in this part of the book, the methodological innovations explored by the authors are anchored in the research itself. Conceptualizing women's employability through neither a single analytical lens nor a straightforwardly intersectional approach results in new ways to theorize the health and well-being of women whose voices and experiences are not always fully represented in health research.

And in Chapter 5, like Black and Veenstra, who illustrate how new understandings of health come from integrating location into analytical frameworks, Sheryl Reimer-Kirkham and Sonya Sharma add religious orientation to the more standard categories of gender, class, and race. In doing so, and thus by providing another example of how to set intersectionality into the practice of health research, they demonstrate that the nature of care provision, and the ways in which patients engage clinicians and other patients, is an outcome of variable, interrelating, and diverse characteristics. The methodological innovations in this chapter are twofold. First, it draws from a broad range of interviews with subjects not often conceptualized through intersectionality theory. Secondly, it injects ideas of religiosity into intersectional analysis, an innovative methodological approach in itself.

Despite, then, the array of geographies, perspectives, and the different types of health themes addressed in the chapters that comprise Part 1, what remains a consistent and abiding message is that healthier states of being will arise for Canadians only if health research and practice embrace complex and nuanced approaches. A dynamic and pluralized collection of methodologies dealing with questions about health in Canada is ground-breaking.

The authors in this part of the book reinforce the idea that basing an investigation or intervention on a smattering of factors that contribute to people's marginalized health status is not sufficient. Nor is it sufficient to think about health as based on singular or individualized factors. Instead, and fundamentally, the authors propose that if social justice is to be achieved in Canada – health is a crucial component here – intersectionality must be embraced and put to work.

Part 2: Intersectionality Research across the Life Course
Edited by Nazilla Khanlou and Olena Hankivsky

The chapters in Part 2 contribute to our understanding of the intersections of life stages with selected identity markers and with axes of power, privilege, and oppression. This is an important contribution because, as Olena Hankivsky (2007, 81) has argued recently, "the current challenge is how to translate conceptual approaches to intersectionality to inform the practical requirements of lifespan frameworks" and in so doing, determine which factors should be included in this analysis and how multiple factors can be examined to capture the interactive complexity of different experiences (Carter, Sellers, and Squires 2002).

The first three chapters address the experiences of youth, whereas the latter two examine those of mid- to later life. Together, the chapters contribute to centring the lived experiences of those who "occupy multiple locations to advance their own freedoms and own agendas of justice" (this volume, 21). What emerges from the chapters is the voice of strength in diverse settings by diverse individuals and despite challenges. The findings deconstruct our notions of the marginalized Other and caution us to avoid the dichotomy created by our labelling of others.

In Chapter 6, Natalie Clark and Sarah Hunt consider rural young women's health experiences. Applying auto-ethnography as their research method, they link their community-based experiences as researchers and practitioners with those of the young women and with their own perceptions of health while growing up. The chapter contributes to an understudied area by focusing on the perspectives of young rural and Indigenous women. Throughout it, the authors intersperse their own voices, relay their experiences, and provide case studies. As a result, they create a bridge for the reader to experience the text at an intersubjective level, instead of as a distant observer.

In Chapter 7, Jo-Anne Lee and Alison Sum report on a participatory action research study. Using photovoice as their methodology, they examine the health and identity of racialized young women with transnational lives. Transnational and post-colonial feminist theories are integrated into an intersectional feminist analysis of the young women's experiences. The four emerging themes consist of self-understandings of health; mobility, identity,