

Gender Sensitive and intersectional health monitoring and reporting: Putting theory into practice

Summary of the panel discussion of the joint project Advance Gender at the World Congress of Public Health 2020

Why should gender-sensitive health reports be intersectional? (Sibille Merz)

The status quo of health monitoring and reporting is lacking a theory-based understanding of sex/gender. Current approaches rarely move beyond a binary thinking about sex/gender and are often deficit-oriented. Tenets of intersectionality can inform research activities and health monitoring and reporting. In an intersectional approach, for example, sex/gender is decentred by considering the interaction with other categories of difference such as race/ethnicity or class. Intersectionality-informed and sex/gender-sensitive health reports should focus on the internal heterogeneity of social categories, contextualise social experiences and health outcomes, and draw on a range of novel modelling approaches in data analysis. Last, health reporting opens up a space for the participation of civil society stakeholders and representatives of disadvantaged populations, and can focus much more on resources and resilience rather than exclusively on deficiencies and shortcomings.

Suggestions for a gender-sensitive and intersectional practice of health monitoring and reporting (Philipp Jaehn and Emily Mena)

Two examples were presented that aimed to illustrate novel insights when integrating an intersectional perspective in descriptions of representativeness and data analysis for health monitoring and reporting. Philipp Jaehn suggested that intersectionality-informed assessments of representativeness might aid to identify underrepresented groups in descriptive epidemiological studies more precisely. An intersectionality-informed analysis of representativeness using multilevel analysis of individual heterogeneity and discriminatory accuracy revealed that interventions to increase response should be both population-based and targeted to intersectional groups with high proportions of non-response. Moreover, a data analysis strategy using classification and regression trees (CART) was proposed by Emily Mena. The strategy aims to contribute to an intersectionality-informed and sex/gender-sensitive health monitoring and reporting. The technique is based on the consideration of further categories of difference within sex/gender groups and considers solution-linked sex/gender variables. Preliminary results from a real-world application point out, that the inclusion of solution-linked sex/gender variables into analysis might have the potential to advance intersectionality-informed sex/gender sensitivity in public health monitoring and reporting.

Questions from the audience to the presenters:

In what way do the results from the CART analysis differ from sub-strata specific prevalence?

- Sub-strata specific prevalence does not differ. Emily Mena argued that CART helps to identify the most important variables.

Have you tried to incorporate race in the analysis?

- Philipp Jaehn reported that race/ethnicity was not part of the analysis, since there were too few observations. Emily Mena included migration background into the analysis.

Comments from Greta Bauer:

Greta Bauer commented that the theoretical concept of intersectionality originated in Black Feminism in the US, starting from the sex/gender approach that already existed. However, intersectionality could also be considered to have started from critical race theory. One could improve research on sex and gender, by decentring the categories, which would allow the understanding that something similar does not have the same relevance for everybody. Furthermore, one can start to get the most out of the complexity within populations, where Bauer sees as a potential for improved health monitoring.

Some interesting tenets of intersectionality might spike the development of novel quantitative methods. For example, recent approaches have focussed on quantifying internal heterogeneity of populations. Greta Bauer points out that looking at populations as heterogeneous is crucial, but heterogeneity alone is not intersectionality. The critical focus on social power and social context needs to be kept throughout the process. It is important to consider that the theoretical framework of intersectionality really didn't start in health research or quantitative research, but comes from Black feminist legal theory and sociological theory. It is a travelling theory that moved from discipline to discipline and new challenges arose when intersectionality found entry in a new discipline. Crucially, we need to ask the question how we can be true to the core tenets of intersectionality when we start to use it as a theoretical concept. Greta Bauer recommends Lisa Bowleg's paper for people that are starting to work with intersectionality, because it talks about these core tenets and how to apply them in public health (Bowleg L. 2012. "The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health," American Journal of Public Health, American Public Health Association, vol. 102(7), pages 1267-1273.).

When talking about internal heterogeneity of groups, Greta Bauer re-iterated the importance of understanding statistics from its core as a discipline seeking to find differences between groups and not similarities. This illustrates that statistics were developed by the questions that have been asked to data in a particular time and place. Subsequently, weaknesses arose because researchers omitted asking further questions.

