

# A New Framework for Understanding Social Privilege and Health

College de France / GENDHI  
The Social Production of Health  
Inequalities

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# Context

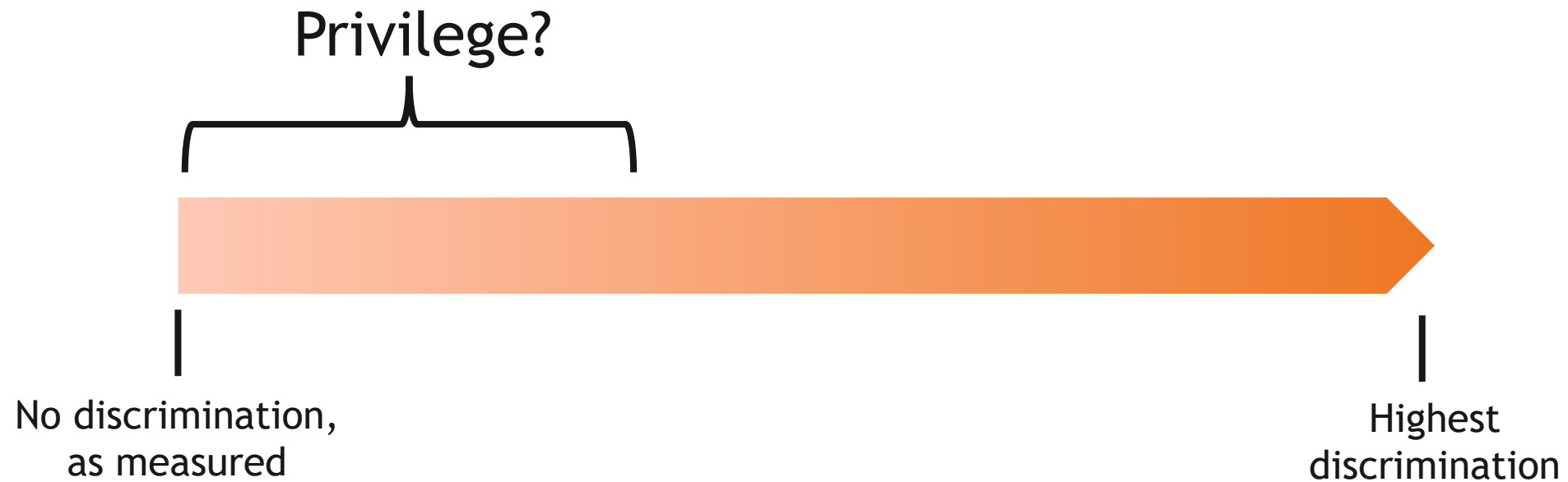
- Observational quantitative research in epidemiology, public health, and related fields is dependent on theory to make results interpretable
- **Match between theory and methods** is often poor
- My work on methods has generally dealt with this in very pragmatic ways
  - Statistical methods for subgroup/intersection-specific 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?

