A New Framework for Understanding Social Privilege and Health

College de France / GENDHI The Social Production of Health Inequalities

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Context

- Observational quantitative research in epidemiology, public health, and related fields is dependent on theory to make results interpretable
- Match between theory and methods is often poor
- My work on methods has generally dealt with this in very pragmatic ways
 - Statistical methods for subgroup/intersection-specific estimation and heterogeneity of effects
 - Sampling hidden populations
 - Multidimensionality of core social group variables
 - Incorporating intersectionality into quantitative methods
 - Measuring discrimination in ways that can be compared across groups
 - Causal theory in observational research and systematic reviews
- However, some areas are undertheorized

A substantial body of research evidence shows social marginalization, discrimination and stigma impact physical and mental health, and access to health care.

What about privilege?

- We can measure generally:
 - Major discrimination
 - Day-to-day discrimination
 - Anticipated discrimination
- We measure specific types, for example:
 - HIV-related stigma
 - Gendered racial microaggressions
- Why is there no suite of measures of privilege?
- Is privilege merely the absence of stigma and discrimination?

Default implicit assumptions?



What is useful to ask?

- Does one hold privilege, yes or no?
- Does one person hold more privilege than another?
- Should one be aware of their privilege?
- How does privilege function?

PRIVILEGE,

POWER,

AND

IN THE

UNITED STATES

PUBLIC HEALTH

Theory and Practice

Edited by

Lorraine T. Dean and Keilah A. Jacques

Chapter 6

Privilege and Intersectionality Frameworks in Public Health

Greta Bauer

Privilege and Marginalization

In understanding health, we accept that social power, privilege, and oppression are not abstract social constructs. They shape the frequency and severity of health-harming experiences, the frequency and extremity of healthenhancing experiences, and the opportunities that are open or foreclosed for people as they navigate their lives. These experiences are not distributed equally across a population, and their patterning also plays a role in shaping an individual person's expectations about what is likely—or even possible for people like them. Moreover, some experiences may directly change one's embodiment, as social experiences become inscribed into anatomy and physiology through disease or injury, ideal or nonideal healing, tooth decay, cortisol levels, or up- or downregulation of cellular production of specific proteins. Again, these effects will not be distributed equally across populations.

How then are those of us with a commitment to health equity to understand the ways that social power, privilege, and marginalization shape experiences for different groups within a population? Health research has increasingly addressed stigma and discrimination, particularly the types that are enacted in interpersonal interactions (Stuber et al. 2008). Does this provide a theoretical framework to inform the broader picture we need to understand health equity and health itself? Absolutely. Could we take this further? Again, yes. Incorporating the additional frameworks of social privilege and intersectionality has the potential to create a richer understanding.

2025

White privilege as an invisible knapsack

An invisible and weightless backpack of tools that white people carry with ourselves, including "special provisions, maps, passports, codebooks, visas, clothes, tools and blank checks" (McIntosh, 1989)



Individual experiences of privilege



7-dimension Privilege-to-marginalization Gradient by Greta Bauer is licensed under CC BY 4.0 C (

Greta Bauer, PhD, MPH Bauer. (2025). In: Dean & Jacques (eds). Power, Privilege, and Public Health in the United States.



Dimension of Privilege	Example - interpersonal	Example - Structural	
Just and fair experience	Not being followed by a suspicious shop owner while simply shopping	Not having an automated resume screener exclude your application for having an appropriate, but foreign, education	
Allowed harmful ignorance	Voicing the belief that European civilizations were the only advanced ones	Having school textbooks that talk about Indigenous peoples only in the past tense	
Promotion and facilitation	Having a person in power identify you as a good fit for a leadership position	Receiving preferred status for university admission because your parents are alumni	
Implicitly understood meaning	Being able to communicate your family structure/status to another in a few words	Having your holidays as official holidays, or on lists for automatic accommodations	
Respect for autonomy and bodily integrity	Having people avoid touching your body (e.g., pregnant belly) without permission	Being able to make reproductive health decisions without spousal/family consent	
Successful moves to innocence	Using claims of proximity to get off the hook (e.g., "some of my best friends are")	Using existence of DEI programs to successfully deflect a critique of an institution	
Assumed good intentions	Being told by someone to stop critiquing an ableist statement, as they meant well	Having a professional disciplinary complaint of mistreatment dismissed because providers are assumed to be well intended	

Multiple marginalization or privilege

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Sex-Gender-Power-Wheel $\mbox{\sc c}$ 2021 by CIHR, adapted from Sylvia Duckworth, licensed under CC BY 4.0.

But can each marginalization/privilege really be understood as its own gradient?

Intersectionality is a traveling theory



Systematic reviews on quantitative studies taking an explicitly intersectional approach

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Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods

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ARTICLE INFO ABSTRACT Keywords: Background: Intersectionality is a theoretical framework rooted in the premise that human experience is jointly Intersectionality shaped by multiple social positions (e.g. race, gender), and cannot be adequately understood by considering Epidemiology social positions independently. Used widely in qualitative studies, its uptake in quantitative research has been Research method more recent. Systematic review Objectives: To characterize quantitative research applications of intersectionality from 1989 to mid-2020, to Statistics evaluate basic integration of theoretical frameworks, and to identify innovative methods that could be applied to health research Methods: Adhering to PRISMA guidelines, we conducted a systematic review of peer-reviewed articles indexed within Scopus, Medline, ProQuest Political Science and Public Administration, and PsycINFO. Original Englishlanguage quantitative or mixed-methods research or methods papers that explicitly applied intersectionality theoretical frameworks were included. Experimental studies on perception/stereotyping and measures development or validation studies were excluded. We extracted data related to publication, study design, quantitative methods, and application of intersectionality, Results: 707 articles (671 applied studies, 25 methods only papers, 11 methods plus application) met inclusion criteria. Articles were published in journals across a range of disciplines, most commonly psychology, sociology, and medical/life sciences; 40.8% studied a health-related outcome. Results supported concerns among intersectionality scholars that core theoretical tenets are often lost or misinterpreted in quantitative research; about one in four applied articles (26.9%) failed to define intersectionality, while one in six (17.5%) included intersectional position components not reflective of social power. Quantitative methods were simplistic (most often regression with interactions, cross-classified variables, or stratification) and were often misapplied or misinterpreted. Several novel methods were identified. Conclusions: Intersectionality is frequently misunderstood when bridging theory into quantitative methodology. Further work is required to (1) ensure researchers understand key features that define quantitative inter-