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Intersectionality can be very important as a corrective by giving rise to new questions that have been neglected in the past. Methods should then follow these new questions. There is a range of statistical methods researchers can choose from. Ultimately, it is important to consider which methods serve us best for a particular aim. Greta Bauer stresses that identifying inequalities in health, for example in descriptive intersectionality-informed analyses, does not give enough information to find solutions. It is necessary to involve new methods that help in identifying factors that drive inequalities and find entry points for interventions.

Comments from Nicole Rosenkötter:

Nicole Rosenkötter commented that the relevance and rationale of the concept of intersectionality is clear and that a good exchange between science and practice is necessary to raise awareness for this concept and make it applicable for practice. The practice of health monitoring and reporting can contribute pragmatic ideas and reflections to guide the translation of intersectionality into its realm. The focus of public health monitoring and reporting is the presentation of facts identified in routinely collected administrative data. In addition, scientific evidence is used to explain identified health inequalities. Nicole Rosenkötter underlines, that in local public health monitoring and reporting, there is awareness of heterogeneity within population groups, but there is often not enough data to analyse it in a detailed way. Instead, other approaches are used. For example, members and stakeholders of civil society are asked to specify health needs and resources that people have in a population. In recent years, intersectoral reporting structures have been developed on the local level. These approaches seek to identify, for example, districts with multiple vulnerabilities (e.g. based on social and environmental data and data on health outcomes) in order to steer resources for their benefit. A further aspect to be considered when thinking about how to implement tenets of intersectionality in public health monitoring and reporting is to understand that public health monitoring and reporting is embedded in a longer process. Hence, it is not only the health report that is crucial, but also the process that follows. Intersectional inequalities that are identified in a health report in a first step need to be used to initiate, for example, round tables to discuss the needs of population groups and how to act on them.

Discussion

Olena Hankivsky asked the presenters to specify possible differences between intersectionality and an eco-social model of health distribution.

- Philipp Jaehn suggests that both concepts point towards the importance of environment in a socio-historical context, but intersectionality expands eco-social theory by considering that social structures are interlocking and mutually constituting.

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How to integrate intersectionality between race and gender using secondary administrative data especially if there is no detailed information on sex/gender or race/ethnicity?

- Greta Bauer points out, that we should talk more about the use of particular variables as proxies. Administrative data often does not include a specific dimension of sex/gender, while the collection of more sophisticated data is possible when doing primary data collection. The variables that we have in administrative data are often not what we want. Therefore, it is important to be clear of “what we have, what we want, and whether what we have is a reasonable proxy for what we want” (Greta Bauer). Identified shortcomings of the available variables should be stated explicitly and a culture of reporting limitations of administrative data should be strengthened. Such a practice might lead to the collection of data that is more helpful for example to do research on sex/gender or race/ethnicity in the future. Greta Bauer also stresses the importance of collecting data in conjunction with communities in order to build trust between the people of the community who are described in the data and the government agency that collects the data.
- Nicole Rosenkötter states that the most pragmatic approach might be to include members and stakeholders of civil society to specify the discussion and to identify the needs of populations. Moreover, including scientific evidence into the health report can help when choosing what messages to include and how to interpret data.

It has become clear that the process behind health reporting is very important, because it facilitates engagement and empowerment. Should we now focus more on this process and not so much on sophisticated statistical methods for analysing data, as we would like to do as epidemiologists?

- Nicole Rosenkötter answers that it would be a good idea to focus on the process that starts after the health report is published. In addition, one should try to make the scientific evidence available to people who write health reports, so that they can include it. However, Nicole Rosenkötter doubts that it is possible to include new methodological approaches on the regional level, where less resources and less data are available compared to the national level. Nevertheless, on national level, sophisticated analyses can and should be done. These studies are also considered in health reporting at the regional level to explain differences and to explain trends.
- Greta Bauer adds that there is not a choice to be made between processes and statistical methods. A detailed approach to do statistics works well with community-based processes and the aims of intersectionality. When comparing statistical methods, we can apply an intersectional lens and say what best estimates there are for health conditions of people at different intersections. If we find methods that give us good estimates for small groups, this provides important information for small communities that have been marginalised, and can be used by these communities to address their own health. One could adopt this community-focussed lens toward the

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methods. Some methods are very complex, but they produce results that can be conveyed to communities in very meaningful ways. These methods are able to handle small groups statistically meaningfully and produce results that are easy to understand. Complex statistics doesn't mean complexity at that end.

Finally, Olena Hankivsky states that speaking to policy actors about effective messaging is essential. How to translate the complexity into clear messaging?