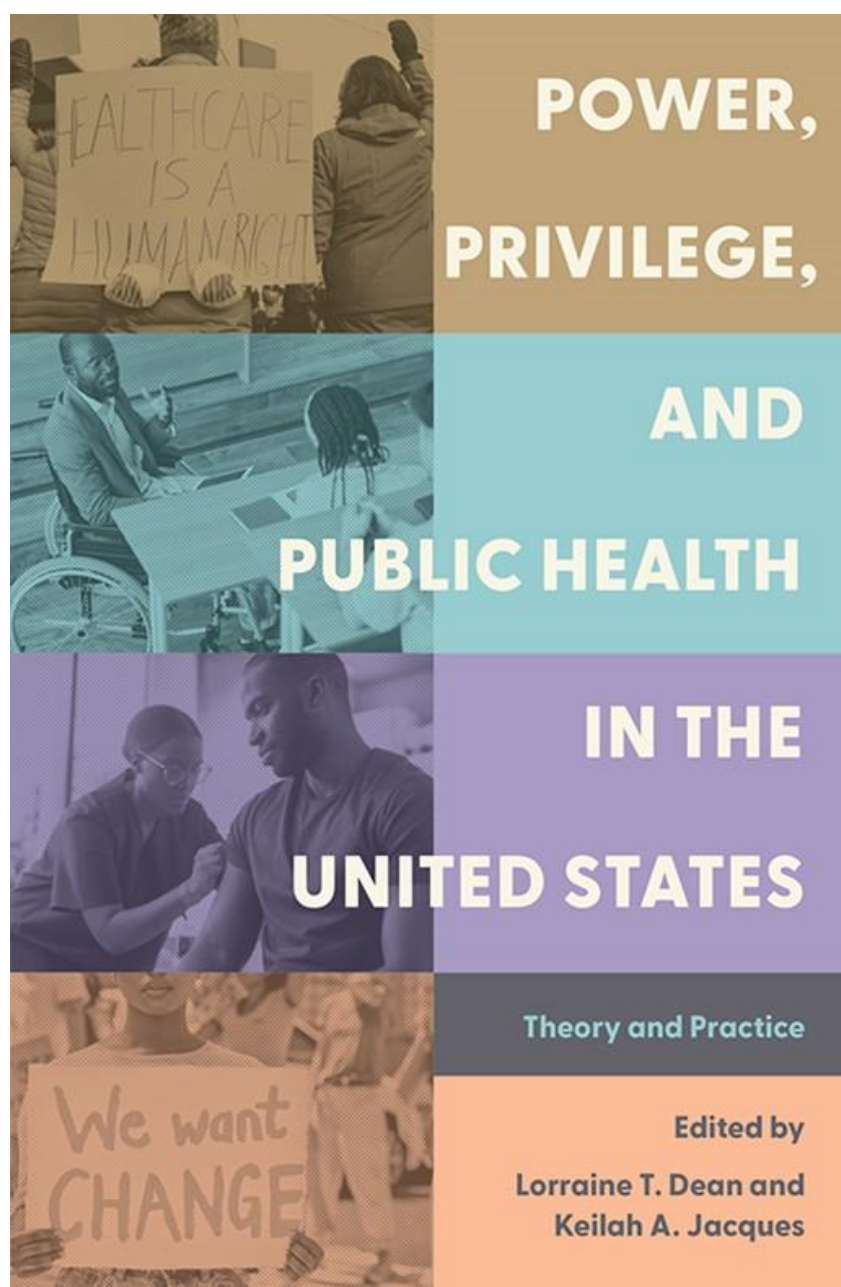
# Default implicit assumptions?



# 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?
- 

2025



## 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 health-enhancing 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.



