

Psychiatry Grand Rounds

WCM Department of Psychiatry
Psychology CE Announcement

Intersectionality: The Indispensable Critical Framework for Advancing Equitable Health Care Practice that Most Health Care Providers Likely Have Never Heard Of

Lisa Bowleg, Ph.D., M.A.

Professor, Department of Psychological and Brain Sciences, The George Washington University
Founder and President, Intersectionality Training Institute

Wednesday, November 8th, 2023

11:00am – 12:30pm

<https://weillcornell.zoom.us/j/92812036154>

Meeting ID: 928 1203 6154

Password: 12345

1.5 CE credit available to WCM Department of Psychiatry full time and voluntary faculty Psychologists and Social Workers who sign in with their full name, attend the majority of the lecture and complete a survey which will be emailed following the completion of the lecture. Note the survey must be completed within 30 days of the lecture. Please contact Stephanie Harper at sth4009@med.cornell.edu for additional CE information

SPEAKER DISCLOSURE:

Dr. Bowleg has no relevant financial relationship(s) with ineligible companies to disclose and DOES NOT INTEND to discuss off-label or investigational use of products or services.

Lisa Bowleg, PhD, MA, a leading scholar of the application of intersectionality to social and behavioral sciences health equity research, is Professor of Applied Social Psychology in the Department of Psychological and Brain Sciences at the George Washington University (GW), and a Co-Director of the Social and Behavioral Sciences Core of the DC Center for AIDS Research (DC CFAR). She is also the Founder and President of the Intersectionality Training Institute. Informed by intersectionality and other critical theoretical frameworks, her mixed methods research projects examine the effects of social-structural stressors (e.g., unemployment, incarceration, police brutality), intersectional stigma and discrimination, and protective factors on the mental, substance use, HIV, and physical health outcomes of U.S. Black men at diverse intersections of socioeconomic status and sexuality. Another program of research examines the effects of intersectional discrimination and protective factors among Black lesbian, gay and bisexual people in the U.S. She has served as a principal investigator (PI) or joint PI of seven National Institutes of Health-funded projects and the WK Kellogg Foundation funded, Intersectionality Policymaking Toolkit Project. Dr. Bowleg is the PI of two current NIH-funded intersectionality grants; a project director of a NIAID-funded intersectionality-focused DC CFAR Administrative Supplement; and the joint-PI (with Dr. Deanna Kerrigan) of a T32 grant titled, Training Program in Approaches to Address Social-Structural Factors Related to HIV Intersectionality (TASHI). She has published widely in high impact journals such as *American Psychologist*, the *American Journal of Public Health (AJPH)*, and *Health Psychology*. She is an associate editor at *AJPH* and the editor of *AJPH's Perspectives* from the Social Sciences section, and an editorial board member or consulting editor of numerous journals including *Archives of Sexual Behavior*, *Health Psychology*, *Social Science and Medicine*, and the *Journal of Sex Research*. In May 2021, GW awarded her its Oscar and Shoshana Trachtenberg Prize for Scholarship (Research). In February 2022, *Health, Education and Behavior*, the journal of the Society for Public Health Education (SOPHE), awarded her the 2021 Lawrence W. Green Paper of the Year Award in honor of her article, "The Master's Tools Will Never Dismantle the Master's House": Ten Critical Lessons for Black and Other Health Equity Researchers of Color." In 2023, NIMH named her the winner of its 2023 James S. Jackson Memorial Award.

Abstract:

Historically rooted in U.S. Black women's lives and Black feminist activism, intersectionality is a critical theoretical framework that highlights how multiple and interlocking systems of oppression (e.g., racism, sexism, class exploitation, and heterosexism) shape social, economic, and health outcomes for historically marginalized groups. Although the framework was not developed for the academy or research, interest in intersectionality has flourished within mainstream academic and national health institutions in recent years. For example, in 2011, for example, the Institute of Medicine declared intersectionality to be a core cross-cutting perspective for research on lesbian, gay, bisexual and transgender (LGBT) health. High-impact scholarly journals such as *American Psychologist*, the *American Journal of Public Health*, *Social Science and Medicine*, and *The Lancet*, have all published highly cited articles on intersectionality; and in 2018, the Division of AIDS Research at the National Institute of Mental Health issued a request for funding proposals on the topic of intersectional stigma. Because research has been the focus of most of the scholarship and research on intersectionality and health equity, critical gaps exist about the implications of intersectionality for health care practice. This presentation will: (1) provide an overview of intersectionality, its history, and core tenets; (2) describe and discuss the limitations of single-axis (vs. intersectional) approaches to health care practice; (3) address the benefits and challenges of an intersectional approach to health care practice; and (4) highlight intersectional structural competency as core competency for medical trainees, physicians, nurses and other health care providers committed to advancing health equity.

Learning Objectives:

1. Describe intersectionality's history, and core tenets.
2. Define intersectionality.
3. Identify why single-axis diversity equity and inclusion initiatives such as the Association of American Medical College's anti-racism initiatives are inadequate for advancing health equity.
4. List the benefits of intersectionality for promoting more equitable health care practice, and potentially better health outcomes for patients from historically marginalized groups.

References:

1. Argueza, B. R., Saenz, S. R., & McBride, D. (2021). From diversity and inclusion to antiracism in medical training institutions. *Academic Medicine*, 96(6), 798–801. <https://doi.org/10.1097/acm.0000000000004017>
2. 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. <https://doi.org/10.2105/ajph.2012.300750>
3. Metz, J. M., & Hansen, H. (2014). Structural competency: theorizing a new medical engagement with stigma and inequality. *Social Science & Medicine*, 103, 126–133. <https://doi.org/10.1016/j.socscimed.2013.06.032>
4. Crear-Perry, J., Maybank, A., Keeys, M., Mitchell, N. S., & Godbolt, D. (2020). Moving towards anti-racist praxis in medicine. *The Lancet*, 396(10249), 451–453. [https://doi.org/10.1016/s0140-6736\(20\)31543-9](https://doi.org/10.1016/s0140-6736(20)31543-9)
5. Potter, L. A., Burnett-Bowie, S. M., & Potter, J. (2016). Teaching medical students how to ask patients questions about identity, intersectionality, and resilience. *MedEdPORTAL*. <https://doi.org/10.15766/mep.2374-8265.10422>
6. Samra, R., & Hankivsky, O. (2021). Adopting an intersectionality framework to address power and equity in medicine. *The Lancet*, 397(10277), 857–859. [https://doi.org/10.1016/s0140-6736\(20\)32513-7](https://doi.org/10.1016/s0140-6736(20)32513-7)