- Greta Bauer agrees with that statement. Communities are policy actors. We need to think about the stakeholders before we start to produce results. Stakeholders might be community advocates, policy makers, or practitioners in social service agencies. We need to think about the form of the results. This implies that an academic paper is not always useful. We rather need integrated knowledge translation strategies, where people who are going to use the results are involved in the research early on. This also affects the choice of methodology.

Further questions that were posted in the chat but could not be answered:

- Once the intersectionality is incorporated in the analysis of data as proposed from the theory to include in actions in the promotion and in public health?
- Which role do power and social injustice play in the work? What are the limitations of the field of epidemiology in terms of advancing in intersectionality? Which tensions occurred, entering the field of intersectionality through categories of sex/gender?
- How to translate the complexity of [intersectionality] into clear messaging?

Participants of the workshop

Gabriele Bolte and Christine Holmberg chaired the session. Christine Holmberg is director of the Institute of Social Medicine and Epidemiology at Brandenburg Medical School. Gabriele Bolte is director of the Institute of Public Health and Nursing Research (IPP) at the University of Bremen and head of the Department of Social Epidemiology of the IPP. Presentations were given by Sibille Merz and Philipp Jaehn, both research fellows at the Institute of Social Medicine and Epidemiology at Brandenburg Medical School, and Emily Mena, research fellow and lecturer at the Department of Social Epidemiology of the Institute of Public Health and Nursing Research at the University of Bremen. The project AdvanceGender is funded by the German Ministry of Education and Research (reference no. 01GL1710).

Members of the panel were Greta Bauer, Nicole Rosenkötter and Olena Hankivsky. Greta Bauer is professor at the Department of Epidemiology and Biostatistics and at the Department of Gender, Sexuality, and Women's Studies at Western University, Canada. She has recently been appointed Sex and Gender Science Chair by the Canadian Institutes of Health Research. Nicole Rosenkötter is a professional in health reporting at the division of health reporting (Centre of Health North Rhine-Westphalia), and former president of the section Public Health Monitoring and Reporting of the European Public Health Association. Olena Hankivsky is Chair in Women's Health and Director of the Centre for Health Equity at the Melbourne School of Population and Global Health.

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For further reading:

Kathleen Pöge, Alexander Rommel, Emily Mena, Christine Holmberg, Anke-Christine Saß, Gabriele Bolte. "AdvanceGender – Verbundprojekt für eine geschlechtersensible und intersektionale Forschung und Gesundheitsberichterstattung" in: Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz, 2019 Jan;62(1):102-107. (DOI: 10.1007/s00103-018-2855-3).

Emily Mena, Gabriele Bolte, ADVANCE GENDER Study Group. „Intersectionality-based quantitative health research and sex/gender sensitivity: a scoping review“ in: International Journal for Equity in Health 2019 Dez;199(2019). (DOI:10.1186/s12939-019-1098-8).

Kathleen Pöge, Sarah Mirabella Strasser, Anke-Christine Saß, Alexander Rommel. „Civil society stakeholders' participation in national health reporting on sex/gender issues: a study protocol for an intersectionality-informed and sex/gender-sensitive approach to focus group research“ in: BMJ Open 2020;10. (DOI: 10.1136/bmjopen-2019-033412).

Philipp Jaehn, Julia Rehling, Ronny Klawunn, Sibille Merz, Christine Holmberg, ADVANCE GENDER Study Group. „Practice of reporting social characteristics when describing representativeness of epidemiological cohort studies – A rationale for an intersectional perspective“ in: SSM - Population Health 2020;100617. (DOI: 10.1016/j.ssmph.2020.100617).

Philipp Jaehn, Emily Mena, Sibille Merz, Robert Hoffmann, Antje Gößwald, Alexander Rommel, Christine Holmberg, ADVANCE GENDER Study Group. „Non-response in a national health survey in Germany: an intersectionality-informed multilevel analysis of individual heterogeneity and discriminatory accuracy“ in: PLoS ONE; 15(8): e0237349. (DOI: 10.1371/journal.pone.0237349)

Emily Mena, Gabriele Bolte, ADVANCE GENDER Study Group. „CART-analysis embedded in social theory: A case study comparing quantitative data analysis strategies for intersectionality-based public health monitoring within and beyond the binaries.“ in: SSM - Population Health; 2021; 100722. (DOI: 10.1016/j.ssmph.2020.100722).

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