# 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)

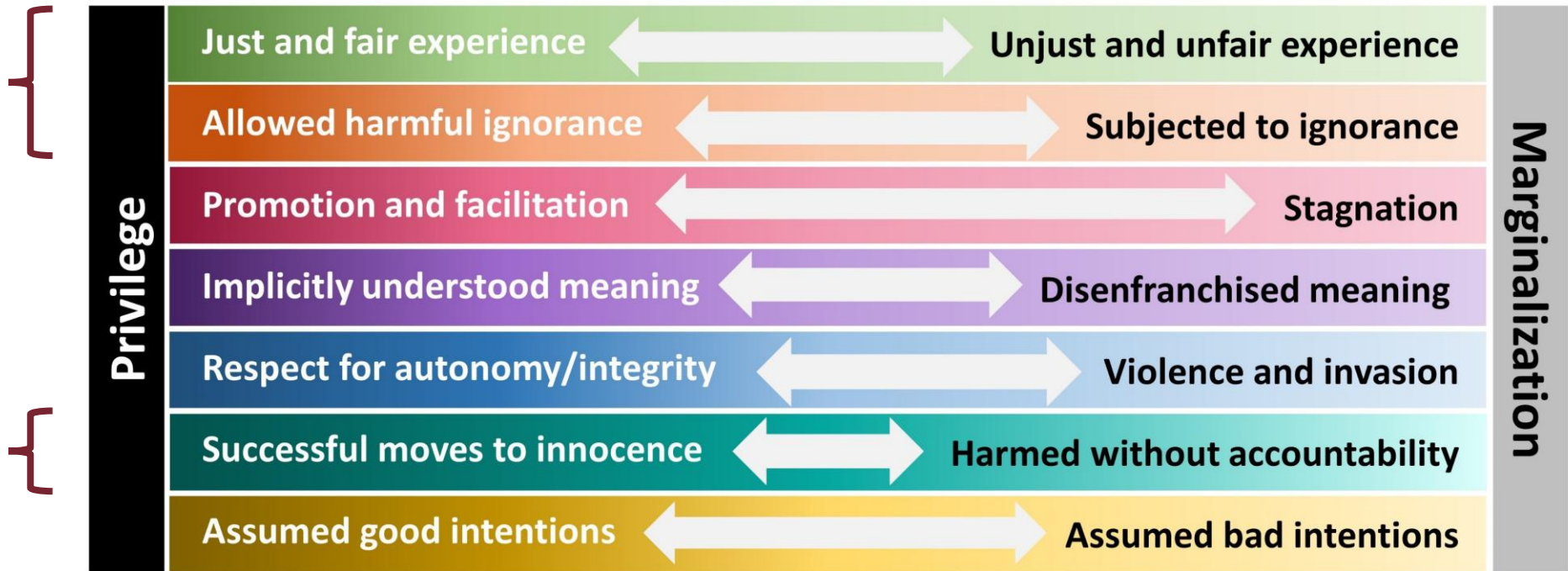




# Individual experiences of privilege

Summarized from:  
McIntosh (1989). White  
privilege: Unpacking the  
invisible knapsack.

Expanded from:  
Tuck & Yang. (2012).  
Decolonization is not a  
metaphor.



7-dimension Privilege-to-marginalization Gradient by Greta Bauer is licensed under [CC BY 4.0](https://creativecommons.org/licenses/by/4.0/) 