Further work is required to (1) ensure researchers understand key features that define quantitative intersectionality analyses, (2) improve reporting practices for intersectional analyses, and (3) develop and adapt quantitative methods.

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An investigation of quantitative methods for assessing intersectionality in health research: A systematic review



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ABSTRACT

ARTICLE INFO

Keywords: Epidemiology Intersectionality Statistics Research methods Systematic review Intersectionality is a theoretical framework that investigates how interlocking systems of power and oppression at the societal level influence the lived experiences of historically and socially marginalized groups. Currently, there are no consistent or widely adopted quantitative methods to investigate research questions informed by intersectionality theory. The objective of this systematic review is to describe the current landscape of quantitative methods used to assess intersectionality and to provide recommendations on analytic best practices for future research. We searched PubMed, EMBASE, and the Web of Science in December 2019 to identify studies using analytic quantitative intersectionality approaches published up to December 2019 (PROSPERO CRD42020162686). To be included in the study, articles had to: (1) be empirical research, (2) use a quantitative statistical method, (3) be published in English, and (4) incorporate intersectionality. Our initial search yielded 1889 articles. After screening by title/abstract, methods, and full text review, our final analytic sample included 153 papers. Eight unique classes of quantitative methods were identified, with the majority of studies employing regression with an interaction term. We additionally identified several methods which appear to be at odds with the key tenets of intersectionality. As quantitative intersectionality continues to expand, careful attention is needed to avoid the dilution of the core tenets. Specifically, emphasis on social power is needed as methods continue to be adopted and developed. Additionally, clear explanation of the selection of statistical approaches is needed and, when using regression with interaction terms, researchers should opt for use of the additive scale. Finally, use of methods that are potentially at odds with the tenets of intersectionality should be avoided.

1. Introduction

1.1. Definition and evolution of intersectionality

Intersectionality is a critical theoretical framework for understand-

speech at the Women's Rights Convention, where she described her lived experience at the nexus of gender, class, and race inequality (Alexander-Floyd, 2012). Amidst the movements of the 20th century, Angela Davis and Audre Lorde continued to build upon the foundation laid by Truth, vocalizing their opposition to the exclusion of Black

6 core ideas of intersectionality

Patricia Hill Collins, PhD Sirma Bilge, PhD



- Social inequality
- Social power
- Relationality
- Social context
- Complexity
- Social justice

Relationality

"Because addition, articulation, and coformation constitute starting points for relational thinking, not end points for analyzing relationality, they offer one way of organizing the thinking tools that people take into varying intersectional projects."

Patricia Hill Collins, PhD

Collins. (2019). Intersectionality as Critical Social Theory.



<u>Addition</u>- Adding categories to preexisting areas of inquiry, e.g., heteropatriarchy, to see how they change.

<u>Articulation</u> - "coupling and uncoupling" of parts that are joined and move together, as represented by language, or by a joint.

<u>Co-formation</u> - "posits holistic analysis of a seamless process of mutual construction of race, class, and gender as phenomena."

Co-formation

Lisa Bowleg, PhD Bowleg. (2013). *Sex Roles*, 68, 754-767.



"Well it's hard for me to separate [my identities]. ... once you've blended the cake, you can't take the parts back to the main ingredients."



Multiple marginalization or privilege versus intersectional understandings

<u>(category 1)</u> may mitigate the [privilege/marginalization] of (category 2) in (context).

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Approaches to complexity



- Deconstructs social categories
- Considers social life and status as fluid and multiple, and unable to be captured in categories.
- Focuses on complexity within social categories, often at under-researched intersections
- Interrogates the boundaries of social categories—how they are created, maintained, and defined
- Studies experiences of inequality across social intersections
- Uses social categories pragmatically to study patterns in societies

Leslie McCall, PhD

McCall. (2005). Signs, 30(3), 1771-1800.



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Construction and Initial Validation of the Gendered Racial Microaggressions Scale for Black Women

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Gendered Racial Microaggressions Scale for Asian American Women: Development and Initial Validation

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- 1. Assumptions of Beauty and Sexual Objectification
- 2. Silenced and Marginalized
- 3. Strong Black Woman Stereotype
- 4. Angry Black Woman Stereotype

- 1. Ascription of Submissiveness
- 2. Assumption of Universal Appearance
- 3. Asian Fetishism
- 4. Media Invalidation

And so we end with questions

- To what extent is it even possible to measure privilege?
- How might privileges and stigmas or discriminations interact?
- How might privilege be relationally shaped in ways that require intracategorical (intersection-specific) measures, versus intercategorical (broad and comparable) measures?
- Ultimately, how does social privilege function in conjunction with other privileges and stigma/discrimination to promote health?
- How might these effects at different points in life impact well-being over the life course?
- How might studying privilege add to our understanding of health inequalities?

Questions?