Greta Bauer, PhD, MPH

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



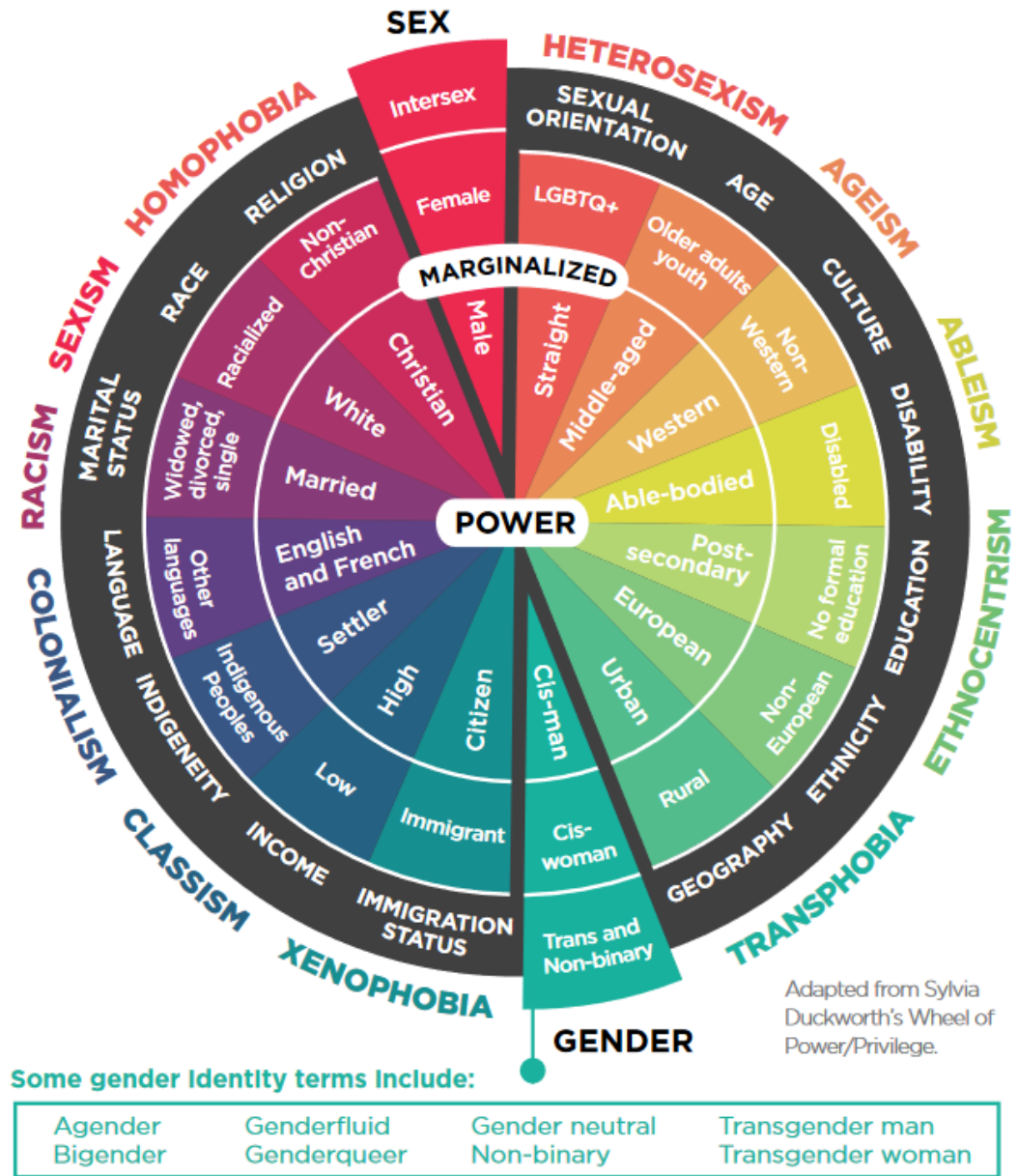
Dimension of Privilege	Example - interpersonal	Example - Structural
Just and fair experience	Not being followed by a suspicious shop owner while simply shopping	Not having an automated resume screener exclude your application for having an appropriate, but foreign, education
Allowed harmful ignorance	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

Greta Bauer, PhD, MPH



Bauer. (2025). In: Dean & Jacques (eds).  
*Power, Privilege, and Public Health in the US.*



Sex-Gender-Power-Wheel © 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?



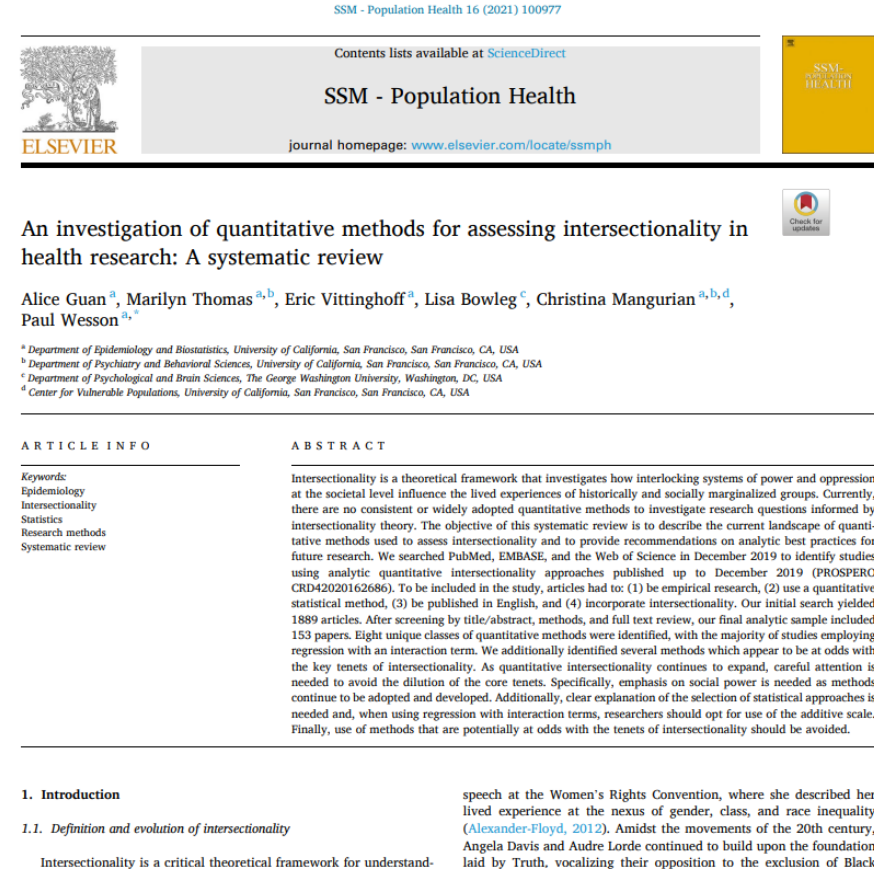
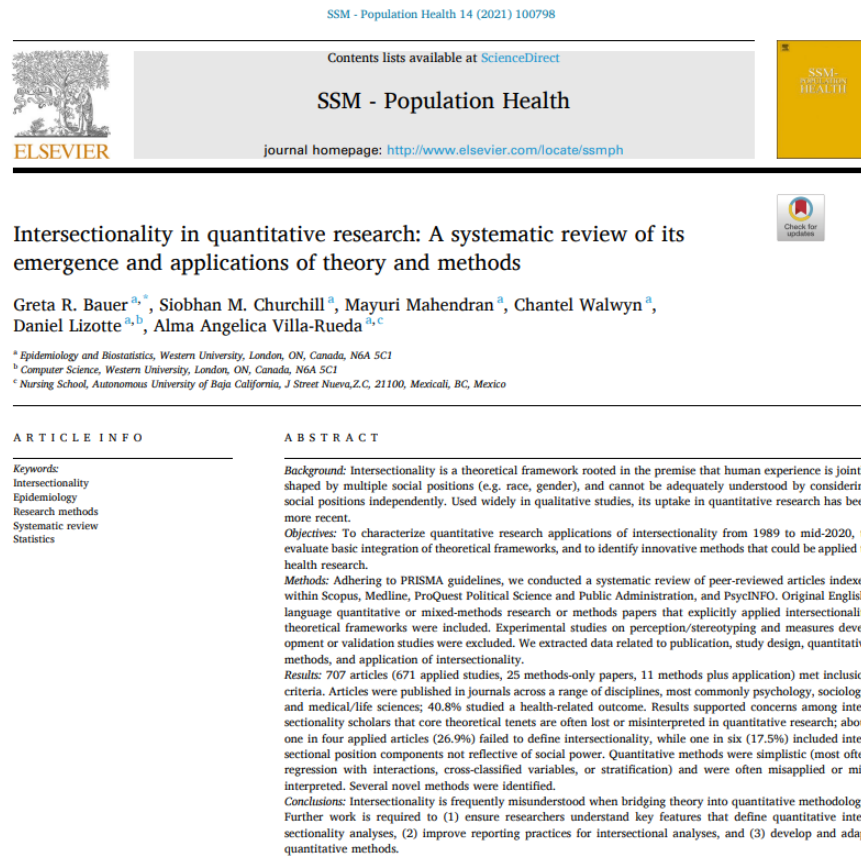
# Intersectionality is a traveling theory



Photo by Alex Siale on Unsplash



# Systematic reviews on quantitative studies taking an explicitly intersectional approach



# 6 core ideas of intersectionality

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

Patricia Hill Collins, PhD  
Sirma Bilge, PhD

Collins & Bilge. (2020).  
*Intersectionality*, 2<sup>nd</sup> ed.



# Relationality

“Because addition, articulation, and co-formation 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*.



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

Articulation - “coupling and uncoupling” of parts that are joined and move together, as represented by language, or by a joint.

Co-formation - “posits holistic analysis of a seamless process of mutual construction of race, class, and gender as phenomena.”

# Co-formation

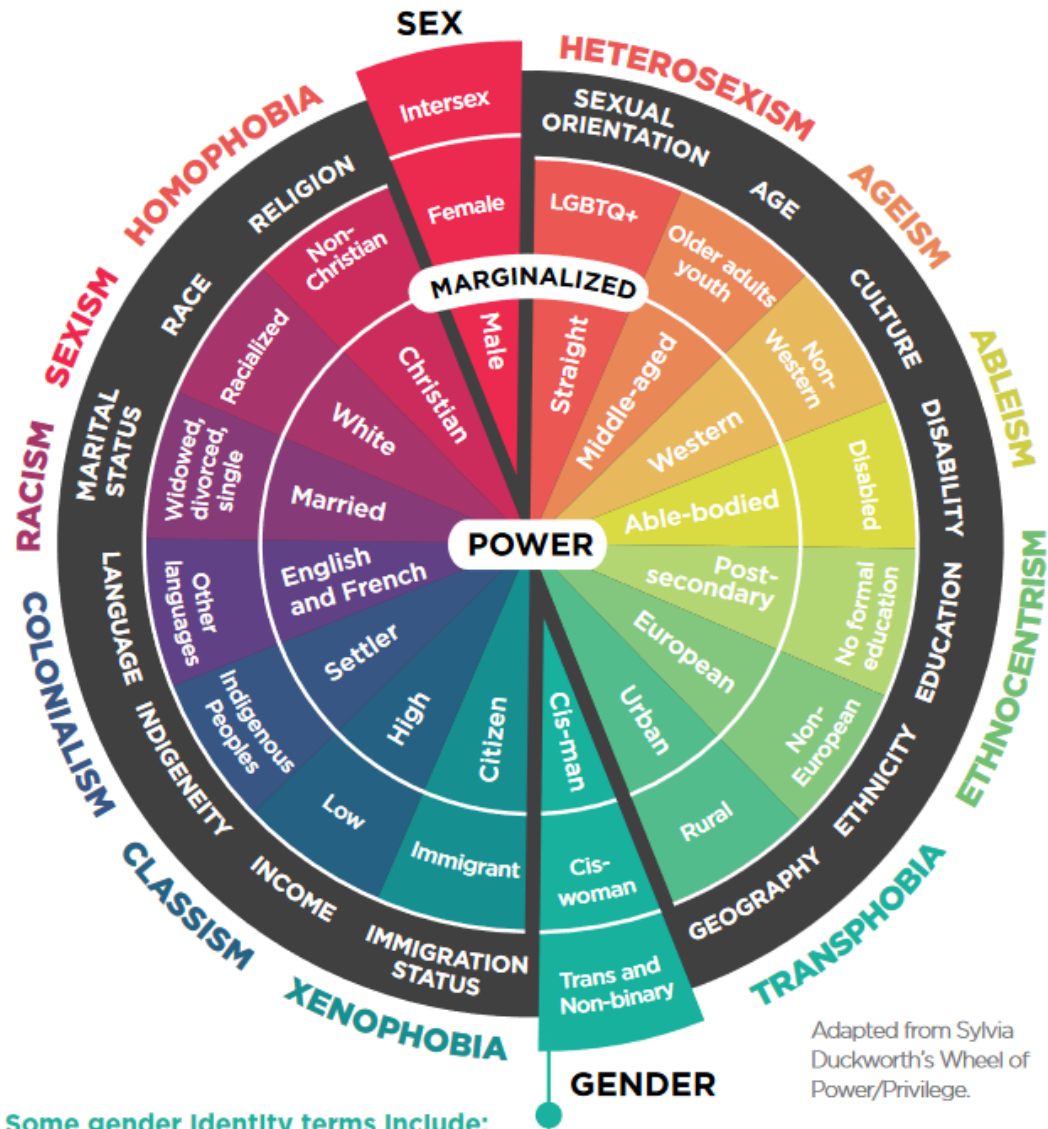
Lisa Bowleg, PhD

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



Some gender identity terms include:

Agender	Genderfluid	Gender neutral	Transgender man
Bigender	Genderqueer	Non-binary	Transgender woman

\_\_\_\_\_(category 1)\_\_\_\_ may mitigate the  
[privilege/marginalization] of  
\_\_\_\_\_(category 2)\_\_\_\_ in \_\_\_\_\_(context)\_\_\_\_\_.



# Approaches to complexity

1

## *Anticategorical complexity*

- Deconstructs social categories
- Considers social life and status as fluid and multiple, and unable to be captured in categories.

2

## *Intracategorical complexity*

- Focuses on complexity *within* social categories, often at under-researched intersections
- Interrogates the boundaries of social categories—how they are created, maintained, and defined

3

## *Intercategorical complexity*

- 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.



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

Jioni A. Lewis  
University of Tennessee, Knoxville

Helen A. Neville  
University of Illinois at Urbana–Champaign

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

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

Brian TaeHyuk Keum, Jennifer L. Brady, Rajni Sharma, Yun Lu, Young Hwa Kim, and Christina J. Thai  
University of Maryland, College Park

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?

